

Populated Printable COP Without TBD Partners

2008

Nigeria

Generated 12/9/2008 9:55:42 AM

Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
USG Nigeria Revised Exec Summary.doc	application/msword	11/5/2007		MLee

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:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Letter from Ambassador Gribbin to Ambassador Dybul.pdf	application/pdf	9/26/2007	Letter from Ambassador Gribbin to Ambassador Dybul	JGraetz

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Jennifer	Graetz	PEPFAR Coordinator	graetzja@state.gov
DOD In-Country Contact	Darrell	Singer	Director NMOD-DOD HIV/AIDS Program	dsinger@hivresearch.org
HHS/CDC In-Country Contact	John	Vertefeuille	CDC Chief of Party	dki4@cdc.gov
USAID In-Country Contact	Christina	Chappell	USAID HIV/AIDS Deputy Team Leader	cchappell@usaid.gov
USAID In-Country Contact	Karen	Kasan	USAID HIV/AIDS Team Leader	kkasan@usaid.gov
USAID In-Country Contact	Sharon	Cromer	USAID/Nigeria Director	scromer@usaid.gov
U.S. Embassy In-Country Contact	Jennifer	Graetz	PEPFAR Coordinator	graetzja@state.gov
Global Fund In-Country Representative	Alonzo	Wind	USAID General Development Officer	ajwind@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$1660059
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 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			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	330,487	33,000	363,487
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	19,338	2,000	21,338
Care (1)				
End of Plan Goal	1,750,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,026,618	63,000	1,089,618
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	38,224	5,313	43,537
8.1 - Number of OVC served by OVC programs	0	101,625	25,000	126,625
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	761,067	74,085	835,152
Treatment				
End of Plan Goal	350,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	175,373	21,252	196,625
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	1,145,545			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	407,650	80,000	487,650
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	23,178	4,800	27,978
Care (1)				
End of Plan Goal	1,750,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,409,034	192,000	1,601,034
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	51,474	16,099	67,573
8.1 - Number of OVC served by OVC programs	0	171,415	30,000	201,415
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	808,918	250,000	1,058,918
Treatment				
End of Plan Goal	350,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	262,853	64,397	327,250
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 FS Health 20/20

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5270.08
System ID: 6360
Planned Funding(\$): \$543,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9407.08
System ID: 9407
Planned Funding(\$): \$152,887
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Africare

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4133.08
System ID: 6361
Planned Funding(\$): \$1,757,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Africare
New Partner: No

Sub-Partner: Society for Women And AIDS in Africa
Planned Funding: \$67,097
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Rhema Care Partners
Planned Funding: \$67,097
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Lazarus Care Mission International, Aba Road, Port Harcourt
Planned Funding: \$67,097
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Initiative for African Youth Development, Rumuola, Port Harcourt

Planned Funding: \$67,097

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Daughters of Charity, Eleme, Port Harcourt

Planned Funding: \$67,097

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	6493.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Africare is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$150,000	\$170,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9692.08

System ID: 9692

Planned Funding(\$): \$1,705,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: AIDS Prevention Initiative, LTD

New Partner: Yes

Sub-Partner: Sacred Heart Catholic Hospital, Lantoro, Ogun State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/HRSA Track 2.0 AIHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7213.08
System ID: 7213
Planned Funding(\$): \$437,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance Twinning Center
New Partner: Yes

Mechanism Name: HHS/CDC Track 2.0 APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6173.08
System ID: 6362
Planned Funding(\$): \$233,391
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Public Health Laboratories
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 ASCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5272.08
System ID: 6363
Planned Funding(\$): \$293,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9400.08
System ID: 9400
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Axios Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/HRSA Track 1.0 CRS AIDSRelief

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5332.08

System ID: 6364

Planned Funding(\$): \$1,920,422

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	6682.08	FUNDING JUSTIFICATION: Due to the lead time in Nigeria from procurement to delivery at POS (ordering, shipping, clearance, and distribution) in Nigeria for ARVs and clinical supplies CRS AIDS Relief is requesting \$796,075 in early funding. The requirement for buffer stocks also continues to increase with the rapid scale up.	\$796,975	\$796,975
11-HTXS	9895.08	FUNDING JUSTIFICATION: CRSAIDSRelief is on a significant rapid scale up plan. Due to the lead time for procuring, shipping, clearing and distributing reagents and clinical supplies to POS in Nigeria, CRS request full early funding of its Track 1.0 ARV services budget. No request for early funding will be made under Track 2.0.	\$1,042,789	\$1,042,789
12-HLAB	9911.08	FUNDING JUSTIFICATION: CRSAIDSRelief is on a significant rapid scale up plan. Due to the lead time for procuring, shipping, clearing and distributing reagents, lab equipment and related supplies to POS in Nigeria, CRS request full early funding of its Track 1.0 Lab Infrastructure budget. Additional request for early funding will be made under Track 2.0 for Lab Infrastrucure also.	\$80,658	\$80,658

Mechanism Name: HHS/HRSA Track 2.0 CRS AIDSRelief

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3688.08

System ID: 6365

Planned Funding(\$): \$27,971,727

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Faith Alive, Jos

Planned Funding: \$936,050

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Al-Noury, Kano City

Planned Funding: \$323,206

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. Vincent De Paul Hospital, Kubwa

Planned Funding: \$421,201

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Ahmadiyyah Hospital, Kano City

Planned Funding: \$268,016

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Grimard Catholic Hospital, Ayingba

Planned Funding: \$76,177

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Holy Rosary Hospital, Onitsha

Planned Funding: \$214,266

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. Camillus Hospital, Uromi

Planned Funding: \$131,610

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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

Table 3.1: Funding Mechanisms and Source

Sub-Partner: St. Gerard's Hospital, Kaduna
Planned Funding: \$660,233
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. Louis Hospital, Zonkwa
Planned Funding: \$192,919
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. Vincent's Hospital, Aliade
Planned Funding: \$268,995
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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 Lourdes Hosp. Ihiala
Planned Funding: \$201,876
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Faith Mediplex, Benin City
Planned Funding: \$187,889
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Evangel Hospital, Jos
Planned Funding: \$727,288
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. Mary's Hospital, Nigeria
Planned Funding: \$295,733
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: \$166,185

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: \$604,501

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Institute of Human Virology, Nigeria

Planned Funding: \$10,909,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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: \$1,100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Bishop Murray Medical Center, Makurdi

Planned Funding: \$295,987

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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. Monica Hospital, Adikpo

Planned Funding: \$375,918

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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: \$81,991

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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. John's Catholic Hospital, Kabba
Planned Funding: \$77,012
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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: Community Support and Development Initiative
Planned Funding: \$106,191
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner: St. Catherine's Hospital
Planned Funding: \$47,385
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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: Evangelic Reform Church of Christ Alushi, Nasarrawa
Planned Funding: \$80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Achi Joint Hospital, Oji River
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Akaeze Basic Health Center, IVO LGA
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Comprehensive Health Center Ugba Logo
Planned Funding: \$30,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Christian Hospital, Onicha Ngwa
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Comprehensive Health Care College Road Saminaka
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Daughters of Divine Love Hospital, Ehaluma
Planned Funding: \$50,909
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Fr Damian's Specialist Hospital Nnewi
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: General Hospital Igarra
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVSI - Strategic Information
Sub-Partner: Health Center Ummuna Street, Onisha South
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Health Center Umeke Ngor
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Health Dept TB Laboratory Osisoma LG HQ
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Health Office Aba, Aba South
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Holley Memorial Hospital Ochadamu
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Holy Rosary Hospital Emekuku, Imo
Planned Funding: \$117,024
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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: General Hospital Ikin-Ukwu
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Irrua Specialist Hospital
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Joint Hospital Ozubulu, Ekwusigo
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Living Word Hospital, Aba
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Major Aminu Health Center, Yola North LGA

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Mater Mesericodie, Afikpo

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Mbanjo Joint Hospital, Okigwa

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Mbanjo Joint Hospital, Mbanjo

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Medical Mission of Mary, Ondo

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Mission Hospital Umunze, Orumba South

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Nigeria Christian Hospital Nlaga-Onicha Ngwa

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Nsukka Health Center, Nsukka

Planned Funding: \$30,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Our Lady Health of the Sick, Uzo Uwani
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: PHC Tse-Agbragba
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: N/A
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Presentation Maternity Home, Okpoki
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Sabon Sarki PHC, Kachia LGA
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Sangassumi Health Center, Ganye LGA
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Santa maria Catholic Hospital Uzairrue
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: St. Joseph's Catholic, Hospital Ohabiam
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. martin's Ugwuagba, Obosi
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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. Louis Hospital Owo
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: St. Joseph Hospital Adazi
Planned Funding: \$85,884
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HMIN - Injection Safety, 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. Joseph's Clinic Jada Adamawa
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: St. Damian's Hospital, Okporo, Orlu
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Star of the Sea maternity Home, Umueze-Anam
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Sudan Mission Hospital Anuenyin
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: TB & Leprosy Referral hospital Uzuakoli
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: TBL Clinic Akwa, Akwa South
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Visitation Hospital Osunenyei, Nnewi South
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	6485.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$500,000	\$1,425,000
10-HTXD	9889.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDS Relief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$7,000,000	\$8,535,519
11-HTXS	6678.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$3,500,000	\$7,102,211

07-HVTB	5399.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$200,000	\$870,000
09-HVCT	5425.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$200,000	\$980,000
08-HKID	5416.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$200,000	\$945,000
12-HLAB	6680.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,000,000	\$3,726,342

06-HBHC

5368.08

FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for CRS AIDSRelief is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.

\$1,500,000

\$2,797,655

Mechanism Name: USAID Track 2.0 CRS 7D

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3689.08

System ID: 6366

Planned Funding(\$): \$4,225,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Archdiocese of Abuja

Planned Funding: \$304,846

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Archdiocese of Benin City

Planned Funding: \$306,846

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Catholic Diocese of Idah, Nigeria

Planned Funding: \$230,846

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: Archdiocese of Jos

Planned Funding: \$230,846

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: Archdiocese of Kaduna

Planned Funding: \$306,846

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Catholic Diocese of Kafanchan, Nigeria

Planned Funding: \$306,846

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Catholic Diocese of Lafia, Nigeria

Planned Funding: \$230,846

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: Catholic Diocese of Minna, Nigeria

Planned Funding: \$230,846

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: Catholic Diocese of Makurdi, Nigeria

Planned Funding: \$230,846

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: Catholic Diocese of Otukpo, Nigeria

Planned Funding: \$230,846

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: Virgilius Memorial Health Centre, Namu

Planned Funding: \$77,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVSI - Strategic Information

Sub-Partner: Irruan Antenatal Clinic, Bankpor

Planned Funding: \$78,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVSI - Strategic Information

Sub-Partner: St. Kizito Clinic, Lekki Idi-Araba

Planned Funding: \$77,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Divine Mercy, Minna
Planned Funding: \$76,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVSI - Strategic Information

Sub-Partner: St. Elizabeth, Vandekiya
Planned Funding: \$76,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVSI - Strategic Information

Sub-Partner: Adoka Maternity, Adoka
Planned Funding: \$76,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVSI - Strategic Information

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: \$2,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Catholic Diocese of Shendam
Planned Funding: \$230,846
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: \$998,192
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information

Mechanism Name: USAID Track 2.0 CRS OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3713.08
System ID: 6367
Planned Funding(\$): \$2,550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Archdiocese of Abuja
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Archdiocese of Benin City
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Idah, Nigeria
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Archdiocese of Jos
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Archdiocese of Kaduna
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Kafanchan, Nigeria
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Lafia, Nigeria
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Minna, Nigeria
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Makurdi, Nigeria

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$180,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Otukpo, Nigeria
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Gboko Diocese
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Diocese of Shendam
Planned Funding: \$180,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Mechanism Name: USAID Track 2.0 CEDPA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5267.08
System ID: 6368
Planned Funding(\$): \$7,842,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Centre for Development and Population Activities
New Partner: No

Sub-Partner: Anglican Church of Nigeria
Planned Funding: \$199,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Church of Nigerian Anglican Communion , Lagos West Diocese
Planned Funding: \$41,725
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Hopegivers Organization, Anambra
Planned Funding: \$41,725
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV

Sub-Partner: Humane Health Organization, Nigeria

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Muslim Action Guide Against AIDS, Poverty, Illiteracy and Conflict

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Positive Development Foundation

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Presbycom, Ikom

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Save the World Organization, Onitsha

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Society for Women and AIDS in Africa, Edo, Nigeria

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Society for Women and AIDS in Africa, Lagos

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: StopAIDS

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: N/A

Planned Funding: \$1,059,837

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Ummah Support Group

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Women and Children of Hope

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Women Enhancement Organization

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Council of Positive People Support Group

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Anglican Diocese of Gwagwalada

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Anglican Diocese of Bauchi

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Anglican Diocese of Kubwa, FCT

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Anglican Diocese of Awka

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: COCIN Bauchi

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: GHON, FCT

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Good Shepherd Initiative, Cross River

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Imade Foundation, Edo

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Keep Hope Alive, Edo

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: National Supreme Council on Islamic Affairs

Planned Funding: \$186,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Raham Bauchi

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: SWATCH, Kano

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: SWODEN, Kano

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: Taimako Support Group, Kano

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Sub-Partner: We-Women Network Cross River

Planned Funding: \$41,725

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC

Mechanism Name: USAID Track 2.0 MARKETS

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8295.08

System ID: 8295

Planned Funding(\$): \$3,517,881

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Chemonics International

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 1.0 Christian Aid

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3714.08
System ID: 6369
Planned Funding(\$): \$231,770
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Christian Aid
New Partner: No

Mechanism Name: USAID Track 2.0 Christian Aid

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5266.08
System ID: 6370
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Gospel Health and Development Services
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Anglican Diocesan Development Services
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: N/A
Planned Funding: \$435,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Rural Integrated Development Organization Network
Planned Funding: \$305,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Society for Women and AIDS in Africa, Edo, Nigeria
Planned Funding: \$30,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Women Enhancement Organization
Planned Funding: \$28,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9408.08
System ID: 9408
Planned Funding(\$): \$138,074
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Christian Health Association of Nigeria
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 CLSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5273.08
System ID: 6371
Planned Funding(\$): \$331,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Clinical and Laboratory Standards Institute
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Columbia Univ SPH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2768.08
System ID: 6372
Planned Funding(\$): \$34,098,250
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: Women and Children of Hope
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Catholic Action Committee on AIDS Hospitals
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Catholic Relief Services

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Pathfinder International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: General Hospital Ogoja

Planned Funding: \$90,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: HIV/AIDS Restoring Hope and Lives Trust Nigeria

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Tulsi Chanrai Foundation

Planned Funding: \$60,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Ganty's AIDS for Widows, Orphans, and Needy Foundation, Manchok

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Rekindle Hope

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Fantsuam Foundation

Planned Funding: \$25,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Grassroots HIV/AIDS Counselors
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Association for Reproductive and Family Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Southern Kaduna Support
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Catholic Archdiocese of Ogoja
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Gwamna Awan Hospital, Kaduna
Planned Funding: \$56,107
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: N/A
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Yusuf Dan Tsoho Hospital, Kaduna
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Action Health Incorporated
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Cement Factory Hospital Bajoga

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Centre for Positive Development
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Catholic Maternity Hospital - Monaiyi, Ogoja
Planned Funding: \$120,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Confluence against AIDS, Lokoja
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Development Research and Project Center
Planned Funding: \$120,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: DOMA Support Group, Doma
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: General Hospital Gambo Sawaba Zaria
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Zambuk
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Sankara
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Ikot Ekpene
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Okengwe
Planned Funding: \$55,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Okene
Planned Funding: \$55,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Makarfi
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Adikpo
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Vandekya
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Bajoga

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Giwa
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Kaltungo
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General State Specialist Hospital, Bomge
Planned Funding: \$55,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Kafanchan
Planned Funding: \$90,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Saminaka
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Holy Memorial Hospital (Qua Iboe Missionary)
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVTB - Palliative Care: TB/HIV
Sub-Partner: Infectious Disease Hospital at Ikot Ekpene
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: PAIDA Support Group, Gombe

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: University of Port harcourt Teaching Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Youth and Women Health Empowerment Project, Lokoja

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: General Hospital Gwantu

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HMBL - Blood Safety, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Barau Dikko Specialist Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: State Specialist Hospital, Gombe

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HMBL - Blood Safety, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	6622.08	FUNDING JUSTIFICATION: Due to the long procurement lead times for delivery of drugs and other clinical commodities to Nigeria, \$400,000 in early funding is requested for the Columbia PMTCT program. These funds will be used for ARV prophylactic drugs and other clinical supplies necessary to procure, clear through customs, and distribute to distant sites from the central warehouse.	\$400,000	\$2,000,000
06-HBHC	5552.08	FUNDING JUSTIFICATION: The USG Nigeria team recommends early funding in the amount of \$1,200,000 to cover procurement of laboratory reagents, OI drugs, and other clinical commodities that must be ordered in advance of the coming program year. Lead times for delivery to point of services for commodities is long due to the forecasting, ordering, shipping, customs clearance, and final distribution timelines. In particular, the manufacturer capacity and lead times can be significant.	\$1,200,000	\$3,050,000
10-HTXD	5493.08	FUNDING JUSTIFICATION: Due to the manufacturer required lead times for production forecasting, the USG team agrees that \$5,000,000 in early funding for this partner is required. In addition to the manufacture lead times, shipping, customs clearance, and distribution to points of service add significantly to the timeline from order placement to delivery in Nigeria.	\$7,000,000	\$9,393,931
11-HTXS	5404.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Columbia SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$3,500,000	\$8,628,014

08-HKID	5547.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Columbia SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$700,000	\$2,023,000
12-HLAB	5544.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Columbia SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,700,000	\$2,876,055
09-HVCT	5550.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Columbia SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$300,000	\$1,710,000
05-HVOP	9208.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Columbia SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$400,000	\$1,068,500

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 ECEWS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3809.08

System ID: 6373

Planned Funding(\$): \$977,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	15657.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for ECEWS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$25,000	\$95,000

Mechanism Name: USAID Track 2.0 GHAIN

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 552.08

System ID: 6374

Planned Funding(\$): \$73,358,154

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Axios Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Central Hospital Auchi, Edo

Planned Funding: \$211,063

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Society for Women And AIDS in Africa

Planned Funding: \$272,184

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Life Link Organization
Planned Funding: \$77,158
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Murtala Mohammed Specialist Hospital
Planned Funding: \$275,291
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Massey St. Children's Hospital, Lagos
Planned Funding: \$213,760
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Onitsha
Planned Funding: \$215,852
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: St. Mary's Hospital, Nigeria
Planned Funding: \$263,784
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: General Hospital Abaji
Planned Funding: \$16,985
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Sabo Bakin Zuwo Hospital
Planned Funding: \$21,477
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Calabar
Planned Funding: \$285,423

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Central Hospital Benin
Planned Funding: \$246,629
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Wuse
Planned Funding: \$280,164
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Ekwulobia, Anambra
Planned Funding: \$38,034
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Awka, Anambra
Planned Funding: \$154,952
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital, Ugep, Yakurr L.G.A
Planned Funding: \$311,664
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Holy Family Catholic Hospital Ikom
Planned Funding: \$254,607
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Kubwa
Planned Funding: \$108,336
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Surulere General Hospital
Planned Funding: \$33,172
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Gwarzo, Kano
Planned Funding: \$54,632
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Badagry, Lagos
Planned Funding: \$142,170
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HTXD - ARV Drugs
Sub-Partner: General Hospital Epe, Lagos
Planned Funding: \$51,794
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Ikorodu, Lagos
Planned Funding: \$147,818
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Isolo, Lagos
Planned Funding: \$123,034
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Infectious Disease Hospital, Kano
Planned Funding: \$351,537
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, 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: General Hospital, Akpet
Planned Funding: \$208,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: 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, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Primary Health Centre, Ikot Omin
Planned Funding: \$8,974

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Primary Health Centre, Ofatura
Planned Funding: \$8,974
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: National Union of Road Transport Workers, Nigeria
Planned Funding: \$224,095
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: All Saints Clinic, Abuja
Planned Funding: \$162,688
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Anambra State Action Committee
Planned Funding: \$11,888
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV
Sub-Partner: Nuhu Bamalli Hospital
Planned Funding: \$47,896
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Catholic Action Committee on AIDS Hospitals
Planned Funding: \$211,461
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Apapa Comprehensive Health Center, Lagos
Planned Funding: \$52,190
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Comprehensive Health Centre Ikom, Cross River
Planned Funding: \$49,502
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Cottage Hospital Bassa
Planned Funding: \$266,369
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Crusade for Greater Nigeria
Planned Funding: \$31,537
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Evangelical Church of West Africa Church and Maternity Ward, Kano
Planned Funding: \$91,242
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Edel Trant Community Hospital Nkpologu
Planned Funding: \$108,264
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Federal Capital Territory Action Committee on AIDS
Planned Funding: \$10,234
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV
Sub-Partner: Fortress for Women
Planned Funding: \$97,581
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: General Hospital Ajeromi, Lagos
Planned Funding: \$122,992
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Tiga General Hospital
Planned Funding: \$46,564
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Kuje
Planned Funding: \$90,310
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Ogoja
Planned Funding: \$49,686
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Kwali
Planned Funding: \$86,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Bwari
Planned Funding: \$908,806
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Gbagada, Lagos
Planned Funding: \$54,877
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Gboko
Planned Funding: \$192,548
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Katsina-Ala
Planned Funding: \$213,130
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Danbatta, Kano
Planned Funding: \$53,358
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Irukepen
Planned Funding: \$24,270
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Kura, Kano
Planned Funding: \$43,474
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital, Obanliku
Planned Funding: \$214,603
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Hasiya Bayero Pediatric Hospital
Planned Funding: \$104,558
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Primary Health Center, Igando Ikotun
Planned Funding: \$51,448
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Immaculate Heart Hospital and Maternity Nkpor
Planned Funding: \$45,354
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Islamic Medical Association of Nigeria
Planned Funding: \$70,355
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Iyi Enu Hospital
Planned Funding: \$42,805
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: State Action Committee on AIDS Kano
Planned Funding: \$10,453
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV
Sub-Partner: Lagos State AIDS Control Agency
Planned Funding: \$16,072

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Lagos Mainland General Hospital, Lagos

Planned Funding: \$279,440

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Matage Health Center, Kano State

Planned Funding: \$105,880

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Mohammed Abdullahi Wase Specialist Hospital

Planned Funding: \$21,477

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Mushin Primary Health Care Clinic, Lagos

Planned Funding: \$59,484

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Nka Iban Uko

Planned Funding: \$32,040

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Nnamdi Azikiwe University Medical Center Awka

Planned Funding: \$48,030

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Nwafor Orizu College of Education Medical Center Nsugbe

Planned Funding: \$49,788

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Oriade Primary Health Centre

Planned Funding: \$31,951

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Orile Agege General Hospital

Planned Funding: \$31,244

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Planned Parenthood Federation of Nigeria

Planned Funding: \$39,390

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Presbyterian Tuberculosis and Leprosy Hospital Mbembe

Planned Funding: \$23,524

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Redeemed Christian Church of God - Lagos, Nigeria

Planned Funding: \$152,086

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Regina Caeli Maternity Hospital Awka

Planned Funding: \$42,805

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Sheikh Mohammed Jidda Hospital

Planned Funding: \$54,632

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Sir Mohammed Sanusi Hospital

Planned Funding: \$47,198

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Society Against the Spread of AIDS

Planned Funding: \$31,928

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Specialist Hospital Ossiomo

Planned Funding: \$24,678

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: St. Benedict Tuberculosis and Leprosy Hospital Moniya-Ogoja

Planned Funding: \$28,157

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: St. Charles Borromeo

Planned Funding: \$248,356

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: St. Philomena Catholic Hospital, Benin

Planned Funding: \$40,123

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Nigeria Police Force

Planned Funding: \$39,670

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: University of Calabar Medical Centre

Planned Funding: \$22,547

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Calabar Teaching Hospital

Planned Funding: \$39,670

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: District Hospital, Enugu Ezike

Planned Funding: \$266,296

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Agbani District Hospital

Planned Funding: \$266,296

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: District Hospital, Udi

Planned Funding: \$266,296

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Ebute Meta Health Center

Planned Funding: \$55,802

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: ECWA Clinic and Maternity

Planned Funding: \$91,242

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Eja Memorial Joint Hospital, Itigidi

Planned Funding: \$22,009

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Federal Polytechnic Oko Medical Center

Planned Funding: \$59,612

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: First Referral Hospital, Mutum-Biyu

Planned Funding: \$192,621

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Funtua

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Ikot Abasi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Katsina
Planned Funding: \$192,621
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Kontagora
Planned Funding: \$192,621
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Akampa
Planned Funding: \$215,244
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Ahoada
Planned Funding: \$266,369
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Ankpa
Planned Funding: \$266,369
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Immunel General Hospital, Eket
Planned Funding: \$266,369
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Lagos
Planned Funding: \$207,935
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: 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, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: General Hospital Minna
Planned Funding: \$266,296
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Alkaleri, Bauchi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Gamawa, Bauchi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Misau, Bauchi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Obi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Tafawa Balewa, Bauchi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Suleja

Planned Funding: \$192,621

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Oron

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Oju

Planned Funding: \$213,130

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Nassarawa

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Mubi

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Wukari

Planned Funding: \$192,621

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Tambawal

Planned Funding: \$266,369

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Obubra

Planned Funding: \$215,748

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Zing

Planned Funding: \$192,621

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Idia Renaissance, Benin City

Planned Funding: \$6,339,500

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: JAYDA, Taraba

Planned Funding: \$3,500

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Lutheran Hospital Yahe, Yala
Planned Funding: \$21,475
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Mambilla Baptist Hospital, Gembu
Planned Funding: \$192,621
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: National Union of Road Transport Workers Edo
Planned Funding: \$37,887
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: National Union of Road Transport Workers Lagos
Planned Funding: \$72,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: National Union of Road Transport Workers FCT
Planned Funding: \$33,080
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Nnewi Diocesan Hospital, Nnewi
Planned Funding: \$31,980
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Primary Health Center Efraya, Etung
Planned Funding: \$8,974
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Primary Health Center Ikot Okpora, Biase
Planned Funding: \$9,661
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Primary Health Center Obudu Ranch, Obaniku

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$4,258
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Primary Health Center Utanga, Obanliku
Planned Funding: \$8,974
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Regina Mundi Catholic Hospital, Mushin
Planned Funding: \$39,432
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: Specialist Hospital Yola
Planned Funding: \$266,369
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: Specialist Hospital Sokoto
Planned Funding: \$266,369
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMBL - Blood Safety, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner: St. Louis Catholic and Maternity Raham Rawun
Planned Funding: \$106,822
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing
Sub-Partner: General Hospital Enugwe Ukwu
Planned Funding: \$9,175
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT
Sub-Partner: General Hospital Enugwe Ukwu
Planned Funding: \$9,175
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT
Sub-Partner: General Hospital, Oji River
Planned Funding: \$20,693
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Oko Community Hospital

Planned Funding: \$27,721

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMBL - Blood Safety

Sub-Partner: Federal Medical Center Owerri, Imo State

Planned Funding: \$71,437

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: General Hospital Awo-omama

Planned Funding: \$72,710

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: General Hospital Owerri

Planned Funding: \$62,871

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: General Hospital Okigwe

Planned Funding: \$55,958

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Abia State University Teaching Hospital

Planned Funding: \$56,421

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Infectious Disease Hospital, Bayara

Planned Funding: \$56,832

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Ningi, Bauchi State

Planned Funding: \$52,247

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Model Primary Health Care Center, Odakpu

Planned Funding: \$14,999

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Federal Medical Center, Umuahia

Planned Funding: \$69,966

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: General Hospital, Umuokanne

Planned Funding: \$15,706

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HTXD - ARV Drugs

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	3236.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies for STI treatment must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$600,000	\$2,553,250
10-HTXD	3233.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$20,061,431	\$21,619,751
01-MTCT	3234.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,000,000	\$4,000,000

03-HMBL	6491.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$50,000	\$200,000
08-HKID	3229.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$690,000	\$2,865,000
09-HVCT	3230.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$837,500	\$3,703,000
11-HTXS	3231.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$5,000,000	\$21,619,751

13-HVSI	3232.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$625,000	\$2,500,000
12-HLAB	5420.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,550,000	\$6,715,748
06-HBHC	3237.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$800,000	\$3,843,000
07-HVTB	3228.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FHI/GHAIN is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$725,000	\$2,938,654

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 1.0 MoH NBTS

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3812.08

System ID: 6375

Planned Funding(\$): \$3,500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: Federal Ministry of Health, Nigeria

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	5669.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for FMOH NBTS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$400,000	\$3,500,000

Mechanism Name: USAID Track 1.5 Food for the Hungry

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3690.08

System ID: 6376

Planned Funding(\$): \$460,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Food for the Hungry

New Partner: No

Sub-Partner: Nazarene Compassionate Ministries

Planned Funding: \$34,806

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Operation Blessing International

Planned Funding: \$105,249

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Salvation Army

Planned Funding: \$51,114

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: \$143,744
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: HHS/HRSA Track 1.0 Harvard SPH

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5330.08
System ID: 6377
Planned Funding(\$): \$12,410,577
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Harvard University School of Public Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	9912.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$188,039	\$188,039
11-HTXS	9910.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$2,820,586	\$2,820,586
10-HTXD	6714.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$9,401,952	\$9,401,952

Mechanism Name: HHS/HRSA Track 2.0 Harvard SPH

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 544.08

System ID: 6378

Planned Funding(\$): \$45,120,423

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: Harvard University School of Public Health

New Partner: No

Sub-Partner: AIDS Alliance Nigeria

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$75,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: 68 Military Hospital, Lagos
Planned Funding: \$1,456,511
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Lagos University Teaching Hospital, Lagos
Planned Funding: \$2,914,056
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: National Institute of Medical Research, Lagos
Planned Funding: \$2,572,631
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Jos University Teaching Hospital, Plateau
Planned Funding: \$4,727,743
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: University College Hospital, Ibandan
Planned Funding: \$2,919,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: University of Maiduguri Teaching Hospital
Planned Funding: \$3,381,903
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Ahmadu Bello Teaching Hospital
Planned Funding: \$2,426,092
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Ijebu-Ode Maternity Hospital
Planned Funding: \$221,326
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Eleta Hospital
Planned Funding: \$429,632
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Solat Women Hospital
Planned Funding: \$443,093
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Vom Christian Hospital
Planned Funding: \$443,093
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Pankshin General Hospital
Planned Funding: \$443,093
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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
Sub-Partner: Barkin Ladi General Hospital
Planned Funding: \$443,093
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, 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

Sub-Partner: Seventh Day Adventist Hospital

Planned Funding: \$443,093

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, 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

Sub-Partner: Panyam Maternity Hospital

Planned Funding: \$443,093

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, 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

Sub-Partner: Our Lady of Apostles, Jos

Planned Funding: \$1,471,016

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, 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: Adeoyo Specialist Hospital

Planned Funding: \$1,498,585

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, 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: Mashiah Foundation

Planned Funding: \$140,623

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HMIN - Injection Safety, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure

Sub-Partner: Makurdi Federal Medical Center

Planned Funding: \$2,767,557

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, 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: HaltAIDS VCT

Planned Funding: \$241,130

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Association for Reproductive and Family Health VCT
Planned Funding: \$312,818
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: University College Hospital, Saki
Planned Funding: \$219,223
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: International Dispensary Association Foundation
Planned Funding: \$13,032,367
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: Catholic Lantoro Hospital
Planned Funding: \$243,650
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, 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: Federal Medical Center, Nguru
Planned Funding: \$566,698
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: Nursing Home Maiduguri, Maiduguri
Planned Funding: \$338,363
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, 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: State Specialist Hospital, Maiduguri
Planned Funding: \$648,400
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, 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: Mushin General Hospital

Planned Funding: \$260,423

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, 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: Onikan Women's Hospital

Planned Funding: \$260,423

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, 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: Abnira Medical Centre

Planned Funding: \$131,988

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Barden Cocin Hospital

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Bassa Cottage Hospital

Planned Funding: \$98,991

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Bokkos Cottage Hospital

Planned Funding: \$98,991

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: COCIN PHC Barkinchawa
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: COCIN PHC Kurgwi
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: COCIN PHC Kwa
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: COCIN PHC Lankaku
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: COCIN PHC (Hqtrs)
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: COCIN PHC Namu
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Comprehensive Health Care Dadin Kowa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Cottage Hospital Angware, Jos East

Planned Funding: \$98,991

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Cottage Hospital, Kwalla

Planned Funding: \$98,991

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Eldin Specialist Hospital, Jos

Planned Funding: \$181,484

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Federation of Moslem Women Hospital, Jos

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: General Hospital Langtang

Planned Funding: \$181,484

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: General Hospital, Tunkus

Planned Funding: \$181,484

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Shendam
Planned Funding: \$181,484
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: General Hospital Mangu
Planned Funding: \$181,484
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: JUTH, Comprehensive Health Centre, Zamko
Planned Funding: \$98,991
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: JUTH, Comprehensive Health Centre Gindir
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Mangu Cocin Hospital
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: May Hospital Shendam
Planned Funding: \$131,988
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Nassarawa Medical Centre, Jos
Planned Funding: \$131,988
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Our Lady of Apostle Hospital, Zawan

Planned Funding: \$181,484

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Ganawuri

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Shendam

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Pil-Gani Langtang

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Riyom, Tahoss, Rahoss

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Langtang, Town

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: PHC Kurgwi
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: PHC Sopp, Tom Gangere
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: PHC Tundun Wada (GH)
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: PHC Township
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: PHC Gazun Langtang
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: PHC Bokkos
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: PHC Bakwai Langtang
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Bukuru Center

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Bukuru Express

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Dadun Langtang

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Doemak

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: PHC Filin Ball

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Primary Health Care, Mandu

Planned Funding: \$32,997

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Primary Health Care, Garkawa
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Primary Health Care Centre, Tunkus/Piapung
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Primary Health Care, Jengre
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Sunnah Hospital, Jos
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Town Clinic Pankshin
Planned Funding: \$32,997
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Widowcare, Abakaliki, Ebonyin
Planned Funding: \$208,073
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, 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: National Public Health Laboratory Services
Planned Funding: \$222,335
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HLAB - Laboratory Infrastructure

Sub-Partner: Northwestern University, Chicago

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: John Snow International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: University of Nigeria Teaching Hospital, Enugu

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: 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: AIDS Prevention Initiative, LTD

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: 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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	3227.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,500,000	\$2,850,000
07-HVTB	3222.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$300,000	\$2,175,000
08-HKID	5415.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$500,000	\$2,235,000

11-HTXS	6715.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$6,000,000	\$14,085,825
05-HVOP	9216.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$750,000	\$1,468,500
03-HMBL	6489.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$115,000	\$115,000
06-HBHC	5369.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,500,000	\$5,065,000

10-HTXD	9888.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$5,000,000	\$7,154,288
12-HLAB	6716.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$2,000,000	\$6,624,810
09-HVCT	5424.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$200,000	\$1,087,000
13-HVSI	3226.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for Harvard SPH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial. Harvard will need to conduct training immediately to integrate their sites into the new national M&E system (SCMS-Voxiva platform) planned for joint use by the USG and GoN.	\$200,000	\$1,900,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 1.5 Hope WW SA

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3698.08

System ID: 6379

Planned Funding(\$): \$775,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Hope Worldwide South Africa

New Partner: No

Sub-Partner: Ray of Hope Ministries

Planned Funding: \$4,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Associazione Volontari per il Servizio Internazionale

Planned Funding: \$4,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: National Community of Women Living with HIV/AIDS, Nigeria

Planned Funding: \$4,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Positive Life Organization of Nigeria

Planned Funding: \$4,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 IFESH

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 555.08

System ID: 6380

Planned Funding(\$): \$1,690,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: International Foundation for Education and Self-Help

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	3248.08	FUNDING JUSTIFICATION: Due to the small size of IFESH, early funding is all the more critical for general operations as well as ordering supplies, HIV rapid test kits, and ARV prophylaxis. The lead time for procurement is long when factoring in forecasting, ordering, shipping, clearance, and distribution to sites. To insure against disruption of programming, early funding is therefore justified.	\$200,000	\$400,000
06-HBHC	5665.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for IFESH is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$50,000	\$150,000

Mechanism Name: USAID Track 1.0 Safe Injections

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5331.08

System ID: 6381

Planned Funding(\$): \$3,781,910

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: John Snow, Inc.

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 FS AIDSTAR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7405.08
System ID: 7405
Planned Funding(\$): \$6,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: USAID Track 2.0 Safe Injections

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3681.08
System ID: 6382
Planned Funding(\$): \$218,090
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9403.08
System ID: 9403
Planned Funding(\$): \$840,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 FS Measure DHS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7142.08

System ID: 7142

Planned Funding(\$): \$3,000,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Macro International

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	17041.08	While the Nigerian Demographic and Health Survey data collection and analysis will be conducted during 2008, the USG team is requesting early funding for this partner so that the preliminary planning activities such as sampling design and modifications of the HIV and OVC modules for the Nigerian context can get underway in order to meet the submission deadlines for the Institutional Review Boards.	\$2,000,000	\$2,000,000

Mechanism Name: USAID Track 2.0 FS LMS Leader

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5271.08

System ID: 6383

Planned Funding(\$): \$4,817,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Sciences for Health

New Partner: No

Mechanism Name: USAID Track 2.0 LMS Associate

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7144.08

System ID: 7144

Planned Funding(\$): \$11,115,812

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Sciences for Health

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	15646.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$3,500,000	\$3,500,000
09-HVCT	15645.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$330,000	\$1,320,000
11-HTXS	15647.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$540,000	\$2,160,000
12-HLAB	15648.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$550,000	\$2,200,000

01-MTCT	15641.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$80,000	\$328,562
06-HBHC	15642.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$350,000	\$1,400,000
07-HVTB	15643.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for LMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$725,000	\$207,250

Mechanism Name: HHS/CDC RFA TBD

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5230.08

System ID: 6354

Planned Funding(\$): \$4,718,321

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	12968.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the lead in areas of PMTCT, HCT and HCT in TB/HIV is critical to moving forward quickly with new partners. Unlike other PMTCT early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$2,400,000	\$455,000
09-HVCT	12972.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the lead in areas of PMTCT, HCT and HCT in TB/HIV is critical to moving forward quickly with new partners. Unlike other PMTCT early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$1,600,000	\$135,000
05-HVOP	12969.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$400,000	\$150,250

08-HKID	14087.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$1,000,000	\$650,000
11-HTXS	14089.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$2,200,000	\$565,621
13-HVSI	14091.08	FUNDING JUSTIFICATION: The FY07 RFA/FOA was significantly delayed and the closure date is October 4th, with awards expected October 31st. Early funding of the COP08 RFA TBDs would enable HHS/CDC to make more awards with more time to impact the 2-7-10 goals. Unlike prior RFAs in Nigeria, there has been unprecedented interest expressed by local and international organizations in this announcement.	\$200,000	\$55,000
12-HLAB	14090.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$2,400,000	\$0

02-HVAB	14086.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$1,700,000	\$960,000
06-HBHC	12970.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$1,200,000	\$725,000
07-HVTB	12971.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$1,777,950	\$355,450

10-HTXD	14088.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$2,000,000	\$567,000
14-OHPS	15637.08	FUNDING JUSTIFICATION: The FY07 FOA was significantly delayed and COP07 funds were reprogrammed to existing partners to make more timely use of funds toward achieving targets. The FY07 FOA is now open and will close on October 1st. With the awards being made in November, the need to fund the FOAs as soon as possible is critical to moving forward quickly with new partners so they can assist in hitting the 2-7-10 targets. Unlike other early funding requests, HHS/CDC Nigeria believes that due to the infrastructure costs, initial operational costs, and other procurement requirements for new partners such as site renovation that 100% early funding for the RFA in this area is required.	\$200,000	\$100,000

Mechanism Name: HHS/CDC RFA TBD/FMOH

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7830.08

System ID: 7830

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8867.08

System ID: 8867

Planned Funding(\$): \$1,720,000

Procurement/Assistance Instrument: USG Core

Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 FS ABE/LINK

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7416.08
System ID: 7416
Planned Funding(\$): \$3,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: USAID Track 2.0 FS PHDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7602.08
System ID: 7602
Planned Funding(\$): \$2,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: USAID Track 2.0 FS Project Search

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7607.08
System ID: 7607
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: USAID Track 2.0 APS TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5236.08
System ID: 6355
Planned Funding(\$): \$2,382,667
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 Multi-Country PHE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7829.08
System ID: 7829
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: USAID Track 2.0 PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5269.08
System ID: 6356
Planned Funding(\$): \$850,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 7808.08
System ID: 7808
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9409.08
System ID: 9409
Planned Funding(\$): \$26,372
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS- Prevention, Support and Care
New Partner: No

Sub-Partner: Society for Women and AIDS in Nigeria
Planned Funding: \$155,699
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Civil Society on HIV/AIDS in Nigeria (CiSHAN), Gombe
Planned Funding: \$168,872
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa
Planned Funding: \$156,187
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: HHS/HRSA Track 2.0 NYAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4148.08
System ID: 6384
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: USAID Track 2.0 FS Community Reach

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7143.08
System ID: 7143
Planned Funding(\$): \$2,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9401.08
System ID: 9401
Planned Funding(\$): \$1,370,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Partners for Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 1.0 SCMS

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 6706.08

System ID: 6706

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Partnership for Supply Chain Management

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	14085.08	FUNDING JUSTIFICATION: Due to the lead time for procurements in Nigeria when incorporating	\$500,000	\$1,000,000

Mechanism Name: USAID Track 2.0 SCMS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4043.08

System ID: 6385

Planned Funding(\$): \$43,220,751

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Partnership for Supply Chain Management

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	9773.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of supply chain partners is crucial.	\$390,000	\$425,000
10-HTXD	6402.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply chain partners is crucial.	\$16,000,000	\$21,799,506
15-HVMS	12161.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that essential equipment, including a Light Armored Vehicle for the Department of Defense for areas of insecurity should be prioritized and early funding authorized.	\$150,000	\$520,000
01-MTCT	9748.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that 100% early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$3,500,000	\$3,575,000

11-HTXS	9894.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial.	\$5,000,000	\$6,001,000
07-HVTB	9878.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial.	\$1,400,000	\$1,478,000
12-HLAB	12439.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for PSCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial.	\$1,000,000	\$1,260,000
09-HVCT	6643.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial. In particular, the early ordering of HIV Rapid Test Kits is the first crucial step for all HIV programming in country.	\$3,700,000	\$3,725,000

04-HMIN	9775.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial.	\$55,000	\$55,000
13-HVSI	6661.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the critical nature of the activity to coordinating the network of care and treatment, that early funding for UMD-SCMS is justified. Funding in this program area will support the GIS mapping of Global Fund and PEPFAR facilities for faster integration of GF and PEPFAR activities to assist with leveraging resources.	\$500,000	\$1,120,000
06-HBHC	9842.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial.	\$150,000	\$1,212,245
05-HVOP	9784.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial. Clinical supplies in this area will focus on STI related drugs for treatment.	\$250,000	\$250,000

08-HKID

9883.08

FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for SCMS is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical supply partners is crucial. Funding in this area will support laboratory reagents related to monitoring HIV+ pediatric care patients not on ART.

\$255,000

\$255,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9405.08

System ID: 9405

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Pathfinder International

New Partner: No

Mechanism Name: USAID Track 2.0 FS COMPASS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7404.08

System ID: 7404

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Pathfinder International

New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9406.08

System ID: 9406

Planned Funding(\$): \$890,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Council

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 Pop Council

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3691.08

System ID: 6386

Planned Funding(\$): \$1,350,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Population Council

New Partner: No

Sub-Partner: Adolescent Health and Information Projects

Planned Funding: \$53,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa

Planned Funding: \$53,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Islamic Education Trust

Planned Funding: \$53,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: African Health Project

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9693.08

System ID: 9693

Planned Funding(\$): \$210,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: PROHEALTH

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 1.0 SBFAF

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5329.08

System ID: 6387

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: Safe Blood for Africa Foundation

New Partner: No

Sub-Partner: Society for Family Health-Nigeria

Planned Funding: \$75,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMBL - Blood Safety

Sub-Partner: John Snow, Inc.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMBL - Blood Safety

Mechanism Name: HHS/CDC Track 2.0 SBFAF

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3699.08

System ID: 6388

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Safe Blood for Africa Foundation

New Partner: No

Mechanism Name: USAID Track 2.0 SBFAF

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3700.08

System ID: 7929

Planned Funding(\$): \$600,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Safe Blood for Africa Foundation

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 SFH

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3682.08

System ID: 6390

Planned Funding(\$): \$15,611,500

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Society for Family Health-Nigeria

New Partner: No

Sub-Partner: Population Services International

Planned Funding: \$140,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Adolescent Action Pact

Planned Funding: \$71,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: AID FOUNDATION, Kaduna

Planned Funding: \$71,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Center for Right to Health

Planned Funding: \$71,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Center for Health Education and Development Communications, Lagos

Planned Funding: \$71,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Clear View Foundation, Maiduguri

Planned Funding: \$71,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: D'SETE Support Initiative, Sokoto

Planned Funding: \$71,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Development Initiative and Processes
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Fortress for Women Initiative, Kano
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Global Agenda for Total Emancipation, Abuja
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Glomy Movement Organization Calabar
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Justice Development and Peace Movement, Nigeria
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Living Faith Foundation, Kaduna
Planned Funding: \$38,875
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Movement Against AIDS & Poverty, Ibadan
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Nasrul Lahi II Fathi (Nasfat) Health & HIV/AIDS Initiative
Planned Funding: \$38,875
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Natural Resources Development Motivators
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Redeemed Christian Church of God - Lagos, Nigeria
Planned Funding: \$38,875
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Voices for Humanity
Planned Funding: \$980,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Youth and Environmental Development Association
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Divine Emission Initiative, Ibadan
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: OSA Foundation, Makurdi
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Salvage Action Network Nigeria, Port Harcourt
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Save the less Privileged Child education Initiative, Bauchi
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: The Good Neighbour, Lagos
Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Volunteer for Sustainable Development, Jos

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$71,938
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: HHS/CDC Track 2.0 ASM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5292.08
System ID: 6391
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8868.08
System ID: 8868
Planned Funding(\$): \$140,053
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: USAID Track 2.0 ENHANSE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 553.08
System ID: 6392
Planned Funding(\$): \$3,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Internews
Planned Funding: \$500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding: \$300,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Africare
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Pathfinder International
Planned Funding: \$120,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: USAID Track 2.0 FS TB CAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6171.08
System ID: 6393
Planned Funding(\$): \$1,900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation
New Partner: No

Sub-Partner: Management Sciences for Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: World Health Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	12423.08	The USG is requesting \$700,000 in TB/HIV early funds to initiate new coordination activities for ILEP partners to integrate HIV diagnosis and referral into the DOTS sites that they support. The funds are required to enable KNCV to establish a presence on the ground as quickly as possible to begin harmonizing activities before further expansion takes place and to ensure coordination with current PEPFAR partners and the GON.	\$700,000	\$1,900,000

Mechanism Name: HHS/CDC Track 2.0 Univ Maryland

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 632.08

System ID: 6394

Planned Funding(\$): \$59,461,295

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: University of Maryland

New Partner: No

Sub-Partner: Lagos University Teaching Hospital, Lagos

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: University of Calabar Teaching Hospital

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: University of Benin Teaching Hospital

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: National Hospital Abuja

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Gwagwalada Specialist Hospital

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Asokoro Hospital

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Amino Kano Teaching Hospital

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Nnamdi Azikiwe Teaching Hospital

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Nigerian Institute of Pharmaceutical Research & Development

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: National Tuberculosis and Leprosy Training Centre

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Axios Foundation

Planned Funding: \$2,370,297

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Bauchi Specialist Hospital

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Federal Medical Center, Azare

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: federal Medical Center, Keffi

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital, Otukpo

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Church of Christ in Nigeria TB Rehabilitation Hospital

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Specialist Teaching Hospital, Irua

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Plateau State Virology Institute
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: International Dispensary Association Foundation
Planned Funding: \$1,182,584
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: General Hospital, Mararaba
Planned Funding: \$45,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Waziri Shehu Gidado Maternity Hospital
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: General Hospital, Dutse
Planned Funding: \$45,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital, Toro
Planned Funding: \$45,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Akwanga General Hospital
Planned Funding: \$45,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Comprehensive Health Center, Nneni
Planned Funding: \$45,100

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Comprehensive Health Center, Ukpo

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Trauma Center, Oba

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Ajeromi Ifelodun General Hospital, Lagos

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: ANAWIM Home, Gwagwalada, Abuja

Planned Funding: \$24,403

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Catholic Diocese of Nnewi

Planned Funding: \$31,494

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Babcock University Hospital, Ilesan, Ogun State

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Centre for Development and Population Activities

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVSI - Strategic Information
Sub-Partner: Comprehensive Health Center Oturkpo
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Comprehensive Health Center, Udo, Edo State
Planned Funding: \$45,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Comprehensive Health Center, Umunya (Anambra)
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Dalhatu Araf Specialist Hospital
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federal medical Centre, Bida, Niger State
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federal Medical Centre, Gombe, Gombe State
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Federal Medical Center Katsina, Katsina State
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federal medical Center, Birnin Kudu, Jigawa State
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federal Medical Center Abeokuta, Ogun State
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federa Medical Centre Asaba
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federal Medical Center Owerri, Imo State
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Federation of Muslim Women Association in Nigeria, Adamawa
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: General Hospital Dass, Bauchi State
Planned Funding: \$45,100
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Dawakin Tofa, Kano State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Babura, Jigawa State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Doguwa, Kano State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Bebeji, Kano State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Gumel, Jigawa State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Kafin Madaki, Bauchi Stae

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Hadejia, Jigawa State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Ijebu Ode, Ogun State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Kumbotso, Kano

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Agbor, Delta State

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital Kazaure, Jigawa State

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital Gezawa, Kano State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Shirayana, Bauchi State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Tafawa Balewa, Bauchi State

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital Ringim, Jigawa State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Wanune, Tarka, Benue State

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital Gamawa, Bauchi

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Bayara, Bauchi State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Ningi, Bauchi State

Planned Funding: \$45,100

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital Okpoga, Benue State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Okene, Kogi State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Alkaleri, Bauchi

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: General Hospital Sapele, Delta State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: General Hospital Misau, Bauchi State

Planned Funding: \$451,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Goal of a Woman Association, Dutse

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Help International, Mangu

Planned Funding: \$12,813

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Hope Worldwide Nigeria

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Idoma Imeli Support Group, Otukpo

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Ladoke Akintola University Teaching Hospital, Osogbo

Planned Funding: \$50,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Mariya Sanusi Maternity Hospital, Kano State
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information
Sub-Partner: Mothers Welfare Group
Planned Funding: \$130,722
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HMIN - Injection Safety, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Olabisi Onabanjo University Teaching Hospital, Shagamu, Ogun State
Planned Funding: \$59,900
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Oluku Primary Health Center
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Put Them Right Reproductive health Needs, Jos
Planned Funding: \$11,625
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HVSI - Strategic Information
Sub-Partner: Reach Project Mobile HCT, FCT Abuja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Safe Environmental Watch, Nasarawa State
Planned Funding: \$7,500
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Shagamu Community Centre, Ogun State

Planned Funding: \$62,969

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, Ojo LGA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, Isolo LGA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, Ikeja LGA

Planned Funding: \$79,534

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, Iba LGA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, Ebute meta LGA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, A,iwp Pdpfom :GA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: STOPAIDS Organization, Lagos, Ajerumi Ifelodu LGA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: State Hospital Sokenu, Abeokuta, Ogun State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: N/A

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: N/A

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: N/A

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Ubonna Comprehensive Health Center, Edo State

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: University of Ilorin Teaching Hospital, Kwara State

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Urban Maternity Clinic, Bauchi

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Usman Danfodio University Teaching Hospital

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Uyo Universtiy Teaching Hospital, UYO

Planned Funding: \$59,900

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HMIN - Injection Safety, 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: Young Mens Christian Association

Planned Funding: \$15,391

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	3254.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$700,000	\$1,687,300
12-HLAB	3256.08	FUNDING JUSTIFICATION: UMD is on a significant rapid scale up plan. Due to the lead time for procuring, shipping, clearing and distributing reagents and clinical supplies to POS in Nigeria, UMD request full early funding of its Track 1.0 ARV services budget.	\$5,000,000	\$10,375,092
13-HVSI	3253.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that early funding for UMD ACTION is necessary to ensure immediate training on the new national M&E system.	\$200,000	\$2,760,000
01-MTCT	3257.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$1,500,000	\$3,550,000
03-HMBL	3258.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$150,000	\$315,000

05-HVOP	9210.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies for STI treatment must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$750,000	\$1,735,500
09-HVCT	5426.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$500,000	\$1,705,000
10-HTXD	5429.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$8,000,000	\$11,406,128
11-HTXS	3255.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$7,000,000	\$17,410,275

06-HBHC	3259.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$2,000,000	\$5,346,000
08-HKID	5417.08	FUNDING JUSTIFICATION: The USG Nigeria team agrees that due to the long lead times for procurement and distribution to points of service, that early funding for UMD-ACTION is justified. Clinical supplies must be forecasted, ordered, undergo manufacturer delay frequently, and then must be shipped, clear customs and then undergo distribution to points of service. The total process can take 4-5 months for routine medical supplies and longer for specific drugs or testing reagents due to global supply inadequacy. In order to compensate and ensure that services are not interrupted, early funding of clinical partners is crucial.	\$800,000	\$2,359,000

Mechanism Name: USAID Track 2.0 FS Measure TBD

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 558.08

System ID: 6395

Planned Funding(\$): \$1,970,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: University of North Carolina

New Partner: No

Sub-Partner: John Snow, Inc.

Planned Funding: \$625,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Constella Futures

Planned Funding: \$350,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9404.08
System ID: 9404
Planned Funding(\$): \$1,680,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

 Sub-Partner: Crown Agents
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: Yes
 Associated Area Programs: HTXD - ARV Drugs, HLAB - Laboratory Infrastructure

 Sub-Partner: Vision Africa
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: Yes
 Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Mechanism Name: USAID Agency Funding

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1532.08
System ID: 6396
Planned Funding(\$): \$6,477,177
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	3263.08	The USG is requesting \$500,000 in Agency M&S early funds to proceed with necessary expansion of the USAID facility for the HIV/AIDS team. The team is in desperate need of additional space and will need new desk space by the end of the year to seat the current USAID team. Procurement for this activity cannot begin until the activity is approved and the funds are in hand.	\$500,000	\$2,604,217

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 Agency Funding

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1561.08

System ID: 6397

Planned Funding(\$): \$9,384,780

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	6566.08	FUNDING JUSTIFICATION: All HHS/CDC GAP Core funds are used for funding staff salaries and therefore operational funding for 1st and 2nd quarter training, domestic travel, and basic operating expenses are required. Funding for international travel is restricted to R/R, home leave, or PCS. There are 3 international moves expected to happen in the 1st four months of FY08 at a cost of \$50-60,000 each and leases for housing will have to be paid at an estimated cost of \$150,000. It is also expected that the CDC Office lease, for 2 years, prepaid will be due in October 2007 at a cost of \$400,000.	\$1,400,000	\$1,969,569
13-HVSI	5358.08	FUNDING JUSTIFICATION: The CDC Nigeria office is requesting \$600,000 in early funding for support of salaries and required expenses related to staffing.	\$600,000	\$2,775,000

Mechanism Name: HHS/CDC Track 2.0 CDC Agency

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1530.08

System ID: 6398

Planned Funding(\$): \$3,056,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	3260.08	CDC Nigeria requests early funding in the amount of \$2,500,000 to cover the cost of local and USDH staff salaries for up to 80 positions, to cover the moving expenses of 4 USDH individuals moving internationally into Nigeria during the first quarter of FY08, and to cover required core fund expenses during the first quarter.	\$2,500,000	\$3,056,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DoD Track 2.0 DoD Agency

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 554.08
System ID: 6401
Planned Funding(\$): \$3,046,613
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoD Track 2.0 Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 554.08
System ID: 6400
Planned Funding(\$): \$4,662,094
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoD Track 2.0 CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7227.08
System ID: 7227
Planned Funding(\$): \$131,128
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: DoD Track 2.0 ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7216.08
System ID: 7216
Planned Funding(\$): \$325,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 CSCS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7212.08

System ID: 7212

Planned Funding(\$): \$289,531

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	15640.08	FUNDING JUSTIFICATION: These funds are for the OBO headtax related to CDC positions in Nigeria for new embassy construction. The funds are required to be paid prior to the 1st CN.	\$289,531	\$289,531

Mechanism Name: HHS/CDC Track 2.0 ICASS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6707.08

System ID: 6707

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	15639.08	FUNDING JUSTIFICATION: This activity funds the Nigeria related HHS/CDC ICASS costs for FY08. ICASS assessments for 70% of the estimated ICASS bill are due in December 2008, therefore early funding from GHAI will be required as HHS/CDC GAP core funds are strictly for use in funding staff salaries. Not providing early funding to cover the December assessment can seriously and adversely impact Embassy operations beyond PEFPAR.	\$700,000	\$1,000,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7215.08
System ID: 7215
Planned Funding(\$): \$450,029
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State Track 2.0 PAS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1551.08
System ID: 6403
Planned Funding(\$): \$80,000
Procurement/Assistance Instrument: IAA
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9399.08
System ID: 9399
Planned Funding(\$): \$2,990,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Vanderbilt University
New Partner: No

Mechanism Name: USAID Track 2.0 Winrock AIM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5268.08
System ID: 6404
Planned Funding(\$): \$3,680,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Winrock International
New Partner: No

Sub-Partner: Dorcas Eunice Foundation, Ibadan
Planned Funding: \$82,500
Funding is TO BE DETERMINED: No
New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Jehovah Jireh Resources, Ibadan
Planned Funding: \$82,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Society for Community Development
Planned Funding: \$247,750
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Ummah Support Group
Planned Funding: \$247,750
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: N/A
Planned Funding: \$105,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Redeemed Action Committee on AIDS, Lagos
Planned Funding: \$247,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Rural Women Foundation, Abuja
Planned Funding: \$82,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Teens and Youth Capacity Enhancement and Education, Abuja
Planned Funding: \$82,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Virtue Initiative, Isieke Umuahia
Planned Funding: \$82,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Women Gender Developers, Kano
Planned Funding: \$82,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Women's Health Education Development
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Women Trafficking and Child Labour Eradication
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: USAID Track 2.0 FS WHO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 634.08
System ID: 6405
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Health Organization
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4133.08	6361	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Daughters of Charity, Eleme, Port Harcourt	N	\$67,097
4133.08	6361	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Initiative for African Youth Development, Rumuola, Port Harcourt	N	\$67,097
4133.08	6361	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lazarus Care Mission International, Aba Road, Port Harcourt	N	\$67,097
4133.08	6361	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Rhema Care Partners	N	\$67,097
4133.08	6361	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Society for Women And AIDS in Africa	N	\$67,097
9692.08	9692	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sacred Heart Catholic Hospital, Lantoro, Ogun State	N	\$0
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Achi Joint Hospital, Oji River	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Ahmadiyyah Hospital, Kano City	N	\$268,016
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Akaeze Basic Health Center, IVO LGA	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Al-Noury, Kano City	N	\$323,206
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bishop Murray Medical Center, Makurdi	N	\$295,987
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Christian Hospital, Onicha Ngwa	N	\$70,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Community Support and Development Initiative	N	\$106,191
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Comprehensive Health Care College Road Saminaka	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Comprehensive Health Center Ugba Logo	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures	N	\$1,100,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Daughters of Divine Love Hospital, Ehaluma	N	\$50,909
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Evangel Hospital, Jos	N	\$727,288
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Evangelic Reform Church of Christ Alushi, Nasarrawa	N	\$80,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Faith Alive, Jos	N	\$936,050
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Faith Mediplex, Benin City	N	\$187,889
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Fr Damian's Specialist Hospital Nnewi	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Igarra	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Ikin-Ukwu	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Grimard Catholic Hospital, Ayingba	N	\$76,177
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Health Center Umeke Ngor	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Health Center Ummuna Street, Onisha South	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Health Dept TB Laboratory Osisoma LG HQ	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Health Office Aba, Aba South	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Holley Memorial Hospital Ochadamu	N	\$30,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Holy Rosary Hospital Emekuku, Imo	N	\$117,024
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Holy Rosary Hospital, Onitsha	N	\$214,266
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Institute of Human Virology, Nigeria	N	\$10,909,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Irrua Specialist Hospital	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Joint Hospital Ozubulu, Ekwusigo	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Living Word Hospital, Aba	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Major Aminu Health Center, Yola North LGA	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mater Mesericodie, Afikpo	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mbano Joint Hospital, Mbano	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mbano Joint Hospital, Okigwa	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Medical Mission of Mary, Ondo	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mission Hospital Umunze, Orumba South	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Nigeria Christian Hospital Nlagu-Onicha Ngwa	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Nsukka Health Center, Nsukka	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Our Lady Health of the Sick, Uzo Uwani	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Apostles, Jos	N	\$166,185
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Lourdes Hosp. Ihiala	N	\$201,876
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	PHC Tse-Agbragba	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Plateau State Specialist Hospital, Jos	N	\$604,501
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Presentation Maternity Home, Okpoki	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sabon Sarki PHC, Kachia LGA	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sangassumi Health Center, Ganye LGA	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Santa maria Catholic Hospital Uzairrue	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Anthony Catholic Hospital, Zaki-biam	N	\$81,991
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Camillus Hospital, Uromi	N	\$131,610
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Catherine's Hospital	N	\$47,385
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Damian's Hospital, Okporo, Orlu	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Gerard's Hospital, Kaduna	N	\$660,233
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. John's Catholic Hospital, Kabba	N	\$77,012
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Joseph Hospital Adazi	N	\$85,884
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Joseph's Catholic, Hospital Ohabiam	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Joseph's Clinic Jada Adamawa	N	\$30,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Louis Hospital Owo	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Louis Hospital, Zonkwa	N	\$192,919
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. martin's Ugwuagba, Obosi	N	\$70,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Mary's Hospital, Nigeria	N	\$295,733
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Monica Hospital, Adikpo	N	\$375,918
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Vincent De Paul Hospital, Kubwa	N	\$421,201
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Vincent's Hospital, Aliade	N	\$268,995
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Star of the Sea maternity Home, Umueze-Anam	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sudan Mission Hospital Anuenyin	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	TB & Leprosy Referral hospital Uzuakoli	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	TBL Clinic Akwa, Akwa South	N	\$30,000
3688.08	6365	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Visitation Hospital Osunenyi, Nnewi South	N	\$30,000
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Adoka Maternity, Adoka	N	\$76,000
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Abuja	N	\$304,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Benin City	N	\$306,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Jos	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Kaduna	N	\$306,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Idah, Nigeria	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Kafanchan, Nigeria	N	\$306,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Lafia, Nigeria	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Makurdi, Nigeria	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Minna, Nigeria	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Otukpo, Nigeria	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Shendam	N	\$230,846
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Secretariat of Nigeria	N	\$2,500
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Divine Mercy, Minna	N	\$76,000
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Irruan Antenatal Clinic, Bankpor	N	\$78,000
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Elizabeth, Vandekiya	N	\$76,000
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Kizito Clinic, Lekki Idi-Araba	N	\$77,000
3689.08	6366	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Virgilius Memorial Health Centre, Namu	N	\$77,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Abuja	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Benin City	N	\$180,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Jos	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Kaduna	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Idah, Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Kafanchan, Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Lafia, Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Makurdi, Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Minna, Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Otukpo, Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Shendam	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Secretariat of Nigeria	N	\$180,000
3713.08	6367	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Gboko Diocese	N	\$180,000
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Church of Nigeria	N	\$199,500
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Diocese of Awka	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Diocese of Bauchi	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Diocese of Gwagwalada	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Diocese of Kubwa, FCT	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Church of Nigerian Anglican Communion , Lagos West Diocese	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	COCIN Bauchi	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Council of Positive People Support Group	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	GHON, FCT	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Good Shepherd Initiative, Cross River	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Hopegivers Organization, Anambra	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Humane Health Organization, Nigeria	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Imade Foundation, Edo	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Keep Hope Alive, Edo	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Muslim Action Guide Against AIDS, Poverty, Illiteracy and Conflict	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	National Supreme Council on Islamic Affairs	N	\$186,000
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Positive Development Foundation	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Presbycom, Ikom	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Raham Bauchi	N	\$41,725

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Save the World Organization, Onitsha	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Edo, Nigeria	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Lagos	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	StopAIDS	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	SWATCH, Kano	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	SWODEN, Kano	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Taimako Support Group, Kano	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Ummah Support Group	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	We-Women Network Cross River	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Women and Children of Hope	N	\$41,725
5267.08	6368	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Women Enhancement Organization	N	\$41,725
5266.08	6370	Christian Aid	U.S. Agency for International Development	GHCS (State)	Anglican Diocesan Development Services	N	\$70,000
5266.08	6370	Christian Aid	U.S. Agency for International Development	GHCS (State)	Gospel Health and Development Services	N	\$70,000
5266.08	6370	Christian Aid	U.S. Agency for International Development	GHCS (State)	Rural Integrated Development Organization Network	N	\$305,000
5266.08	6370	Christian Aid	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Edo, Nigeria	N	\$30,500
5266.08	6370	Christian Aid	U.S. Agency for International Development	GHCS (State)	Women Enhancement Organization	N	\$28,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Action Health Incorporated	N	\$100,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association for Reproductive and Family Health	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Barau Dikko Specialist Hospital	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Action Committee on AIDS Hospitals	N	\$40,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Archdiocese of Ogoja	N	\$25,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Maternity Hospital - Monaiyi, Ogoja	N	\$120,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Relief Services	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cement Factory Hospital Bajoga	N	\$50,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Positive Development	N	\$15,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Confluence against AIDS, Lokoja	N	\$15,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Development Research and Project Center	N	\$120,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	DOMA Support Group, Doma	N	\$15,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fantsuam Foundation	N	\$25,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ganty's AIDS for Widows, Orphans, and Needy Foundation, Manchok	N	\$10,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Adikpo	N	\$40,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Bajoga	N	\$30,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gambo Sawaba Zaria	N	\$45,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Giwa	N	\$45,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gwantu	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ikot Ekpene	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kafanchan	N	\$90,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kaltungo	N	\$30,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Makarfi	N	\$45,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ogoja	N	\$90,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okene	N	\$55,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okengwe	N	\$55,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Saminaka	N	\$60,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Sankara	N	\$40,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Vandekya	N	\$40,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Zambuk	N	\$50,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General State Specialist Hospital, Bomge	N	\$55,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Grassroots HIV/AIDS Counselors	N	\$5,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gwamna Awan Hospital, Kaduna	N	\$56,107
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	HIV/AIDS Restoring Hope and Lives Trust Nigeria	N	\$10,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Holy Memorial Hospital (Qua Iboe Missionary)	N	\$50,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Infectious Disease Hospital at Ikot Ekpene	N	\$45,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	PAIDA Support Group, Gombe	N	\$20,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pathfinder International	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Rekindle Hope	N	\$15,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Southern Kaduna Support	N	\$15,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	State Specialist Hospital, Gombe	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tulsi Chanrai Foundation	N	\$60,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Port harcourt Teaching Hospital	N	\$0
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Women and Children of Hope	N	\$20,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Youth and Women Health Empowerment Project, Lokoja	N	\$15,000
2768.08	6372	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Yusuf Dan Tsoho Hospital, Kaduna	N	\$60,000
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Abia State University Teaching Hospital	N	\$56,421

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Agbani District Hospital	N	\$266,296
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	All Saints Clinic, Abuja	N	\$162,688
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Anambra State Action Committee	N	\$11,888
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Apapa Comprehensive Health Center, Lagos	N	\$52,190
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Axios Foundation	N	\$0
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Action Committee on AIDS Hospitals	N	\$211,461
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Auchi, Edo	N	\$211,063
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Benin	N	\$246,629
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Comprehensive Health Centre Ikom, Cross River	N	\$49,502
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Cottage Hospital Bassa	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Crusade for Greater Nigeria	N	\$31,537
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	District Hospital, Enugu Ezike	N	\$266,296
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	District Hospital, Udi	N	\$266,296
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Ebute Meta Health Center	N	\$55,802
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	ECWA Clinic and Maternity	N	\$91,242
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Edel Trant Community Hospital Nkpologu	N	\$108,264
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Eja Memorial Joint Hospital, Iitigidi	N	\$22,009
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Evangelical Church of West Africa Church and Maternity Ward, Kano	N	\$91,242
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Capital Territory Action Committee on AIDS	N	\$10,234
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center Owerri, Imo State	N	\$71,437
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center, Umuahia	N	\$69,966
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Polytechnic Oko Medical Center	N	\$59,612
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	First Referral Hospital, Mutum-Biyu	N	\$192,621
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Fortress for Women	N	\$97,581
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Abaji	N	\$16,985
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ahoada	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ajeromi, Lagos	N	\$122,992
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Akampa	N	\$215,244
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Alkaleri, Bauchi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ankpa	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Awka, Anambra	N	\$154,952
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Awo-omama	N	\$72,710

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Badagry, Lagos	N	\$142,170
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Bwari	N	\$908,806
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Calabar	N	\$285,423
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Danbatta, Kano	N	\$53,358
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ekwulobia, Anambra	N	\$38,034
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Enugwe Ukwu	N	\$9,175
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Enugwe Ukwu	N	\$9,175
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Epe, Lagos	N	\$51,794
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Funtua	N	\$0
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gamawa, Bauchi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gbagada, Lagos	N	\$54,877
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gboko	N	\$192,548
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gwarzo, Kano	N	\$54,632
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikorodu, Lagos	N	\$147,818
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikot Abasi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Iruekpen	N	\$24,270
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Isolo, Lagos	N	\$123,034
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Katsina	N	\$192,621
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Katsina-Ala	N	\$213,130
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kontagora	N	\$192,621
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kubwa	N	\$108,336
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kuje	N	\$90,310
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kura, Kano	N	\$43,474
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kwali	N	\$86,400
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Lagos	N	\$207,935
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Minna	N	\$266,296
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Misau, Bauchi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Mubi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Nassarawa	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ningi, Bauchi State	N	\$52,247
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Obi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Obubra	N	\$215,748

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ogoja	N	\$49,686
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Oju	N	\$213,130
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Okigwe	N	\$55,958
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Onitsha	N	\$215,852
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Oron	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Owerri	N	\$62,871
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Suleja	N	\$192,621
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Tafawa Balewa, Bauchi	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Tambawal	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Wukari	N	\$192,621
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Wuse	N	\$280,164
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Zing	N	\$192,621
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Akpet	N	\$208,200
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Obanliku	N	\$214,603
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Oji River	N	\$20,693
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Ugep, Yakurr L.G.A	N	\$311,664
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Umuokanne	N	\$15,706
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Hasiya Bayero Pediatric Hospital	N	\$104,558
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Holy Family Catholic Hospital Ikom	N	\$254,607
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Idia Renaissance, Benin City	N	\$6,339,500
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Immaculate Heart Hospital and Maternity Nkpor	N	\$45,354
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Immunel General Hospital, Eket	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Infectious Disease Hospital, Bayara	N	\$56,832
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Infectious Disease Hospital, Kano	N	\$351,537
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Islamic Medical Association of Nigeria	N	\$70,355
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Iyi Enu Hospital	N	\$42,805
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	JAYDA, Taraba	N	\$3,500
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Lagos Mainland General Hospital, Lagos	N	\$279,440
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Lagos State AIDS Control Agency	N	\$16,072
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Life Link Organization	N	\$77,158
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Lutheran Hospital Yahe, Yala	N	\$21,475
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Mambilla Baptist Hospital, Gembu	N	\$192,621

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Massey St. Children's Hospital, Lagos	N	\$213,760
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Matage Health Center, Kano State	N	\$105,880
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Model Primary Health Care Center, Odakpu	N	\$14,999
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Mohammed Abdullahi Wase Specialist Hospital	N	\$21,477
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Murtala Mohammed Specialist Hospital	N	\$275,291
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Mushin Primary Health Care Clinic, Lagos	N	\$59,484
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers Edo	N	\$37,887
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers FCT	N	\$33,080
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers Lagos	N	\$72,500
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers, Nigeria	N	\$224,095
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Nigeria Police Force	N	\$39,670
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Nka Iban Uko	N	\$32,040
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Nnamdi Azikiwe University Medical Center Awka	N	\$48,030
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Nnewi Diocesan Hospital, Nnewi	N	\$31,980
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Nuhu Bamalli Hospital	N	\$47,896
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Nwafor Orizu College of Education Medical Center Nsugbe	N	\$49,788
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Oko Community Hospital	N	\$27,721
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Oriade Primary Health Centre	N	\$31,951
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Orile Agege General Hospital	N	\$31,244
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Planned Parenthood Federation of Nigeria	N	\$39,390
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Presbyterian Tuberculosis and Leprosy Hospital Mbembe	N	\$23,524
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Efraya, Etung	N	\$8,974
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Ikot Okpora, Biase	N	\$9,661
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Obudu Ranch, Obaniku	N	\$4,258
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Utanga, Obanliku	N	\$8,974
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center, Igando Ikotun	N	\$51,448
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Centre, Ikot Omin	N	\$8,974
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Centre, Ofatura	N	\$8,974
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Redeemed Christian Church of God - Lagos, Nigeria	N	\$152,086
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Regina Caeli Maternity Hospital Awka	N	\$42,805
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Regina Mundi Catholic Hospital, Mushin	N	\$39,432

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Sabo Bakin Zuwo Hospital	N	\$21,477
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Sheikh Mohammed Jidda Hospital	N	\$54,632
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Sir Mohammed Sanusi Hospital	N	\$47,198
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Society Against the Spread of AIDS	N	\$31,928
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Society for Women And AIDS in Africa	N	\$272,184
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Specialist Hospital Ossiomo	N	\$24,678
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Specialist Hospital Sokoto	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Specialist Hospital Yola	N	\$266,369
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Benedict Tuberculosis and Leprosy Hospital Moniaya-Ogoja	N	\$28,157
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Charles Borromeo	N	\$248,356
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Louis Catholic and Maternity Raham Rawun	N	\$106,822
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Mary's Hospital, Nigeria	N	\$263,784
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Philomena Catholic Hospital, Benin	N	\$40,123
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	State Action Committee on AIDS Kano	N	\$10,453
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Surulere General Hospital	N	\$33,172
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	Tiga General Hospital	N	\$46,564
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	University of Calabar Medical Centre	N	\$22,547
552.08	6374	Family Health International	U.S. Agency for International Development	GHCS (State)	University of Calabar Teaching Hospital	N	\$39,670
3690.08	6376	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	\$143,744
3690.08	6376	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	\$34,806
3690.08	6376	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Operation Blessing International	N	\$105,249
3690.08	6376	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Salvation Army	N	\$51,114
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	68 Military Hospital, Lagos	N	\$1,456,511
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Abnira Medical Centre	N	\$131,988
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Adeoyo Specialist Hospital	N	\$1,498,585
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Ahmadu Bello Teaching Hospital	N	\$2,426,092
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	AIDS Alliance Nigeria	N	\$75,000
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	AIDS Prevention Initiative, LTD	N	\$0
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Association for Reproductive and Family Health VCT	N	\$312,818
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Barden Cocin Hospital	N	\$32,997

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Barkin Ladi General Hospital	N	\$443,093
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Bassa Cottage Hospital	N	\$98,991
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Bokkos Cottage Hospital	N	\$98,991
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Catholic Lantoro Hospital	N	\$243,650
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	COCIN PHC (Hqtrs)	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	COCIN PHC Barkinchawa	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	COCIN PHC Kurgwi	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	COCIN PHC Kwa	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	COCIN PHC Lankaku	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	COCIN PHC Namu	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Comprehensive Health Care Dadin Kowa	N	\$0
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Cottage Hospital Angware, Jos East	N	\$98,991
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Cottage Hospital, Kwalla	N	\$98,991
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Eldin Specialist Hospital, Jos	N	\$181,484
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Eleta Hospital	N	\$429,632
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Federal Medical Center, Nguru	N	\$566,698
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Federation of Moslem Women Hospital, Jos	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Langtang	N	\$181,484
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Mangu	N	\$181,484
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Shendam	N	\$181,484
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital, Tunkus	N	\$181,484
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	HaltAIDS VCT	N	\$241,130
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Ijebu-Ode Maternity Hospital	N	\$221,326
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	International Dispensary Association Foundation	N	\$13,032,367
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	John Snow International	N	\$0
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Jos University Teaching Hospital, Plateau	N	\$4,727,743
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	JUTH, Comprehensive Health Centre Gindir	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	JUTH, Comprehensive Health Centre, Zamko	N	\$98,991
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Lagos University Teaching Hospital, Lagos	N	\$2,914,056
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Makurdi Federal Medical Center	N	\$2,767,557
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Mangu Cocin Hospital	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Mashiah Foundation	N	\$140,623

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	May Hospital Shendam	N	\$131,988
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Mushin General Hospital	N	\$260,423
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Nassarawa Medical Centre, Jos	N	\$131,988
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	National Institute of Medical Research, Lagos	N	\$2,572,631
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	National Public Health Laboratory Services	N	\$222,335
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Northwestern University, Chicago	N	\$0
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Nursing Home Maiduguri, Maiduguri	N	\$338,363
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Onikan Women's Hospital	N	\$260,423
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Apostle Hospital, Zawan	N	\$181,484
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Apostles, Jos	N	\$1,471,016
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Pankshin General Hospital	N	\$443,093
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Panyam Maternity Hospital	N	\$443,093
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Bapkwai Langtang	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Bokkos	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Bukuru Center	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Bukuru Express	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Dadun Langtang	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Doemak	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Filin Ball	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Ganawuri	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Gazun Langtang	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Kurgwi	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Langtang, Town	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Pil-Gani Langtang	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Riyom, Tahoss, Rahoss	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Shendam	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Sopp, Tom Gangere	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Township	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Tundun Wada (GH)	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care Centre, Tunkus/Piapung	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care, Garkawa	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care, Jengre	N	\$32,997

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care, Mandu	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Seventh Day Adventist Hospital	N	\$443,093
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Solat Women Hospital	N	\$443,093
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	State Specialist Hospital, Maiduguri	N	\$648,400
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Sunnah Hospital, Jos	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Town Clinic Pankshin	N	\$32,997
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University College Hospital, Ibandan	N	\$2,919,100
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University College Hospital, Saki	N	\$219,223
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University of Maiduguri Teaching Hospital	N	\$3,381,903
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University of Nigeria Teaching Hospital, Enugu	N	\$0
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Vom Christian Hospital	N	\$443,093
544.08	6378	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Widowcare, Abakaliki, Ebonyin	N	\$208,073
3698.08	6379	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Associazione Volontari per il Servizio Internazionale	N	\$4,800
3698.08	6379	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	National Community of Women Living with HIV/AIDS, Nigeria	N	\$4,800
3698.08	6379	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Positive Life Organization of Nigeria	N	\$4,800
3698.08	6379	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Ray of Hope Ministries	N	\$4,800
3681.08	6382	John Snow, Inc.	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	\$0
3681.08	6382	John Snow, Inc.	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
9409.08	9409	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Civil Society on HIV/AIDS in Nigeria (CiSHAN), Gombe	N	\$168,872
9409.08	9409	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$156,187
9409.08	9409	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Nigeria	N	\$155,699
3691.08	6386	Population Council	U.S. Agency for International Development	GHCS (State)	Adolescent Health and Information Projects	N	\$53,000
3691.08	6386	Population Council	U.S. Agency for International Development	GHCS (State)	African Health Project	N	\$20,000
3691.08	6386	Population Council	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$53,000
3691.08	6386	Population Council	U.S. Agency for International Development	GHCS (State)	Islamic Education Trust	N	\$53,000
5329.08	6387	Safe Blood for Africa Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	John Snow, Inc.	N	\$0
5329.08	6387	Safe Blood for Africa Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Society for Family Health-Nigeria	N	\$75,000
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Adolescent Action Pact	N	\$71,938

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	AID FOUNDATION, Kaduna	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Center for Health Education and Development Communications, Lagos	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Center for Right to Health	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Clear View Foundation, Maiduguri	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Development Initiative and Processes	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Divine Emission Initiative, Ibadan	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	D'SETE Support Initiative, Sokoto	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Fortress for Women Initiative, Kano	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Global Agenda for Total Emancipation, Abuja	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Glomy Movement Organization Calabar	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Justice Development and Peace Movement, Nigeria	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Living Faith Foundation, Kaduna	N	\$38,875
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Movement Against AIDS & Poverty, Ibadan	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Nasrul Lahi II Fathi (Nasfat) Health & HIV/AIDS Initiative	N	\$38,875
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Natural Resources Development Motivators	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	OSA Foundation, Makurdi	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Population Services International	N	\$140,000
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Redeemed Christian Church of God - Lagos, Nigeria	N	\$38,875
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Salvage Action Network Nigeria, Port Harcourt	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Save the less Privileged Child education Initiative, Bauchi	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	The Good Neighbour, Lagos	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Voices for Humanity	N	\$980,000
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Volunteer for Sustainable Development, Jos	N	\$71,938
3682.08	6390	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Youth and Environmental Development Association	N	\$71,938
553.08	6392	The Futures Group International	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	\$0
553.08	6392	The Futures Group International	U.S. Agency for International Development	GHCS (State)	Africare	N	\$200,000
553.08	6392	The Futures Group International	U.S. Agency for International Development	GHCS (State)	Internews	N	\$500,000
553.08	6392	The Futures Group International	U.S. Agency for International Development	GHCS (State)	Johns Hopkins University Center for Communication Programs	N	\$300,000
553.08	6392	The Futures Group International	U.S. Agency for International Development	GHCS (State)	Pathfinder International	N	\$120,000
6171.08	6393	Tuberculosis Control Assistance Program, KNCV Foundation	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
6171.08	6393	Tuberculosis Control Assistance Program, KNCV Foundation	U.S. Agency for International Development	GHCS (State)	World Health Organization	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ajeromi Ifelodum General Hospital, Lagos	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Akwanga General Hospital	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Amino Kano Teaching Hospital	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	ANAWIM Home, Gwagwalada, Abuja	N	\$24,403
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Asokoro Hospital	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Axios Foundation	N	\$2,370,297
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Babcock University Hospital, Ilasan, Ogun State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bauchi Specialist Hospital	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Diocese of Nnewi	N	\$31,494
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Development and Population Activities	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Church of Christ in Nigeria TB Rehabilitation Hospital	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center Oturkpo	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Nneni	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Udo, Edo State	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Ukpo	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Umunya (Anambra)	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dalhatu Araf Specialist Hospital	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federa Medical Centre Asaba	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center Abeokuta, Ogun State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center Katsina, Katsina State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center Owerri, Imo State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center, Azare	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal medical Center, Birnin Kudu, Jigawa State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	federal Medical Center, Keffi	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal medical Centre, Bida, Niger State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Centre, Gombe, Gombe State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$20,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Agbor, Delta State	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Alkaleri, Bauchi	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Babura, Jigawa State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Bayara, Bauchi State	N	\$5,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Bebeji, Kano State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Dass, Bauchi State	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Dawakin Tofa, Kano State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Doguwa, Kano State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gamawa, Bauchi	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gezawa, Kano State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gumel, Jigawa State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Hadejia, Jigawa State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ijebu Ode, Ogun State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kafin Madaki, Bauchi Stae	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kazaure, Jigawa State	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kumbotso, Kano	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Misau, Bauchi State	N	\$451,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ningi, Bauchi State	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okene, Kogi State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okpoga, Benue State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ringim, Jigawa State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Sapele, Delta State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Shirayana, Bauchi State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Tafawa Balewa, Bauchi State	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Wanune, Tarka, Benue State	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Dutse	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Mararaba	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Otukpo	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Toro	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Goal of a Woman Association, Dutse	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gwagwalada Specialist Hospital	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Help International, Mangu	N	\$12,813
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hope Worldwide Nigeria	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Idoma Imeli Support Group, Otukpo	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	International Dispensary Association Foundation	N	\$1,182,584
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ladoke Akintola University Teaching Hospital, Osogbo	N	\$50,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lagos University Teaching Hospital, Lagos	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mariya Sanusi Maternity Hospital, Kano State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mothers Welfare Group	N	\$130,722
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Hospital Abuja	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Tuberculosis and Leprosy Training Centre	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nigerian Institute of Pharmaceutical Research & Development	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nmamdi Azikiwe Teaching Hospital	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Olabisi Onabanjo University Teaching Hospital, Shagamu, Ogun State	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Oluku Primary Health Center	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Plateau State Virology Institute	N	\$40,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Put Them Right Reproductive health Needs, Jos	N	\$11,625
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Reach Project Mobile HCt, FCT Abuja	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Safe Environmental Watch, Nasarawa State	N	\$7,500
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Shagamu Community Centre, Ogun State	N	\$62,969
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Specialist Teaching Hospital, Irua	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	State Hospital Sokenu, Abeokuta, Ogun State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, A,iwp Pdpfom :GA	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ajerumi Ifelodu LGA	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ebute meta LGA	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Iba LGA	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ikeja LGA	N	\$79,534
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Isolo LGA	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ojo LGA	N	\$0
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Trauma Center, Oba	N	\$45,100
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ubonna Comprehensive Health Center, Edo State	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Benin Teaching Hospital	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Calabar Teaching Hospital	N	\$50,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Ilorin Teaching Hospital, Kwara State	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Urban Maternity Clinic, Bauchi	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Usman Danfodio Univrtsity Teaching Hospital	N	\$59,900
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Uyo Universtiy Teaching Hospital, UYO	N	\$59,900

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Waziri Shehu Gidado Maternity Hospital	N	\$5,000
632.08	6394	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Young Mens Christian Association	N	\$15,391
558.08	6395	University of North Carolina	U.S. Agency for International Development	GHCS (State)	Constella Futures	N	\$350,000
558.08	6395	University of North Carolina	U.S. Agency for International Development	GHCS (State)	John Snow, Inc.	N	\$625,000
9404.08	9404	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Crown Agents	N	\$0
9404.08	9404	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Vision Africa	N	\$0
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Dorcas Eunice Foundation, Ibadan	N	\$82,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Jehovah Jireh Resources, Ibadan	N	\$82,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Redeemed Action Committee on AIDS, Lagos	N	\$247,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Rural Women Foundation, Abuja	N	\$82,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Society for Community Development	N	\$247,750
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Teens and Youth Capacity Enhancement and Education, Abuja	N	\$82,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Ummah Support Group	N	\$247,750
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Virtue Initiative, Isieke Umuahia	N	\$82,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Women Gender Developers, Kano	N	\$82,500
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Women Trafficking and Child Labour Eradication	N	\$70,000
5268.08	6404	Winrock International	U.S. Agency for International Development	GHCS (State)	Women's Health Education Development	N	\$70,000

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$23,422,342

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$94,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

USG Nigeria's strategy for COP08 PMTCT activities will build on COP 07 activities and increase the geographic spread and availability of PMTCT services in Nigeria. HIV prevalence among antenatal clinic attendees was estimated to be 4.4% in the 2005 National HIV Antenatal Serosurvey in Nigeria. PMTCT coverage in ANC attendees is estimated to have increased to about 8%.

In keeping with the USG/Nigeria 5 year plan, the areas of strategic focus for COP08 are: to rapidly increase coverage of services by adopting an expansion strategy to more Local Government Areas (LGAs) in selected States; to achieve a reduction in cost per direct targets while equally ensuring quality of services across partners; to strengthen the development of secondary and primary level facilities that are closer to communities; to strengthen networks of care that increase ARV service access to women who receive PMTCT services at community sites; to strengthen diagnostic services to serve as an entry point to care and treatment for HIV exposed infants; to strengthen Infant Feeding counseling and support the mothers choice in the community; and, to strengthen community based PMTCT programming. In order to achieve these goals the USG Nigeria team will implement a gendered approach to PMTCT that specifically addresses barriers to women's access to quality PMTCT services, effectively engages women's partners in PMTCT programs (e.g., couples counseling and testing), and ensures that all services and linkage are available as close to the home and community level as possible.

In COP07, PEPFAR is supporting PMTCT services at 264 sites in 22 Nigerian states. In COP 08, this will increase to provide direct PMTCT services at 400 sites in 35 states. 407,650 pregnant women will be counseled, tested and receive results at these facilities. Approximately 21,896 of those tested will require and receive a complete course of ARV prophylaxis. In COP08, it is estimated that HIV infection will be averted in 17,876 children assuming a transmission rate of 8.5%. To achieve this, 2,634 Health Care Workers (HCW) including clinicians, pharmacists, laboratory & medical records personnel, lay counselors, Community Health Workers and TBAs will be trained to provide quality PMTCT services using the revised National PMTCT guidelines.

A significant achievement in COP08 planning was the downward trend of the cost per direct target to \$40 (previously in the range of \$37-\$70, average \$63) for women counseled, tested and receiving results. The reduction has facilitated the use of funds to improve on geographic spread and resulted in increasing targets by 66,178 while maintaining optimal quality of services.

A major emphasis for COP08 is the implementation of an 'LGA Coverage' strategy to expand PMTCT to all LGAs in 6 states (Bauchi, Lagos, Anambra, Plateau, Kaduna and Cross River States). This LGA expansion strategy was hampered in previous years due to the low coverage of services. These states will serve as pilot states as we scale-up this strategy in coming years. The goal is to dramatically increase access and therefore provide quality PMTCT services to more clients closer to home and improve the uptake of prophylaxis in women that are found to be HIV+ during antenatal care, but prefer to deliver closer to home. USG Nigeria believes that this initiative will greatly increase access to PMTCT services, and will also identify new challenges to address for large scale dissemination of services from tertiary/secondary facilities to primary facilities and from urban/semi-urban areas to rural areas. This initiative will also demonstrate the feasibility of nationwide coverage for PMTCT services.

A major achievement in COP07 (July 2007) were revisions of the National PMTCT Guidelines and training package. The National guidelines are now better aligned with the WHO guidelines: 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 or Combivir from 34 -36 weeks, sdNVP during labor and a 7 day tail of AZT and 3TC. Women presenting in labor will receive sdNVP and the 7 day tail of AZT and 3TC. Infants will receive sdNVP at birth and AZT for 6 weeks. These guidelines and training package will be rolled out to reach all sites in November. The use of Cotrimoxazole (CTX) prophylaxis for all HIV exposed children from the age of six weeks until proven HIV negative is now routine across sites.

Routine group counseling and testing (HTC) with opt-out at the point of service with rapid same-day results will continue to be strengthened in COP08. The roll out of couples counseling will strengthen services to address disclosure, discordance and

support for infant feeding choices. Routine offer of TC in labor & delivery and during the post-partum period will continue to be strengthened. In COP 08 use of lay counselors, especially PLWHA will be promoted.

The uptake of TC is about 90% in most sites but uptake of ARV prophylaxis has not been optimal and is largely due to deliveries outside of health facilities. In COP07, activities have commenced to strengthen the training and involvement of TBAs and other CHWs to support the utilization of PMTCT services including use of ARV prophylaxis and support for Infant Feeding Choices.

COP08 will see a focus on strengthening prevention, care, and treatment networks that employ appropriate referral systems for clients to access care and treatment services. Particular focus will be on increasing community based activities including the establishment of more secondary and primary health care facilities offering services. Linkages to higher tiered facilities in the network will be strengthened to address medical complications and clinical assessment of pregnant HIV positive women who may require ART for their HIV disease. In addition to receiving PMTCT services, each woman will be referred to OVC services upon positive diagnosis, in order to facilitate care for all of her affected children.

In COP07, the USG supported the pilot phase of Early Infant Diagnosis (EID) in Nigeria using Dried Blood Spots (DBS). Results from this pilot phase have demonstrated the feasibility of EID in Nigeria using DBS. With the support of PEPFAR laboratories EID is being scaled-up across the country following a national plan. This will ensure that HIV exposed infants are linked early enough into pediatric care and treatment. The program will be strengthened and expanded in COP 08

Issues on Infant Feeding Counseling have been a challenge. During COP07, activities were initiated to develop the Nigerian National training curriculum for 'HIV and Infant Feeding' and to conduct a series of zonal TOTs. In COP08, there will be more training across sites and monitoring of services. Counseling will follow the national guideline which supports exclusive breastfeeding for six months with abrupt cessation or exclusive replacement feeding only when the AFASS criteria are met. The use of peer groups to provide community support for mother's Infant Feeding Choices will be ensured by all partners

COP08 will also see a significant focus on follow-up of mother-infant pairs to ensure continuity of care and on strengthening the linkages between PMTCT and OVC programs. In COP08, there will be increased focus on the provision of linkages to family planning services. Although Nigeria is not a focus country for the PMI, HIV-positive pregnant women at PEPFAR supported sites will be supported to receive Insecticide Treated Nets (ITNs) through linkage to USG and non USG programs.

Support to GON for printing of national PMTCT registers will continue with zonal and facility based training conducted to ensure proper use and data flow. Such information will be used to improve programming at sites. USG/Nigeria 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 (CF) (procurement of sample collection and test kits for EID and support for transportation network for EID), and UNICEF (training of HCWs). The cost savings from CF, (at least \$193,249.40), can be utilized to support geographic expansion. These collaborative efforts will be strengthened in COP 08.

Upstream support will focus on key areas such as enabling access to essential PMTCT commodities in states, roll-out of HIV and Infant Feeding Support tools, assistance in implementing the Nigerian national PMTCT monitoring systems, zonal trainings on PMTCT and Infant Feeding, strengthening the integration of PMTCT into MCH services and periodic site visits for supportive supervision. Various partners are supporting the national and state government responses to achieve these goals. Once the new PMTCT guidelines are printed, USG/Nigeria will support the dissemination.

The USG PMTCT Team will continue to hold quarterly working group meetings which serve as a forum to ensure best practices. The team will continue consultations with HQ TWG particularly around food/nutrition issues. It will work with the GON to implement the basic care package, standard operating procedures on PMTCT. There will be quarterly assessments of the PMTCT program by the USG.

Three PHEs are planned for PMTCT in COP08. They will evaluate interventions that result in best impact in terms of PMTCT effectiveness and models of ART delivery that result in best uptake. These activities, when taken together, will significantly strengthen both the quality and geographic coverage of PMTCT services in Nigeria during the COP08 year.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	400
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	407650
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	21896
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	2634

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3688.08

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 6485.08

Planned Funds: \$1,425,000

Activity System ID: 12994

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, CRS AIDSRelief (AR) will increase the PMTCT sites it supports from 28 comprehensive Local Partner Treatment Facilities (LPTFs) and 2 PMTCT sites in COP07 to an additional 2 LPTF sites for a total of 32 sites providing PMTCT services in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Taraba). AR, with other IPs, will implement the PEPFAR-Nigeria LGA coverage strategy in Anambra, ensuring the provision of PMTCT services in at least one health facility in every local government area (LGA). This is a critical step toward universal access to PMTCT services. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

Through its PMTCT services AR will provide counseling, testing and received result to 28,750 pregnant women. Antiretroviral (ARV) prophylaxis will be provided to 1,600 women and an additional 410 clients will be placed on HAART for their own disease for a total of 2,010 women receiving antiretrovirals (7% positivity rate based on historical data at AR supported LPTFs). In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

This activity will include, as a part of the standard package of care, routine provider initiated opt-out HIV counseling and testing (HCT) in antenatal clinics (ANC) for all presenting women and in labor and delivery wards (L&D) and the immediate post-delivery setting for women of unknown HIV status. Same day results will be provided to clients. AR will use group and individual pre- and posttest counseling strategies and rapid testing based on the National testing algorithm. Partner testing and couple counseling will be offered as part of PMTCT services to enhance disclosure. AR, through its community and faith-based linkages, will utilize community and home based care services to promote partner testing. Clients will have access to free laboratory services including CD4 counts and STI screening. Free medications including those for OIs as needed and hematinics will also be provided. In addition to receiving PMTCT services, each woman will be referred to OVC services upon her HIV diagnosis in order to facilitate care to all of her affected children.

Strong referral systems that incorporate active follow-up will be put in place to ensure that women requiring HAART are not lost during referral for ARV services. For the anticipated number of women not requiring HAART for their own health, the current WHO recommended short course ARV option will be provided. This includes ZDV from 28 weeks with intra-partum sdNVP and a 7-day ZDV/3TC post-partum tail or ZDV/3TC from 34-36 weeks with intra-partum sdNVP and a 7-day ZDV/3TC post-partum tail. Infant prophylaxis will consist of single dose NVP and ZDV for 6 weeks. AR will use its community linkages and mother-to-mother support groups to encourage HIV+ pregnant women to deliver in a health facility. For those HIV+ women who choose not to do so and deliver at home, the same community volunteers will follow-up and identify them for needed postpartum services.

AR will explore the training and utilization of traditional birth attendants (TBAs) in addition to the mother-to-mother support groups to reach HIV+ women who choose to deliver outside of the health facility. A focal person at each LPTF will be responsible for tracing HIV+ mothers and their infants in the community and linking them back to care. The HIV+ mothers and their infants will be linked postpartum to ART care and support services which will utilize a family centered care model. AIDSRelief will offer HIV early infant diagnosis (EID) in line with the National Early Infant Diagnosis scale-up plan from 6 weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. AR will collaborate with Clinton Foundation as appropriate for commodities and logistics support of the EID program. Exposed infants will be actively linked to pediatric care and treatment. While there families will be referred to age-appropriate OVC services

HIV+ women will be counseled in the pre and postnatal periods regarding exclusive breast feeding with early cessation or exclusive BMS if AFASS criteria can be met using the WHO UNICEF curriculum adapted for Nigeria. AR will support couple counseling and family disclosure that will enhance adherence to infant feeding choices. Full and accurate information will be provided on family planning and prevention services. Infants of positive mothers will be linked to immunization services and well child care. Cotrimoxazole prophylaxis will be provided to infants from 6 weeks of age until definitive HIV status can be ascertained.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. Monitoring and evaluation of the AIDSRelief PMTCT program will be consistent with the national plan for patient monitoring. Within each regional TA team AR will have a PMTCT specialist assisted by a team of nurses and counselors to offer technical assistance to LPTFs and take the lead on training and supervisory activities. AR PMTCT specialists will work in conjunction with regional CQI specialists, program managers, clinical associates, and LPTFs PMTCT coordinators as well as counterparts at other IPs. AR regional PMTCT specialists will join the CQI-led team in conducting site visits at least quarterly during which they will evaluate PMTCT clinical services, HCT done in the PMTCT setting, the utilization of National PMM tools and guidelines/SOPs, proper medical record keeping, referral coordination, and use of standard operating procedures in PMTCT. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits.

AR will provide training on PMTCT service delivery to 200 healthcare workers according to the national curriculum. AR will collaborate with UNICEF-supported PMTCT sites and the CRS 7D program for community and home based PMTCT initiatives in its scale-up plans.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide counseling and testing services to 28,750 pregnant women, and provide ARV prophylaxis to 1,600 and 410 clients on ART. This will contribute to the PEPFAR goal of preventing 1,145,545 new HIV infections in Nigeria by 2009. With 32 operational sites in 16 states, the PMTCT supports the rapid scale up of PMTCT services desired by the FMOH.

LINKS TO OTHER ACTIVITIES:

The PMTCT services will be linked to HCT (5425.08), basic care and support (5368.08), ARV services (6678.08), ARV drugs (9889.08), OVC (5416.08), TB/HIV (5399.08), laboratory services (6680.08) and SI (5359.08). Pregnant women who present for HCT 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, including TB care, is provided for infants and children through

Activity Narrative: OVC activities. All HIV+ women will be registered for adult care and support services.

AR PMTCT activities will focus on strengthening community and home-based care services to pregnant women where appropriate and in collaboration with the CRS 7-Diocese program and other family-centered care services provided by UNICEF, GON and the Catholic Secretariat of Nigeria. The AR senior PMTCT specialist will offer technical assistance to 7-Diocese facilities. AR will collaborate with other IPs, particularly IHV-ACTION, working at tertiary institutions for infant diagnosis using dried blood spot (DBS) technology.

POPULATIONS BEING TARGETED:

This activity targets women of reproductive age and their partners, infants and PLWHAs. This activity also targets training of health care providers, TBAs and mothers who will work as peer educators.

EMPHASIS AREAS

This activity has an emphasis on training, supportive supervision, quality assurance/improvement and commodity procurement.. Emphasis is also placed on development of networks/linkages/referral systems. In addition, integrating PMTCT with ANC and other family-centered services while ensuring linkages to Mother-Child-Health (MCH) and reproductive health services will ensure gender equity in access to HIV/AIDS services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6683

Related Activity: 12995, 12996, 12997, 13007,
12998, 12999, 13010, 13000,
12991, 13001, 12992, 13002,
12993, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25267	6485.25267.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$928,000
6683	6485.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,150,000
6485	6485.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$222,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
13007	5366.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$610,000
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13010	5407.08	6367	3713.08	USAID Track 2.0 CRS OVC	Catholic Relief Services	\$2,500,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$69,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	32	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	28,750	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,010	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	200	False

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Anambra

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Kogi

Nassarawa

Plateau

Adamawa

Ebonyi

Enugu

Ondo

Taraba

Abia

Imo

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3689.08

Mechanism: USAID Track 2.0 CRS 7D

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5348.08

Planned Funds: \$1,200,000

Activity System ID: 13005

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07 7D PMTCT had 12 sites in Benue, FCT, Kaduna, Cross River, Lagos, Kogi, Ebonyi and Niger. These will be expanded to 16 sites in COP08 with concentration in Benue and a new site in Benin City. This project seeks to increase access to PMTCT services for pregnant women by building community support for PMTCT and increasing the capacity of health facilities to provide PMTCT services. 7D will use existing diocesan AIDS structure and Parish AIDS Volunteers (PAVs) to create demand for PMTCT services through social mobilization campaigns in two ways. Firstly, PMTCT Point of Services (POS) will establish a network of Primary Health Care Centers that will provide basic ANC and Counseling and Testing Services for everyone including pregnant women. Secondly, educational sessions on PMTCT followed with C&T will be done in churches and Parishes using existing 7D structures and volunteers. CRS 7D will create and strengthen linkages between its PMTCT program and treatment services offered by other IPs.

The uniqueness of this structure is the integration of Community based PMTCT with Health Facility based PMTCT. This synergy will facilitate effective tracking of HIV positive pregnant through out the course of their pregnancy and after delivery. This tracking is essential to support women with infant feeding choices they will make.

The PMTCT services will follow the newly revised national PMTCT guidelines which include group health information and routine Counseling and Testing (CT) using opt out strategy with same day result, partner testing, OI treatment and prophylaxis, infant feeding counseling during first and subsequent ANC visits, and ART prophylaxis for pregnant women. Free baseline hematinics, STD screening, CD4 Count and viral loads where possible, will be conducted to all pregnant women accessing PMTCT in 7D supported site. Family Planning services will be provided on site. Where these services are not available, they will be referred to facilities including AIDS Relief (AR) ART sites and other IPs.

7D PMTCT Sites are positioned within AIDS Relief, FGON and IPs' ART networks to which women who need ART will be referred. Since 7D and AR PMTCT Team functions as a unit and are co-located in 90% of sites, seamless transition of patients between the two will be initiated. This will happen in two ways. The first way is through the existing co-location in facilities. Since 7D PMTCT and AR ART are already located in the same facilities in current 7D PMTCT sites, those women found to have a lower CD4 Count (<200) and to be eligible for HAART will be taken up by AR. Secondly, referral within the geographic area will take place, with 7D PMTCT enrollees who qualify for HAART being referred to a nearby AR sites where they will receive these services. This referral mechanism will function smoothly since 7D and AR PMTCT Teams currently function as an integrated team that plans and executes tasks as one unit.

For those not requiring HAART, the nationally recommended short course will continue to be available. This includes ZDV from 28 weeks or LAM + ZDV from 34-36wks and single does NVP at onset of labor as well as a 7 day Combivir tail. Women presenting in labor will be offered rapid testing and if HIV-infected provided with SD-NVP and a 7 day Combivir tail. All infants born to HIV-infected women will be provided with SD-NVP according to the guidelines (July 2008) on PMTCT. It will ensure that all PMTCT sites have and utilize the approved National PMTCT registers.

Exposed infants will be actively linked to pediatric care and treatment, and their families will be referred to age-appropriate OVC services. 7D will offer HIV infant diagnosis testing in line with the nationally recommended Early Infant Diagnosis Initiative from 6 weeks of age using Dried Blood Spots. Infants will also be linked to immunization services to access the WHO/UNICEF and FGON recommended set of vaccines.

7D will collaborate with TBAs through trainings using nationally recommended curriculum and will provide PMTCT HBC kits and information packs for effective support of pregnant women who choose to give birth outside health facilities. Through this training TBAs will provide support for and promote utilization of PMTCT services. TBA's from each PMTCT site will be trained totaling 115 trained TBAs. 5 TBAs from 13 partner arch/dioceses will also be trained resulting into 65 trained TBAs. Altogether 180 TBAs trained will each reach 100 women with improved information and obstetric practices on PMTCT. Altogether 18,000 pregnant women will receive counseling, testing and test results.

Counselors from 7D and PMTCT sites will be trained as Trainers on infant feeding using the WHO/UNICEF infant feeding manual currently being adapted for use in Nigeria. 2 counselors per PMTCT site and 2 per partner arch/diocese will be trained giving a total of 58 staff trained. Each of these trained counselors will train 10 others giving a total of 580 trained people. Each of these trained people will reach 5 mothers, therefore 3,410 mothers will be reached with infant feeding counseling.

To ensure quality, monthly supervisory visits will be made by diocesan staff to each site. CRS staff will visit each site quarterly and visits with USG/GON/IP will occur bi-annually. These will continue in COP08.

Monitoring tools will be improved and disseminated to all arch/dioceses. Volunteers will continue to be sensitized on PMTCT, maternal nutrition and safe infant feeding practices for correct PMTCT service provision. Volunteers will support mothers' infant feeding choices through on-going counseling in line with the national guidelines which is exclusive breast feeding for 6 months with abrupt cessation or exclusive replacement feeding if the AFASS criteria are met.

Support and capacity building given to Abuja, Ibadan and Kaduna provincial structures in COP07 will continue in COP08. This support has encompassed engagement of key points of staff and included capacity building for both PMTCT and financial management specialists.

Targets for COP 08 included CT for 18,500 pregnant women with 18,000 receiving results, 1,000 pregnant women placed on antiretroviral prophylaxis and training of 44 health care workers using national PMTCT curriculum in 16 sites.

The 11 centers activated in COP06 and carried through to COP07 required extensive financial and technical investment for startup; therefore cost per beneficiary was comparatively higher. The 12 COP07 sites are located in Lagos, Benue, Ibadan, Kaduna, Edo and Abuja. These will be carried through COP08 and 4 new sites will be activated. Overall costs will not reduce because significant investments in PMTCT demand creation and establishment of referral ANC and HCT networks will be undertaken more intensively in

Activity Narrative: COP08.

Collaboration with the FMOH on HIV and Infant feeding counseling and other PMTCT services will be strengthened. Support will be given for a National zonal TOT on Infant feeding counseling. 7D will be involved in the PMTCT TWG which provides guidance and leadership to the USG PMTCT program.

COP07 Plus Up funds were used for hiring PMTCT Specialists to respond to immediate and long term PMTCT needs. It also enabled 7D collaboration with AR in leveraging resources and expertise through forming a PMTCT Team that plans and responds to 7D, AR and partner PMTCT needs coherently. Partner PMTCT capacities have been enhanced through training of POS staff and archdiocesan PMTCT coordinators. Site antenatal clinic refurbishment and laboratory support have also been done. These activities will continue throughout COP08

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities that were conducted in year 2007 that will continue in 2008 include CT, HBC, and Support Groups for HIV positive pregnant women. Infant feeding counseling in all sites will be undertaken. These PMTCT services will continue to 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 is already contributing to prevention of new infections.

LINKS TO OTHER ACTIVITIES :

PMTCT activities will be linked to CT (3.3.09), ART (3.3.10 and 3.3.11) services, care and support (3.3.06), TB/HIV (3.3.07), and OVC (3.3.08) services. 7D has established referral linkages with TB DOTs centers and other health care facilities to ensure that PMTCT clients are treated for TB, STIs and other opportunistic infections. However there will be STI and opportunistic infection treatment in 7D supported health facilities. 7D will work closely with AR for ART services where project activity areas overlap. Referral coordinators have been employed to ensure timely referrals to services offered by other implementing partners. This area has been identified as a "best practice" that needs support both at state and national levels.

POPULATIONS BEING TARGETED:

Women (including women of reproductive age), pregnant women and HIV + pregnant women, their care givers, partners, religious leaders and children are the populations being targeted.

EMPHASIS AREAS :

The emphasis area is local organization capacity development and development of linkages/networks/referral systems, and training. Gender-activities have been organized with the aim of addressing inequalities between men and women and subsequent behaviors that increase the vulnerability to and impact of HIV/AIDS. Provisions were made for training/education on couple counseling, stigma reduction and risk taking. Women's legal rights and access to income and productive resources will be carried out through linking care and support programs to income generation activities within 7D SUN programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6685

Related Activity: 13006, 13007, 13008, 13009

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24868	5348.24868.09	U.S. Agency for International Development	Catholic Relief Services	10591	3689.09	USAID Track 2.0 CRS 7D TBD	\$448,000
6685	5348.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$1,200,000
5348	5348.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$805,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13006	5312.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$2,000,000
13007	5366.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$610,000
13008	5422.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$365,000
13009	9913.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$50,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	16	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	18,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	44	False

Indirect Targets

Counselors from 7D and PMTCT sites will be trained as Trainers on infant feeding using the WHO/UNICEF infant feeding manual currently being adapted for use in Nigeria. 2 counselors per PMTCT site and 2 per partner arch/diocese will be trained giving a total of 58 staff trained. Each of these trained counselors will train 10 others giving a total of 580 trained people. Each of these trained people will reach 5 mothers, therefore 3,410 mothers will be reached with infant feeding counseling.

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Religious Leaders

Coverage Areas

Benue

Federal Capital Territory (Abuja)

Kaduna

Kogi

Niger

Plateau

Cross River

Ebonyi

Lagos

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 6622.08

Activity System ID: 13021

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$2,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, ICAP-CU will continue to work in the three states of Kaduna, Cross River and Benue. ICAP-CU will also support PMTCT services in 3 additional states (Gombe, Kogi and Akwa Ibom), assisting a total of 70 (33 new, 37 existing) government (GON), mission and private health facilities to provide PMTCT services and community outreach activities throughout 25 hospital networks. These networks, which will include hospitals, PHC centers, and community-based service outlets, will provide HIV counseling and testing to 55,000 pregnant women, of whom at least 50,000 will receive their results and be linked into appropriate care and treatment programs.

ICAP-CU will train health care workers (HCWs), support infrastructure, purchase equipment and supplies, monitor, evaluate and provide supportive supervision to the sites. ICAP-CU, with other implementing partners, will implement the PEPFAR-Nigeria LGA coverage strategy in Kaduna, ensuring the provision of PMTCT services in at least one health facility in every local government area (LGA) for states designated 'LGA Coverage States'. This is an essential step toward universal access to PMTCT services and moves the program closer to the shared goal of eliminating perinatal HIV transmission. Active efforts will be made to facilitate the public health approach in taking PMTCT services to the primary (PHCs) and community levels.

In COP08, ICAP-CU will support comprehensive PMTCT services for communities, including marked expansion of HIV testing for pregnant women. ICAP-CU will work to increase uptake of these services, including routine antenatal care and facility-based deliveries. Pregnant women, especially HIV-positive mothers, will be supported to deliver in health facilities through the provision of the national safe motherhood program delivery kits ("mama kits"). Mother support groups will be established and/or strengthened to increase facility-based delivery and reduce the number of women lost to follow-up. Post-delivery care and treatment for women and infants will be augmented. The use of ART for PMTCT will follow the National PMTCT guidelines. HIV-infected women ineligible for ART will be offered a combination of zidovudine (AZT) from 28 weeks (when feasible) or combivir from 34/36 weeks 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 6 weeks. 2,500 mother-baby pairs will receive ARV prophylaxis. Through appropriate infant feeding counseling and follow-up, ICAP-CU will provide support for a mother's infant feeding choice as well as provide ongoing psychosocial and adherence support. Health facilities will be supported to provide basic laboratory services and, if not available on site, will be linked to a laboratory network model in which CD4 testing can be performed via specimen transport systems. Exposed infants will be actively linked to pediatric care and treatment through under-5 cards issued in labor and delivery.

The COP08 programming will emphasize provider-initiated opt-out testing with same day results at ANC, labor and postpartum service delivery points. Partners, households and children will be linked into HCT. ICAP-CU will actively promote community-based PMTCT services to provide doorstep HCT to pregnant women, their partners and other household members. Clients will be counseled on the beneficial effect of couple/partner HCT/disclosure on adherence to infant feeding choice. Eligible HIV-infected women will be assessed and linked into care and treatment services including ART and cotrimoxazole prophylaxis (pCTX). Other activities are enhanced pediatric care including pCTX from 6 weeks of age and promotion of best practices for infant feeding, nutritional support and linkages to family planning services. In addition to receiving PMTCT services, each woman will be referred to OVC services upon her HIV diagnosis in order to facilitate care to all of her affected children.

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. ICAP-CU and its sub-partners will train 450 HCWs, using GON curricula, to provide quality services to HIV-infected pregnant women. The training will focus on prevention messaging (including balanced ABC messaging as appropriate), STI screening and treatment, safer sex, nutrition, malaria prophylaxis, use of ITNs and safe water. 200 additional health care providers will be trained to educate and assist mothers make appropriate infant feeding options and discourage "mixed feeding" practices. ICAP-CU will facilitate the government's efforts in improving infant feeding counseling by supporting a zonal train-the-trainer on HIV and infant feeding. HIV-negative mothers will be counseled and supported to remain HIV negative. By the end of COP08, a total of 650 HCWs will be trained. ICAP-CU will partner with CBOs and FBOs such as TCF, CACA, GHAC, Gawon Foundation and PLWHAs as key players to provide innovative community and home-based PMTCT services to pregnant women. ICAP-CU will actively support innovative community-based approaches and activities to reach and link male partners into existing services.

ICAP-CU will work in close partnership with IHVN and the Clinton Foundation on HIV infant diagnosis, offering HIV infant diagnosis testing in line with the National Early Infant Diagnosis Initiative from 6 weeks of age using DBS. HIV positive infants will be linked to appropriate care and treatment. A joint USG/GON/ICAP-CU 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:

ICAP-CU and its sub-partners target states with some of the highest seroprevalence rates in Nigeria. Providing services at the primary and secondary levels assists the GON in achieving its goal of decentralizing PMTCT services beyond the tertiary care level. ICAP-CU will significantly contribute to an increase in PMTCT services by supporting 37 existing and 33 additional government, mission and private health facilities and also indirectly supporting GON ministries/programs in their rapid scale-up plans for PMTCT. ICAP-CU will partner with local institutions with appropriate expertise and capacity to reach out into primary facilities in line with national PMTCT scale-up plans.

The targets of 50,000 pregnant women counseled and tested and 2,500 mother-infant pairs for ARV prophylaxis will be reached by the end of COP08. This will significantly contribute to the emergency plan targets of 80% coverage and 40% reduction in PMTCT transmission by 2008. ICAP-CU will strengthen national and state PMTCT programs by: support of capacity building of master trainers for PMTCT services; production of GON approved infant feeding support tools; printing of national PMTCT registers; and support of regular coordination meetings in collaboration with other partners at national and state levels. ICAP-CU will also strengthen the programmatic skills of partner CBOs/FBOs in line with GON sustainability plans.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

This activity is related to activities in ARV services (5404.08), Basic Care and Support (5552.08), OVC (5547.08), counseling and testing (5550.08), SI (5541.08), Lab (5544.08), AB (15654.08) and Other Prevention (9208.08). Provider-initiated opt-out HCT will be offered to all pregnant women at ANC, and to their partners. Women presenting in labor 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 OVC care and treatment services. 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, postpartum 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 HCT 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 care and treatment services, including OVC 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. Healthcare providers will be trained on providing services while the management skills of GON policy makers and implementers at all levels will be improved to enable them to manage programs effectively.

EMPHASIS AREAS:

Emphasis, in this activity, will be on training, increasing gender equity in HIV/AIDS programs, local organization capacity building and SI.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6699

Related Activity: 13024, 13025, 13027, 13028,
13030, 13031, 15654

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28541	6622.28541.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$1,327,200
6699	6622.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$700,000
6622	6622.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	70	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	50,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,500	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	650	False

Target Populations

General population

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3234.08

Activity System ID: 13034

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$4,000,000

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 COP08 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 has repositioned its strategies to train an additional 400 health care workers (HCWs) in collaboration with other stakeholders (especially UNICEF) using GHAIN integrated PMTCT/RH training curriculum to provide PMTCT services to 100,000 clients in COP08, with 4,000 receiving ARV prophylaxis. This will be achieved through the continued support to the existing 64 PMTCT sites, expansion to 15 new HIV comprehensive care sites and 9 new LGA sites. GHAIN will continue to provide services in all its current focus states including several high prevalence states (FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, Akwa Ibom) and expand services to additional states in Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States. In line with the USG strategy to provide PMTCT service coverage at the LGA level, GHAIN will also expand services to an additional four PMTCT sites in four LGAs in Lagos (Amuwo-odofin, Kosofe, Ajeromi-Ifeelodun, and Apapa), 2 LGAs in Cross River (Odukpani and Akpabuyo), and three LGAs in Anambra (Orumba South, Aguata and Nnewi South).

GHAIN will lay emphasis on strategic prevention activities to promote options such as partner notification and testing, treatment support and community outreach activities to cluster ANCs and delivery facilities including training of TBAs (traditional birth attendants) using an adapted curriculum. Emphasis will also be laid on infant feeding options (exclusive breast-feeding for 6 months or breast milk substitute if acceptable, feasible, affordable, safe and sustainable), as well as continued integration of RH/FP into PMTCT. GHAIN will offer HIV early infant diagnosis testing from 6 weeks of age using DBS in line with the National Early Infant Diagnosis (EID) scale-up plan. Using a family centered approach, PMTCT service providers will promote partner testing as well as testing for any other children in the family. In addition, the family will be encouraged to enroll all their children into community and facility based OVC care and support programs.

Project activities will be tailored towards improving quality and use of MCH facilities, sensitizing and mobilizing communities to create demand for PMTCT services; ensuring that point of service, opt out CT is offered to all women presenting in ANC and in labor & delivery wards. Support groups will also be used to track and support mother-infant pairs and other family members in the communities and link to care. Where available, lay counselors will be used to reduce workload and avoid burnout of counselors. Other activities include encouraging male involvement; and ensuring that ARV drugs are offered to HIV+ pregnant women for PMTCT prophylaxis and/or for their own health, utilizing the national and international guidelines as basis for treatment decisions. These include: AZT, 3TC and NVP. The woman will subsequently be followed up at an HIV comprehensive care centre to ensure continuity of care. ARV (AZT, NVP) and CTX prophylaxis will be provided to the exposed infant. CD4 testing will be prioritized for pregnant women to identify those who require ART for their own health. CTX prophylactic therapy will be provided for HIV+ pregnant women as indicated. 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. HIV testing of all partners of pregnant women will be actively encouraged and women counseled and linked to FP services as needed.

The funding will address capacity building of health care workers on EID, couples counseling and support to families on infant feeding options in accordance with the mother's choice and the national guideline on infant feeding. Howard will train and re-train pharmacists in all PMTCT sites while also collaborating with the community pharmacists to expand the reach and quality of services. PMTCT 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 CTX prophylaxis from six weeks after birth, until their status is determined. GHAIN will also continue to emphasize that as a strategy to provide PMTCT plus, appropriate linkages with the family planning services will be strengthened.

GHAIN will also strengthen the national pediatric program through a mentorship program in collaboration with the Clinton Foundation. GHAIN will continue to support the GON in expanding PCR lab services for EID and establish linkages with other sites using the dry blood spot (DBS) strategy. This is to enable the expansion of infant diagnosis to all its PMTCT supported sites. HIV+ infants will be linked to comprehensive care centers through a well-established network of care. GHAIN will support a GON zonal training on Infant Feeding Counseling tools. All the women reached by the trainees will count as indirect targets.

Joint GON/USG/GHAIN supportive supervision will be carried out to all the sites on a quarterly basis. Appropriate tools for program monitoring including PMTCT registers will be provided to all the sites while monthly evaluation of the data will be carried out. The quality of services will be assured through facilitative supervision and QA checks using standardized tools developed for this purpose.

For support of EID and VL monitoring, GHAIN will continue to receive support from those PEPFAR IPs with PCR capacity. GHAIN will also work towards developing the PCR capacity at one of its supported sites, contingent upon meeting the requirements set out by the PEPFAR-Nigeria LTWG (employing the services of a molecular biology specialist to support this program, collaboration with IPs and/or other organizations with experience in PCR development and dialog with PEPFAR on the placement of the new PCR lab).

CONTRIBUTION TO OVERALL PROGRAM AREA:

The planned scale up of PMTCT services in the PHC facilities will increase access to the under-served population residing in the rural communities where HIV/AIDS care services including treatment, care and support are minimal and almost non-available. Women who test positive will be linked and referred to support groups in their communities. To increase gender equity in HIV/AIDS programs, male involvement in PMTCT will be encouraged. The PMTCT activity will be appropriately linked to relevant services to promote prevention & treatment of OIs, ARV treatment, palliative care, OVC support, nutritional support, reproductive health care, PSS and community support. GHAIN will establish effective synergy with Global Fund for HIV/AIDS, TB and Malaria Round 5 Grant (GFATM R5).

The activity will contribute significantly to Nigeria's 5-year national strategic plan in response to HIV/AIDS which encourages pregnant women to know their HIV status, reduction in the rate of HIV transmission from women to their unborn children and emphasizes referrals and necessary linkages.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

The pregnant women attending PMTCT services will be appropriately linked to various services according to their needs. Clients who demonstrate signs of TB will be linked accordingly to a TB program. Those who are eligible for ART will be linked to ART centers while others who test positive to HIV will continue to access Palliative Care (PC) services accordingly. All positive women will be linked to support groups and other community based organizations such as those offering income generating activities (IGAs) in their respective communities and tracked through the existing referral system. Families will be encouraged to enroll all their children in the care and support program in the facility and be referred to community based care and support programs for follow up.

POPULATIONS BEING TARGETED:

The program will target pregnant women, ensuring that CT (opt-out) is offered to all women presenting in ANCs and in labor & delivery wards; TB patients that are pregnant and People living with HIV/AIDS. The activity will ensure that ARV drugs are offered to HIV+ pregnant women for PMTCT prophylaxis and/or for their own health, utilizing WHO and national guidelines as basis for treatment decisions. Other clients will be reached indirectly through ripple effects from capacity building and system strengthening activities that will be carried out with GON.

EMPHASIS AREAS:

The activity includes an emphasis on local organization capacity building. GHAIN will also continue to strengthen its exit/sustainability plan both at the country program level showing how it will work with the health facilities implementing PMTCT programs to build their capacity and to customize a specific plan and schedule for each facility.

This activity will strive to increase gender equity in HIV/AIDS programs, male involvement in PMTCT will be encouraged through sensitization, encouraging the male partners to know their HIV status and/or provide support to their spouse. Opportunities will be sought to identify and work with other USG projects to increase women's rights and increase women's access to income and productive resources, including private and public sectors that provide micro-finance facilities and link up women that may require such support to sustain their families, particularly addressing their health needs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6706

Related Activity: 13038, 13039, 13041, 13043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24888	3234.24888.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$3,840,000
6706	3234.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$3,635,000
3234	3234.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,967,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	88	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	100,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	400	False

Target Populations

Special populations

Tuberculosis patients

Other

Pregnant women

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Katsina

Kebbi

Nassarawa

Sokoto

Taraba

Zamfara

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 544.08

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3227.08

Activity System ID: 13051

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$2,850,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, APIN supported PMTCT services at 32 sites. COP08 funding will support a comprehensive PMTCT program in line with the revised National PMTCT Guidelines (2007), at 36 service outlets in 9 states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). "Opt-out" counseling and testing (HCT) with same day test results will be provided to all pregnant women presenting for ANC including labor and delivery. The current level of PMTCT opt-out testing and counseling uptake from women presenting for ANC or delivery is 90%. All women are provided posttest counseling services on prevention of HIV infection including the risks of MTCT. They are encouraged to bring partners and family members for HCT. The program has a target of providing HCT with 70,000 receiving results. A full course of ARV PMTCT prophylaxis will be provided to approximately 5,475 women. All ART ineligible women will be enrolled into long term palliative care following the completion of ART prophylaxis. Palliative care services include onsite enrollment or referrals for family planning services. In addition, for all women, PMTCT services are integrated into a system of OB/GYN services designed to promote maternal and child health. 2,190 ART-eligible HIV-infected women will be provided with ART treatment for their own disease following the National PMTCT Guidelines (2005). As a result, APIN+ will provide basic care and ART prophylaxis to 5,475 HIV-exposed infants. Children who remain uninfected following the completion of ART prophylaxis will be provided with care services under OVC activities. Infant follow-up care linked with PMTCT activities includes Early Infant Diagnosis (EID), nutritional support, growth monitoring, cotrimoxazole prophylaxis and other preventative care services.

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 and Infant Feeding guidelines. Infant feeding counseling will be performed in an unbiased manner and women will be supported in their choice of method. Clients will also be counseled on the beneficial effect of couple/partner HCT/disclosure on adherence to infant feeding choice. A follow-up team consisting of counselors and a support group of PLWHAs will assist in home and community tracking of 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. APIN will actively participate in the National Early Infant Diagnosis Initiative and scale-up by providing DNA PCR testing of dried blood spots (DBS) at APIN supported laboratories. The source of DBS samples will include APIN and non-APIN supported PMTCT sites. Through implementation of the 2007 National PMTCT Guidelines, APIN+ aims 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.

In addition to program monitoring through electronic data capture, during COP08 APIN+ will develop and implement a QA/QC program. The program will utilize electronic data captured through the SI activities to measure the quality of services provided and associated patient outcomes.

A regular training program will be established at all sites to train and retrain health personnel (430) 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 sites in PMTCT counseling, training PMTCT counselors in the National PMTCT program, providing technical assistance for the development of the National Infant Feeding counseling manual, and providing a zonal training of trainers with this manual. This training supports PMTCT efforts at all National PMTCT centers; APIN proposes that all pregnant women tested and receiving results at National PMTCT sites are indirect targets.

APIN will partner with other IPs in the implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states. Per patient costs reflect the expansion to at least 8 new sites and scale up as a part of this LGA coverage strategy in Plateau and Lagos states. Under the coverage strategy, these facilities are all linked with primary health facilities which provide HCT and referrals for PMTCT services for HIV infected mothers. 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 the PMTCT program, APIN will provide HCT with test results to 70,000 pregnant women. Additionally, treatment and prophylaxis will be provided to 5,475 pregnant women. Implementation of the National PMTCT Guidelines in 36 sites (old and new) contributes to the PEPFAR goal of expanding ART and PMTCT services. Site numbers have increased by adding secondary and primary level sites in the radius of APIN+ tertiary care institutions which will continue to build the network capacity and coverage in of target states. Counseling will encourage mothers to bring their partners and family members for testing, to reach discordant couples and expand the reach of HCT, 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. APIN+ will train and retrain 430 health care personnel from the PMTCT sites, including doctors, nurses, and counselors. Training will build capacity at local sites to implement PMTCT programs and provide essential treatment support 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 (5424.08), OVC (5415.08), ARV Services (6715.08), AB (15652.08), condoms/other prevention (9216.08), blood safety (6489.08), injection safety (6818.08) and SI (#3.3.13). Pregnant women who present for HCT 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 and support, including TB care, is provided for all infants and children through our OVC activities. All exposed infants identified through PMTCT services will be linked to these OVC services. Pregnant women are at high risk for requiring blood transfusion. Personnel involved in patient care will be trained in universal precautions as a part of injection safety activities. Additionally, these activities are linked to SI, which provides support for monitoring and evaluation of the PMTCT activities and QA/QC initiatives.

Activity Narrative: 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 the antepartum, intrapartum and postpartum periods. Through the counseling and testing components, APIN seeks to target a broader group of adults by encouraging women to bring their partners and family members in for HCT. Furthermore, training activities will train public and private health care workers on the implementation of PMTCT protocols and HIV related laboratory testing.

KEY LEGISLATIVE ISSUES

The program will increase gender equity by specifically targeting pregnant women, girls and their male partners for HCT 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 HCT. Infant feeding counseling, including on the appropriate use of exclusive breastfeeding or BMS where AFASS is available, will be in line with the National PMTCT Guidelines. Referrals to Income Generating Activities (IGAs) will also be provided to women as a part of 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 expansion of the Nigeria PMTCT program. These system strengthening activities are led by local investigators at current PMTCT sites who participate in new site assessments, overseeing QA/QC, capacity development and training for new PMTCT centers. Minor emphasis is placed on performing targeted evaluations of PMTCT interventions, to estimate the rate of transmission with each of the ART treatment and prophylaxis courses.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6718

Related Activity: 13052, 13053, 13054, 13055,
13056, 13057, 13058, 13059,
13049, 13060, 13050, 13061,
13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25213	3227.25213.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$1,965,822
6718	3227.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$3,625,000
3227	3227.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$1,331,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	36	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	70,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,475	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	430	False

Target Populations

Other

- Orphans and vulnerable children
- Pregnant women

Coverage Areas

- Borno
- Lagos
- Oyo
- Plateau
- Benue
- Ebonyi
- Kaduna
- Enugu
- Yobe
- Ogun

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 555.08	Mechanism: HHS/CDC Track 2.0 IFESH
Prime Partner: International Foundation for Education and Self-Help	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 3248.08	Planned Funds: \$400,000
Activity System ID: 13065	

Activity Narrative: ACTIVITY DESCRIPTION:

IFESH will increase the PMTCT sites it supports from 12 in COP07 to 15 in COP08 and provide counseling and testing to 8,000 pregnant women who will also receive their results. It is expected that this will result in the provision of Antiretroviral (ARV) prophylaxis to 352 clients.

Group counseling and testing (HCT) 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 provided to all women. Couple counseling and partner testing will be offered on-site to increase disclosure and address issues around discordance. The 'Testing & Counseling for PMTCT' support tools produced by CDC, USAID and WHO will be adopted for use in IFESH sites. HIV positive pregnant women will have access to laboratory services including CD4 measurements. Women requiring HAART for their own health will be referred to sites providing ART services with follow up to ensure access to such services. PMTCT services will be provided based on the recently revised (2007) Nigerian National Guidelines. HIV-infected women ineligible for HAART will receive zidovudine (AZT) from 28 weeks or combivir from 34 weeks and single dose nevirapine (sdNVP) at the onset of labor as well as the combivir tail for 7 days. Women presenting in labor will be offered rapid testing and if HIV-infected provided with sdNVP as well as the combivir tail for 7 days. All infants born to HIV infected women will be provided with sdNVP at birth and AZT for 6 weeks.

In COP08, emphasis will be placed on the follow-up of all mother/infant pairs to ensure uptake of ARV prophylaxis and provide support for infant feeding choices. Infant feeding counseling will start from ANC and continue through the postpartum period. Community based workers will also ensure that infant feeding options are in accordance with the WHO and the newly adopted Nigerian infant feeding guidelines. IFESH will strengthen its collaboration with TBAs in order to improve uptake of PMTCT services. Cotrimoxazole prophylaxis will be provided to all exposed infants from 6 weeks and continued pending HIV definitive diagnosis. IFESH will work in close partnership with other PEPFAR IPs, the Clinton Foundation, and the GON to offer early infant diagnosis (EID) to HIV exposed infants from 6 weeks age in line with the National EID Initiative. DBS samples will be sent to a PEPFAR supported DNA PCR laboratory. In addition to receiving PMTCT services, each woman will be referred to OVC services upon her HIV diagnosis in order to facilitate care to all of her affected children.

IFESH will use supervisory teams to conduct quarterly visits to all sites to ensure optimal quality of care. All HIV+ clients who are ART eligible will continue to be referred to the state ARV clinics and state pediatric HIV clinics for treatment. In COP 08, 80 PMTCT service providers will be trained using the recently revised National PMTCT Training Manual. Quality Assurance (QA) for both counseling and testing will be carried out at timely intervals in COP08 through submitting blood samples to a designated reference laboratory for testing and sending certified counselors for site assessments. All 15 sites will use the National PMTCT Registers and data collection for Monitoring and Evaluation of all activities in line with the National PMTCT MIS. IFESH is presently supporting PMTCT services at 12 sites and will support an additional 3 in COP08 for a total of 15 sites. All sites will be in Rivers State and Imo States.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Supporting 15 sites in rural areas of Rivers and Imo States 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 (#5665.08), AB (#15679.08), Other Prevention (#15664.08), OVC (#15678.08), HCT (5668.08), TB/HIV (#15665.08) and Strategic Information (#15669.08). 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 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. CBOs, FBOs, support groups, and men will also be targeted so that they participate fully in community based PMTCT services.

EMPHASIS AREAS:

The PMTCT service has an emphasis on training, local organization capacity development and development of linkages/ referral networks. This activity addresses the issue of "Gender" since services are primarily targeted at women. The activity also addresses the key legislative area of "Stigma and Discrimination" as issues of disclosure and discordance are addressed.

COVERAGE AREAS:

Sites are located in states chosen based on high prevalence and proximity of both states, Rivers and Imo.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6725

Related Activity: 13066, 13067, 15679, 15664,
15665, 15678, 15669

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25227	3248.25227.09	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	10720	555.09	HHS/CDC Track 2.0 IFESH	\$256,000
6725	3248.07	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	4172	555.07	Cooperative Agreement	\$345,000
3248	3248.06	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	2774	555.06	Cooperative Agreement	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15679	15679.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$50,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	352	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

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 comodities will also engender co-operation and recognition for the IFESH /CDC Intervention while at the same time building in sustainability.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Rivers

Imo

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 9748.08

Activity System ID: 13077

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International
Development

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$3,575,000

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of PMTCT commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure PMTCT related supplies and equipments including ARV prophylaxis for HIV-infected pregnant women and newborns, test kits (TKs), laboratory supplies and equipments, as well as other medical and non medical supplies used in PMTCT services, for IPs and DoD.

Through its continuous support to and strengthening of commodity security in PEPFAR PMTCT programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of pregnant women and children under the age of 5.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. The budget also supports the cost of TA and SS. The budget is broken out as follows: 1) Provision of HIV test Kits to all PEPFAR PMTCT programs (\$2,200,000); DoD (#554.08); Columbia University (CU)/ICAP (#2768.08); Family Health International (FHI)/GHAIN (#552.08); Harvard University School of Public Health (HSPH)/APIN+ (#544.08); University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#632.08); Catholic Relief Services (CRS)/AIDSR relief (#3688.08); Catholic Relief Services (CRS)/ 7 Dioceses (#3689); The International Foundation for Education and Self-Help (IFESH) (#555.08); LMS (#7144.08); and CDC's RFA upon award (#5230). 2) Provision of other PMTCT related supplies, equipment or technical assistance for for two IPs and DoD, each of which has attributed specific funds to SCMS for these services: DoD (#554.08), \$200,000; ICAP(#2768.08), \$200,000 and UMD/ACTION (#632.08), \$900,000; and CDC's RFA (#5230) upon award \$75,000.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, HIV testing algorithm, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals or tentative approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities, depending on the type supply or equipment.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. It is anticipated that the national HIV testing algorithm will change from a parallel to a serial testing algorithm in the next coming months. In addition to procuring required test kits for both training and use, SCMS will support PEPFAR PMTCT programs to transition from the old to the new algorithm by supporting the estimation of needs and development of a supply plan based on in country stocks and anticipated consumption rates.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. With support from SCMS field office, the USG Team will coordinate and aggregate HIV test kits requirements on behalf of PEPFAR IPs and DoD. IPs' requests for commodities other than test kits will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs and supplies; HIV test kits for all IPs will be delivered to the CDC warehouse in Abuja unless otherwise agreed upon. For other supplies and equipments SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS one of the 16 SCMS team member organizations, or will work with the individual IPs to ensure the distribution mechanism most appropriate for their program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance) in collaboration with appropriate GoN and USG entities.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's

Activity Narrative: assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their PMTCT planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to avert 7 million infections worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of PMTCT PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA

Human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9748

Related Activity: 14085, 13079, 13080, 13081, 13082, 13083, 13084, 13085, 13086, 13087, 13088, 13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26051	9748.26051.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$1,642,065
9748	9748.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$2,154,202

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 632.08

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3257.08

Activity System ID: 13106

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$3,550,000

Activity Narrative: ACTIVITY DESCRIPTION:

Utilizing a network model with PMTCT care centers linked to secondary and tertiary “hub sites” that provide more complex PMTCT care and lab testing, in COP08 111,500 women will receive PMTCT counseling & testing and receive their results. A total of 106 PMTCT sites will be supported (64 sites established by the end of COP07 and 42 sites added by the end of COP08). Sites are located in 23 states: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, and Sokoto.

As part of the USG local government area (LGA) coverage strategy in PMTCT, ACTION-supported PMTCT services in Bauchi, Lagos, and Plateau will be focused at the primary health center level. PMTCT stand alone points of service in the network are linked to adult and pediatric ARV care through utilization of a PMTCT consultant coordinator in each network based at the hub site, network referral SOPs, monthly PMTCT network meetings, and incorporation of team approaches to care in all training and site monitoring. Through this SOP, HIV+ pregnant women who require HAART are linked to an ARV point of service. Particular emphasis is placed on the involvement of community health workers who are the primary source of care for women in the pre and post-partum period and are integral to a program that seeks to engage women where they seek care. This program will work closely with the care and support team to maximally engage community based PMTCT and ARV linkages. In addition to receiving PMTCT services, each HIV+ pregnant woman will be referred to OVC services in order to facilitate care for all of her affected children.

Opt-out HCT with same day test results will be provided to all women presenting for ANC and untested women presenting for labor and delivery. All women are provided pre-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 HCT centers. A step down training of couple counseling and a prevention for positives package will be utilized in all sites. This will provide an opportunity to interrupt heterosexual transmission, especially in discordant couples. Master trainers for HCT will train labor and delivery staff in the use of HIV rapid tests for women who present at delivery without antenatal care.

An anticipated 5,575 HIV+ pregnant women will be identified and provided with a complete course of ARV prophylaxis (based on ACTION's current program prevalence of slightly over 5%). HIV+ women will have access to lab services including CD4 counts without charge. This will be available on-site or within the network through specimen transport. Women requiring HAART for their own health care are 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 or ZDV/3TC from 34/36wks, intra-partum NVP, and a 7 day ZDV/3TC post-partum tail. Women presenting in labor will receive SDNVP and a 7 day ZDV/3TC post-partum tail. All HIV+ women will be linked post-partum to an HIV/ARV point of service, which will utilize a family centered care delivery model whenever feasible, co-locating adult and pediatric care and providing a linkage to family planning services. Women frequently face barriers to facility-based treatment access as a result of demands on them for child care and to contribute to the family economic capacity. To address this, mobile clinic outreach as described in the ARV service provision and care and support narratives will be integrated at the community level to bring services to women who otherwise will opt-out of care and treatment.

HIV+ women will be counseled pre- and post-natally regarding exclusive breast feeding with early cessation or exclusive BMS if AFASS using the WHO UNICEF curriculum adapted for Nigeria. Couples counseling or family member disclosure will be utilized to facilitate support for infant feeding choices. Consistent with national policies on importation of infant formula and recent concerns regarding appropriate use of BMS, ACTION will not utilize EP funds to purchase BMS. As part of OVC programming ACTION will provide safe nutritional supplements as well as water guard, bed nets and other home based care items. HIV+ women will be linked to support groups in their communities which will provide both education and ongoing support around infant feeding choices and prevention for positives. PLWHA are currently employed at ACTION ARV points of service as treatment support specialists. The use of dedicated treatment support specialists for PMTCT in the clinic and community will be expanded based upon the successful “Mothers to Mothers” model in Southern and East Africa. This will ensure that HIV+ women remain in care throughout pregnancy and receive appropriate services for herself and her infant.

Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks in accordance with Nigerian National PMTCT Guidelines. Cotrimoxazole suspension is provided to all exposed infants pending a negative virologic diagnosis. Eight regional laboratory centers for DNA PCR have been established by ACTION with an additional 2 planned for COP08. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. ACTION will actively participate in the national early infant diagnosis initiative by providing DNA PCR testing of DBS at ACTION-supported labs. The source of DBS samples will include ACTION and non-ACTION supported PMTCT sites. A systematic coordinated approach to program linkage will be operationalized at the site level and program level including linkages to adult and pediatric ART services, OVC services and basic care and support. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

ACTION will train an average of 4 HCWs from each of the 106 sites including community-based health workers in the provision of PMTCT services and infant feeding counseling. The national PMTCT training curriculum, national infant feeding curriculum and new national training tools currently under development will be utilized. Under COP07, ACTION has adapted and piloted a modified version of the PMTCT National Curriculum for traditional birth attendants (TBA) which focuses on HCT and referral of HIV+ women. ACTION piloted this with 20 TBA in COP07 and will expand to an additional 50 in COP08. Two Trainings of Trainers (18 trainees each) on infant feeding will be conducted in conjunction with the MOH. Thus the total direct training target is 510. ACTION will continue to collaborate with the GON and the Clinton Foundation to conduct trainings focusing on EID procedures including specimen transport and for EID commodities.

In addition to routine monitoring and evaluation activities, ACTION will contribute to a PHE that will evaluate best practices and document best program models for increasing the number of HIV+ pregnant women who receive HAART. The aim is to identify which models of ART service delivery to pregnant women result in the best uptake for PMTCT and maternal treatment interventions.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide counseling & testing services to 111,500 pregnant women, and provide ARV

Activity Narrative: prophylaxis to 5,575 mother and infants pairs. This will contribute to the PEPFAR goal of preventing 1,145,545 new HIV infections in Nigeria by 2009. With 106 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.

LINKS TO OTHER ACTIVITIES:

This activity is linked to care and support (3259.08), OVC (5417.08), ARV services (3255.08), laboratory infrastructure (3256.08), condoms & other prevention (9210.08), AB (15651.08), and SI (3253.08). 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. ACTION lab 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 HCT, HIV+ pregnant women for ARV prophylaxis and infant feeding counseling, and exposed infants for prophylaxis and EID.

EMPHASIS AREAS

The key emphasis area is training as most supported personnel are technical experts. 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 network/ referral systems as networks of care will be supported which are critical to ensuring quality of care at the PHC level, identifying women in need of HAART, and ensuring access to HAART within the network. In addition, partners and PABAs will be identified for linkage to care and support services. In addition, this activity addresses gender since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6768

Related Activity: 13107, 13108, 13109, 13110, 13111, 13112, 13113, 13114, 13115, 13116, 13117, 13118, 15651

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25237	3257.25237.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$3,890,494
6768	3257.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$4,545,798
3257	3257.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,165,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$25,000

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	106	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	111,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,575	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	510	False

Indirect Targets

ACTION will support two training of trainers (TOT) at the zonal level on the harmonized infant feeding curriculum in collaboration with the Federal Ministry of Health for a total of 4320 indirect training targets.

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Bauchi
Lagos
Nassarawa
Benue
Kogi
Delta
Niger
Akwa Ibom
Gombe
Imo
Jigawa
Kaduna
Katsina
Ogun
Osun
Plateau
Sokoto
Kwara

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1561.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5350.08

Activity System ID: 13132

Mechanism: HHS/CDC Track 2.0 Agency
Funding

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$185,000

Activity Narrative: ACTIVITY DESCRIPTION:

This MTCT activity relates directly to all Nigeria PMTCT COP08 activities as part of the USG technical oversight role.

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) for PMTCT, both of which were approved in COP05. The budget includes funding for two FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member will be supervised by a Senior Prevention Manager funded under HHS/CDC M&S.

These HHS/CDC PMTCT staff members will work in close coordination with the USAID PMTCT staff (#6812.08) and directly provide quality assurance and program monitoring to all HHS supported implementing partners including: University of Maryland-ACTION (#3257.08), Harvard SPH-APIN (#3227.08), Columbia University, SPH-ICAP (#6622.08), International Foundation for Education and Self-Help (IFESH) (#3248.08), Catholic Relief Services-AIDSRelief(#6485.08) ; and 3-4 PMTCT partners to be determined by RFA awards in FY08 (#12968.08). HHS/CDC PMTCT staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#3234.08), Catholic Relief Services-7 Dioceses (#5348.08), LMS Associate (#15641.08) and USAID APS awards (#9747.08) for COP08. USAID and CDC PMTCT staff will provide assistance as needed to the U.S. Department of Defense (#3246.08) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID PMTCT staff will also 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. Support to Global Fund activities will be also be provided as requested. It is estimated that the PMTCT staff under this activity will provide monitoring and support to approximately 300 PMTCT sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6784

Related Activity: 12968, 12994, 13005, 13021, 13034, 13051, 13065, 13077, 13106, 13121, 13149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25968	5350.25968.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$178,789
6784	5350.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$395,000
5350	5350.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$111,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
13005	5348.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$1,200,000
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1532.08

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 6812.08

Planned Funds: \$87,140

Activity System ID: 13121

Activity Narrative: ACTIVITY DESCRIPTION:
This activity represents the “fully-loaded” costs of a full-time Nigerian technical program officer for PMTCT. This is a continuing position.
The PMTCT 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) interfacing with the USG/Nigeria team’s prevention and treatment technical working groups. This person will work to ensure a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing PMTCT programs. The officer will also provide a significant level of in-field technical and monitoring support, as the PMTCT program area will be expanding greatly over the coming year, both in terms of dollar value and in terms of numbers of service delivery points. This advisor spends 100% of the time advising in the PMTCT program area.

The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6812

Related Activity: 13122, 13123, 13124, 13125, 13126, 16938, 13127, 13128, 13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24936	6812.24936.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$98,452
6812	6812.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$80,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3246.08

Planned Funds: \$200,000

Activity System ID: 13149

Activity Narrative: ACTIVITY DESCRIPTION

In COP08, DOD program will provide PMTCT services at 20 sites (14 existing and 6 new). 12,600 pregnant women will receive HIV counseling and testing for PMTCT and receive their test result. 574 women will receive a complete course of antiretroviral prophylaxis in a PMTCT setting. 100 individuals will be trained to provide these services.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). The Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) will provide free comprehensive PMTCT services, which will follow the revised national guidelines (2007), at 14 existing DOD sites and 6 new expansion sites in COP08. In COP08, the program will expand to six new sites.

A family-centered network approach will be adopted and group health information with routine "opt out" counseling and testing will be provided to pregnant women presenting for antenatal services. Testing will be done following the National testing algorithm with same day results. Post-test counseling will include prevention counseling and education for both HIV+ and HIV- women. A total of 12,600 women will be counseled, tested and receive their results. Partner testing will be promoted. DOD will support promote couples counseling and testing to promote disclosure, address discordance and to increase support for infant feeding choices. Staff will counsel clients on their disclosure of HIV status and partner/family notification with an emphasis on client safety. Partner referrals for CT (individual and/or couple) will be provided. Also, referrals to community-based and barracks-based support groups will be provided to HIV+ clients. Linkages will also be enhanced by counselors who are members of PLWHA support groups. HIV testing will be offered to all women of unknown HIV status presenting for labor and delivery and in the postpartum period. In accordance with National guidelines, a full course of ARV prophylaxis will be provided to approximately 574 women. ARV prophylaxis will include ZDV at 28 weeks or 3TC/ZDV at 34/36 wks and single dose Nevirapine (sdNVP) in labor with a 7 day 3TC/ZDV tail. All infants born to HIV+ women will be provided with sdNVP at birth and ZDV for 6 weeks. HIV-exposed infants will be provided with cotrimoxazole (CTX) prophylaxis from 6 weeks and will be discontinued at once confirmed HIV- and no longer breastfeeding. Post partum women who are clinically eligible for ART will be referred for ARV services at the sites. Family planning and other reproductive health best practices will be promoted while linkages to OVC activities will be enhanced..

Infant feeding education and counseling will begin in the antenatal period in accordance with National guidelines, accompanied by appropriate prevention messages and education 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. DOD will actively participate in Early Infant Diagnosis (EID) using revised national guidelines (2007).

In support of DOD's commitment to build capacity and long-term sustainability in the NMOD, formal training for an additional 100 staff comprising of 80 persons for the new sites and, 20 persons to be retrained from the existing sites covering physicians, nurses, mid-wives and others involved in PMTCT services. Trainings will be done in line with the revised National PMTCT training curriculum (2007). By training uniformed members and civilian employees that are in a career track in the Government of Nigeria, this program fosters a generation of skilled workers who are more likely to remain in the military. This contributes to fulfilling PEPFAR goals for independent and sustainable programs.

In addition, commodities and equipment that are required in PMTCT services will be procured. Depending on site inventories and needs, commodities may include gloves, soap or other disinfectant and other medical consumables. Commodities will be provided to all 20 military sites through procurement by SCMS..

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

The DOD PMTCT program will providing HIV counseling and, testing to 12,600 pregnant women and provide ARV prophylaxis to 574 women. This contributes to the goal of preventing new HIV infection in Nigeria. The PMTCT services identify HIV+ women who may need HAART for their own health, thus contributing to PEPFAR Nigeria's care and treatment goals.

LINKS TO OTHER ACTIVITIES

This activity relates to activities in ARV Services (3243.08), Laboratory Infrastructure (3244.08), Care and Support (3247.08), OVC (5409.08), Safe Blood (5388.08), TB/HIV (3240.08) and Strategic Information (3245.08). Pregnant women who present for counseling and testing 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 support, including TB care, is provided for infants and children through our OVC activities.

POPULATIONS BEING TARGETED

This activity targets pregnant women and their family members. Activities also target military personnel, civilian employees, dependents and the general population in the communities surrounding the 20 sites. In particular,

EMPHASIS AREAS

This activity has an emphasis on building local organizational capacity and training. This activity will address gender equity in HIV/AIDS programs by specifically targeting pregnant women and girls for counseling, testing and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6801

Related Activity: 13150, 13151, 13152, 13153,
13154, 13155, 13156, 13157,
13158, 13159, 13160, 13161

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25189	3246.25189.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$253,200
6801	3246.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$295,000
3246	3246.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13157	3242.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$325,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000
13161	6504.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	20	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	12,600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	574	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

Civilian Populations (only if the activity is DOD)

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Cross River

Delta

Enugu

Oyo

Plateau

Rivers

Benin

Anambra

Borno

Imo

Kano

Niger

Sokoto

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 9750.08

Planned Funds: \$70,000

Activity System ID: 13162

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents funding for one contracted Nigerian program officer/physician position in support of PMTCT activities as well as extra-country technical assistance. The budget includes three FSN salaries, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support by a physician who will provide TA, continuing medical education and mentorship, particularly in the area of early infant diagnosis (EID). TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the employment of staff with past NMOD experience or familiarity. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Treatment and Clinical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group will hybridize US policy and implementation with NMOD/GON practices.

The program officers will work as a members of the USG Prevention and PMTCT Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group. The program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site PMTCT programs. The program officer will also ensure the expansion of EID, as appropriate, in the Nigerian Military. The program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and promotes the GON national treatment guidelines. S/he will liaise with other non-governmental organizations, such as the Clinton Foundation, to ensure efforts are coordinated.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9750

Related Activity: 13163, 13164, 16942, 16939,
16940, 16941, 13165, 13166,
13167, 13168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25204	9750.25204.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$83,930
9750	9750.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7144.08

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 15641.08

Planned Funds: \$328,562

Activity System ID: 15641

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, LMS will continue the activities initiated in seven project-supported sites in Kogi and Niger states during COP07, and will initiate services in an additional ten sites. Using the revised National PMTCT Guidelines, 9300 women will be tested, 8,800 will receive their results and up to 410 HIV positive pregnant women will receive ARV prophylaxis. To achieve this, LMS, in collaboration with UNICEF, will train 220 health care workers (in addition to the 90 trained in COP07) to work in ANC clinics and delivery wards in PICT and PMTCT.

In Nigeria, PMTCT services were originally available only at tertiary level, but are now being expanded to secondary level. However, PMTCT services need to be made available at primary care and community level, to ensure that pregnant women can take advantage of PMTCT services after being diagnosed as HIV positive. LMS will emphasize and support the provision of PMTCT services at primary care level facilities.

During COP08, LMS will institute and train health care workers in provider initiated counseling and testing (PICT) to be offered during ANC, and labor and delivery. Point of service, group, and outpatient counseling and testing with same day results will be offered to clients. All women tested will receive post test counseling including HIV negative women, to encourage them to remain negative. Peer support coordinators will provide continuing support after testing and encourage pregnant women to adhere to their ART prophylaxis and safe infant feeding choices. Peer support groups will be facilitated and trained to offer these services. Partner and family testing will be encouraged so that PMTCT becomes the entry point for family centered HIV care, support and treatment (PMTCT plus). CD4 testing will determine those needing ART for their own health and they will be referred for ART. When feasible, women not needing HAART for their own health will receive Zidovudine (AZT) from 28 weeks or Combivir from 34 weeks and single dose Nevirapine (sdNVP) during labor with a seven days combivir tail. If these are not available then sdNVP will be administered during labor. Women who receive no antenatal care during their pregnancy or who have had only limited antenatal care but presented to the facility with no record of PMTCT services will receive C&T during labor and if positive, will receive sdNVP. Infants of positive women will receive NVP syrup at birth and AZT for six weeks. All HIV-exposed infants will be followed up postnatally and will be provided cotrimoxazole prophylaxis from age 4 - 6 weeks until their HIV status is confirmed and they are no longer exposed to HIV if they are not HIV infected.

LMS will participate in the GON scale up of sites for EID and establish linkages with other sites using the dry blood spot (DBS) strategy in conjunction with other IPs who have PCR lab capability. This will ensure earlier diagnosis of positive infants and earlier link to care and treatment.

All mothers in project supported areas will be encouraged to exclusively breast feed their infants for six months as this strategy will reduce mother to child transmission of HIV while not stigmatizing HIV positive mothers. HIV positive mothers will receive guidance on safer infant feeding although few mothers in project areas will be able to make an AFASS choice to exclusively replacement feed their infants. Health workers will be taught that recent research has demonstrated far better outcomes for exclusively breastfed infants of HIV positive mothers even in more affluent situations (such as Botswana and South Africa) than project communities in Nigeria. Further, recent evidence again from South Africa has shown that health workers are not able to guide mothers to make decisions to replacement feed that are AFASS resulting in mothers who do not have AFASS conditions replacement feeding and increasing mortality from respiratory and diarrheal diseases amongst their infants. In addition to receiving PMTCT services, each woman will be referred to OVC services upon her HIV diagnosis in order to facilitate care to all of her affected children.

The project will also seek to employ women living with HIV as peer support coordinators in antenatal care (ANC) settings providing PMTCT services. The peer support coordinators will facilitate mothers' groups that provide peer support to pregnant women who are diagnosed as HIV positive to encourage them to accept PMTCT services, return to the ANC for their ARVs, take the ARVs as prescribed, and adhere to their safer infant feeding choice in the face of family pressure for mixed feeding of their infants. The peer support coordinators will also provide positive role models to reduce stigma and act as champions for HIV positive pregnant women to ensure that they are not discriminated against during their antenatal and maternity care. These peer support groups will reduce the drop outs from PMTCT and increase the use of both ARVs and safer infant feeding choices, thus greatly increasing the accessibility of these services to pregnant women. Because many pregnant women will attend ANC but deliver at a different facility or, more likely, deliver at home in the community, introducing mechanisms for use of ARVs—particularly Nevirapine—in the community, if this is possible, will also greatly increase the accessibility of PMTCT. LMS will support a national zonal training in Infant Feeding Counseling and train some of its facility staff in Infant Feeding Counseling.

LMS, working with the peer support coordinators and local TBAs, will explore the possibilities for extending PMTCT services into the community to reduce the numbers of HIV positive women who are lost to follow up after testing positive in ANC. This might include training and supporting of TBAs and others using a curriculum adapted to the Nigerian situation, so they practice universal precautions in delivery services; refer women for HCT and, where appropriate, administer single dose NVP during labor and to the newborns (assuming availability of single dose packaging and agreement of NASCP and State MoHs).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in this area will strengthen the capacity of facility and community based resources to provide ARV prophylaxis, counseling and support for improved maternal nutrition and safe infant feeding, and additional HCT and support as included in PMTCT plus activities. They will also contribute to the more general interest of improving the lives of children and families directly affected by AIDS-related morbidity and/or mortality.

LINKS TO OTHER ACTIVITIES:

This activity relates to the HVCT (15645.08), Basic Care and Support (15642.08), ARV drugs (12414.08) and Prevention Program Areas (9758.08, 10197.08).

POPULATIONS BEING TARGETED

This activity focuses on pregnant women and their families from the communities served by project supported sites (17 by end of COP08).

Activity Narrative:**EMPHASIS AREAS**

This activity addresses gender concerns related to the specific HIV/AIDS-related care and treatment needs of pregnant women. The activity emphasizes developing the capacity of a wide range of persons (health personnel, mothers' peer support groups, PLWHA and TBAs) to increase testing, counseling and treatment and prophylaxis for pregnant women and their infants, to provide them and their families the appropriate protection and care to reduce the risk of HIV infection or mitigate transmission and negative health effects.

This activity will address the need to counsel and test pregnant women in order to prevent future HIV infections, to the mother, child or spouse/partner. Male involvement will be encouraged through various strategies including partners testing together and sensitizing men through fora appropriate to them.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13070, 13071, 15642, 13073,
15645

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13070	9758.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$2,750,000
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
13073	12414.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$500,000
15645	15645.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,320,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	17	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,800	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	410	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	220	False

Target Populations

Other

Pregnant women

Coverage Areas

Kogi

Niger

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7215.08

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16928.08

Planned Funds: \$1,640

Activity System ID: 16928

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency PMTCT prevention ICASS budget for FY08 is estimated at \$1,640 to provide necessary ICASS supports for the staff of one USAID personnel under the PMTCT prevention program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16929, 16930, 16931, 16932, 16933, 16934, 16935, 16936, 16937, 16922, 15675

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21665.08

Activity System ID: 21665

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$100,000

Activity Narrative: This activity is linked to counseling and testing (HCT), condoms and other prevention, OVC and adult basic care and support (BCS). In COP 08, Africare will begin PMTCT services with the establishment of two PMTCT sites in Lagos state. Services will be provided to 1500 pregnant women who will be counseled and tested and will receive their results at the two proposed sites. Following National guidelines HAART eligible pregnant women will be referred to a nearby treatment center while those who are not HAART eligible will receive Zidovudine or Combivir prophylaxis at 28 and 34/36 weeks, respectively. All HIV exposed infants at birth will receive single dose Nevirapine (sd-NVP) and a 6-week course of AZT which will be dispensed at labor and delivery. Infant diagnosis and follow-up services will be optimized through integration in existing child welfare and immunization clinics, with linkages to the Massey Street Children's Hospital program in Lagos.

Africare currently provides facility and community based HCT, BCS and TB/HIV services at 16 sites in Rivers and Lagos states, 7 of which provide HCT services to pregnant women. Specifically, at General Hospital Shomolu in Lagos with over 120 new ANC bookings a month and positivity rate of 3.7%, 50% of the HCT clients are pregnant women and 40% of all positives at this site are from the ANC. In COP08 services will be expanded to provide OVC, SI and sexual prevention support as well as PMTCT. 1500 pregnant women will receive testing and counseling services and will receive their results via PMTCT at the two sites which will also have comprehensive care and support services for families. These sites are a primary and a secondary health center which are also linked into a care network with a treatment facility where HAART eligible pregnant women will be referred.

The funding to begin PMTCT services is expected to significantly improve the quality of services that clients are currently receiving by ensuring onsite PMTCT service delivery, integration of this with Africare's existing BCS, HCT, family planning, OVC services, and maternal and OVC support group activities, providing a holistic family-centered continuum of care for these clients. In addition, further capacity building of the staff at the site will ensure integration of much needed comprehensive HIV care for mothers and their babies into existing health care services.

Programming during this inception year will emphasize provider initiated opt-out testing with group health information, individual post test counseling with provision of same day results at ANC, labor and post partum wards. Whole blood samples for women who test positive will be collected and sent for same day CD4 count and Hb to ensure HAART eligible mothers are immediately identified and actively referred into nearby treatment programs. Sd-NVP will be given on first contact to all positive clients to take home with instructions for use.

In addition, testing of partners and children of the index client, TB screening of HIV infected pregnant women with referral for treatment where needed, ARV prophylaxis for HIV infected women and newborns, maternal nutrition and infant feeding counseling and infant follow-up will be supported. National PMTCT and HIV and infant feeding guidelines will be followed in counseling mothers on infant feeding options and AFASS criteria for replacement feeding will be emphasized. Infant follow-up will be optimized through the co-location and co-scheduling of mothers support group activities with infant follow-up clinics, immunization/post natal clinic days, and provision of maternal basic care and support services at all times on site. Mother support groups will be formed to facilitate support from more experienced "Champion" mothers to newer mothers around appropriate options for delivery, infant feeding, maternal nutritional counseling and support, and disclosure support, and will serve to reduce the effects of stigmatization. These champion mothers will receive training and onsite supervision. Mothers would also be strongly discouraged from engaging in mixed feeding. These activities will be linked actively into the existing OVC program and young kids clubs to optimize sustainable infant follow-up. Co-trimoxazole prophylaxis will be provided onsite as part of the OVC basic care and support continuum from age 6 weeks until final HIV status is known, and for all HIV infected children.

The program will support identification of fathers for participation in PMTCT through the support of couples counseling, increasing male involvement through the use of "love invitation letters", and formation of male support groups integrated into existing community support groups. Women and their partners will receive educational materials brochures, pamphlets, and other materials during ANC visits in accordance with the existing National PMTCT IEC tools. In partnership with Gospel Communications, movies focusing on PMTCT will be aired during the visits. They will also focus on promoting early identification of HIV and early initiation of ARVs for HIV-infected pregnant women and their newborns.

Africare will build capacity at the facilities to provide and strengthen integrated PMTCT and family planning services linked with onsite BCS and OVC services. Lab staff will be trained to perform manual CD4+ counts at the secondary health care facility, and 30 health care workers will be trained using the National PMTCT curriculum to provide the full complement of PMTCT services. 20 of these health care workers will also be trained on HIV and infant feeding, making medical injections safer and early infant diagnosis. Additionally, counselors and nurses will be trained on family planning counseling, maternal nutrition, and early infant diagnosis. Champion Mother counselors will be trained on an ongoing basis to provide mother support group leadership. Health facility staff will be trained on the use of CD4, and determining HAART eligibility for pregnant women depending on the CD4 count will be strengthened.

Direct supervision of the PMTCT program at inception would be provided by the Africare Project Director alongside the HIV advisor currently on staff. A PMTCT advisor will subsequently be hired for the project. He/She will provide support and supervision for the facility based staff, youth corpers (NYSC), project monitoring team, patient care teams, and referral networks.

Project staff will provide onsite mentorship and supervision of staff to ensure quality of PMTCT care. The project will provide training and onsite mentorship of counselors to increase skills in couples counseling and integration of partners into PMTCT-related decision making. Nigerian National PMTCT manuals, guidelines, SOPs, registers and job aids will be provided throughout the facilities and will be available for referral and use in the ANC, labor wards and post natal clinics.

Particular emphasis will be laid on data collection and reporting. Staff capacity to work with data collection, compilation and evaluation will be strengthened through training and follow-up at all points of service delivery, with regular hands-on onsite mentoring and supportive supervision on capturing National PMTCT indicators, completion of registers and proper data entry using the National PMTCT MIS tool. Staff will be taught to interpret and integrate data from all the onsite HCT, OVC, Palliative care and PMTCT services,

Activity Narrative: ensuring smooth referrals into other onsite programs. Staff will be further trained to use data to improve quality of care and to highlight areas for improvement.

A patient management team and a project monitoring team will be established at each facility. The project team will consist of leadership from all units of the hospital who will provide support for the entire hospital-wide project including the administrative support and supervision of the other program areas. The patient management team will consist of direct patient care providers to focus on clinical issues as they arise in the PMTCT clinic and to provide continuing medical education. Strong referral networks will be established, aimed at strengthening linkages between the PMTCT services and other care services within the facility, between separate facilities and with the communities they serve. The referral network coordinators will meet monthly with management and clinical staff responsible for the ANC and PMTCT clinics, support group leadership, referral treatment clinics, local and international NGOs, and other donor projects. It is envisaged that these networks will also encourage rapid testing for syphilis and, if possible, gonorrhea, along with single dose, directly observed treatment as appropriate.

Partnering with the NYSC, Africare will support the training of 2 additional youth corps members in each facility (a physician to provide support for the PMTCT clinics and a public health specialist to focus on developing and strengthening the linkages between program components) to work alongside the facility based staff. Africare will also partner with two already identified Traditional Birth Attendants (TBAs) in the communities where HCT outreach is already taking place and whose pregnant HIV positive patients will be referred to the primary or secondary health facilities for delivery.

Mothers will receive delivery kits to further encourage them to deliver in the facilities. Each kit will contain gloves, sanitary pads, cotton wool, cord clamp, delivery mat, gentian violet, methylated spirit and clean surgical blades. Defaulter mothers who do not return for subsequent visits will be followed-up by the TBAs in the communities working with the mother support groups and referral network coordinators. The facilities will also be supported with delivery kits consisting of gloves, aprons, bleach, disinfectant, cotton wool, pinard stethoscopes and tape rules.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2768.08

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21666.08

Planned Funds: \$320,000

Activity System ID: 21666

Activity Narrative: Columbia University (CU), through this new award, proposes to extend its innovative and successful PMTCT-Plus programming to the Kachia local government area (LGA) of Kaduna State. Kaduna State is the 12th largest of Nigeria's 36 states, with a population of 4,652,989 and an estimated overall HIV seroprevalence of 5.6% (as high as 10% in some communities). This intervention is focused on the Kachia LGA with a total population of 600,000 people and an estimated HIV prevalence of 7.0% in 2005. ICAP will provide support to at least four primary health centers (PHCs) and one referral General Hospital (GH), Doka. The referral facility will also be targeted to provide comprehensive ART services, including TB/HIV integration, palliative and preventive care, and early infant diagnosis via dried blood spots (DBS) for adults and children. Key interventions at the will include: provider-initiated opt-out HIV testing with same day results at the ANC, L&D units including postnatal wards; development of linkages between PMTCT and reproductive and maternal/child health care continuum; strengthen linkages between PMTCT and HIV care/treatment services at GH Doka to ensure prompt immunologic staging via CD4; follow-up of HIV infected women with advanced disease who have initiated ART at GH Doka following the National guidelines; partner testing; pediatric care and treatment; cotrimoxazole prophylaxis for HIV-exposed infants/children; promotion of best practices for infant feeding among HIV-infected women via counseling for informed decision making and linkages to programs that supply free breast milk substitute if desired; involvement of people living with HIV/AIDS (PLWHA) in program activities; and development of linkages between communities and health facilities. These will be carried out in collaboration with the GON and other implementing partners and stakeholders as appropriate. (PHCs will be involved mainly in HIV counseling and testing services, provision of ARV prophylaxis (AZT and Combivir) for those not eligible for HAART, infant feeding counseling, referrals and linkages of mother/baby pairs to secondary health facilities and community support groups.)

Using its model of family-centered care delivered by multidisciplinary teams, CU will support the establishment of PMTCT-Plus programs at the 5 designated sites. CU will ensure the availability of on-site HCT services in order to provide HIV counseling and testing (HCT) to pregnant women, their partners, and other family members (including children). At the PHC level CU supports both PMTCT services and HCT for the general population. ICAP will develop side labs at ANC and labor and delivery (L&D), enabling point-of-service opt-out HIV testing with same-day results. Couples counseling and outreach to partners and older children of HIV-infected pregnant women will be supported.

Following the National Guidelines, CU will ensure that quality ANC services will be provided to all HIV-infected pregnant women, with a special focus on STI screening and syndromic management, promotion of safer sex during pregnancy and post-delivery (periods of greater risk for HIV transmission), provision of maternal and infant feeding counseling and micronutrient supplementation, malaria prophylaxis and the provision of long-lasting insecticide-treated bed nets, immunizations, delivery preparedness and provision of "mama packs" to encourage facility-based delivery. Linkages to family planning will be created and strengthened. HIV support groups, peer educators, and community-based support services will also be strengthened.

CU will ensure prompt clinical and immunologic staging of HIV-infected pregnant women. Training and supportive supervision will enable ANC staff to conduct standardized clinical assessments and WHO staging of HIV-infected women, using validated algorithms, checklists, and job aids. Immunologic staging will be provided immediately upon HIV diagnosis via on-site CD4 testing (at the GH) or specimen referral (at the PHCs). This staging will enable site staff to identify pregnant HIV-infected women who are eligible for ART for treatment (as opposed to ARV prophylaxis for PMTCT), facilitating rapid and effective referrals for treatment. PHCs will offer ARV prophylaxis only and will refer treatment eligible mothers to the GH.

CU will provide safer L&D and post-partum services. CU-supported PMTCT sites will provide quality L&D services, HCT for women of unknown HIV status, safe obstetric practices, universal precautions, and appropriate post-partum follow-up. Any unbooked pregnant woman that presents in labor will be offered HCT and if positive will receive ARV prophylaxis as well as her infant. She will also benefit from infant feeding counseling for her to make an informed decision. Staff will be provided with basic materials that ensure universal precautions.

The use of ART for PMTCT will follow the National PMTCT guidelines. HIV-infected women who do not meet the national eligibility criteria for ART will be offered a combination of zidovudine (AZT) from 28 weeks or Combivir from 34/36 weeks 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 receive SD-NVP at birth and AZT for 6 weeks.

Women found via PMTCT services to have advanced HIV disease by clinical or immunologic staging will be linked to GH Doka for the initiation of ART. While laboratory specimens will routinely be sent to the GH Doka, patient transportation will be minimized by the use of a mobile "treatment team" which will visit the PHC sites on a regular basis. All eligible clients will be referred to GH for ART initiation; after initiation, to improve compliance and minimize loss to follow-up, the outreach team will visit each PHC regularly to provide supportive supervision to trained nurses in following up patients and provide refills for ART. Blood samples for CD4 and other routine laboratory tests will be transferred to the GH.

In addition to the support for safe infant feeding described above, HIV-exposed infants diagnosed through the National EID system will be enrolled in care at the PMTCT site, receiving prophylactic cotrimoxazole, growth and development monitoring, immunizations, and clinical and immunologic staging (via specimen transfer). Infant follow-up services will be enhanced by job aids and ongoing supportive supervision by CU pediatric clinical advisors. National EID registers will be used to follow-up exposed infants until results are obtained through DBS. Linkages to GH Doka will enable the diagnosis and treatment of opportunistic infections as well as access to CD4 testing and pediatric ART services. EID services using DBS will also be introduced at the sites in conjunction with the GON and USG team.

Linkages to care and treatment services will be developed, including site-level linkages between HCT, PMTCT, ANC, and laboratory services. Women not eligible for ART will receive ARV prophylaxis for PMTCT, and then continue follow-up at the ANC or Maternal Child Health clinics at PHCs and at the HIV clinics in the referral General Hospitals.

Psychosocial and adherence support services will also be implemented. HIV counseling, support groups

Activity Narrative: and peer health educator programs will be initiated at each site. Inventories of community-based resources will be conducted, and linkages to these appropriate pre-existing local services will be developed and strengthened. This will enhance the development of outreach and defaulter tracking services as well as accompaniment to appointments, systems navigation, activities to promote male involvement, community mobilization activities, and access to economic, nutritional and other support services. Organizations/resources identified and assessed may be local non-governmental, community-based and/or faith-based organizations, creating a network of partners. CU will initiate both facility-based and community-based support groups, conduct community sensitization activities, provide "love letters" for partners inviting them for HCT, and pilot home-based family HCT services. Local partner staff will attend referral network trainings and quarterly meetings with CU-supported sites. Other PHCs within the community will also be identified and assessed for additional support services.

CU will focus on strengthening of the health care system within the Kachia LGA. It will partner with site staff and leadership to conduct baseline site assessments, and to develop and implement collaborative site workplans. Physical infrastructure will be enhanced as needed to provide PMTCT-Plus services at GH Doka including installation of generators and refrigerators and renovations (consistent with acceptable use of CDC funding), repairs and refurbishment of clinical, laboratory, pharmacy, and medical records areas.

Furnishings, supplies, and a standard package of medical and laboratory equipment will be provided to each site. Staff will strengthen on-site laboratory capacity as needed, ensuring site-level access to HIV testing and hemoglobin monitoring at the PHC level, and installing chemistry and hematology analyzers and CD4 machines at the General Hospital. Stock management, forecasting, and pharmacy operations will be enhanced, and appropriate medical records systems (appointment books, logs, patient files/forms) and data management will be introduced. Ongoing mentoring and supportive supervision of clinical, laboratory, records and pharmacy/dispensary staff will be provided. In collaboration with the PHC coordinator and the Local Government council, CU will continue to support state PMTCT coordination meetings as needed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9401.08

Mechanism: N/A

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21682.08

Planned Funds: \$135,000

Activity System ID: 21682

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechanism**Mechanism ID:** 9403.08**Mechanism:** N/A**Prime Partner:** Johns Hopkins University**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Budget Code:** MTCT**Program Area Code:** 01**Activity ID:** 21683.08**Planned Funds:** \$615,000**Activity System ID:** 21683

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.01: Activities by Funding Mechanism****Mechanism ID:** 9404.08**Mechanism:** N/A**Prime Partner:** University Research Corporation, LLC**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Budget Code:** MTCT**Program Area Code:** 01**Activity ID:** 21684.08**Planned Funds:** \$150,000**Activity System ID:** 21684

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:**

Table 3.3.01: Activities by Funding Mechanism**Mechanism ID:** 9405.08**Mechanism:** N/A**Prime Partner:** Pathfinder International**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Budget Code:** MTCT**Program Area Code:** 01**Activity ID:** 21685.08**Planned Funds:** \$300,000**Activity System ID:** 21685

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.01: Activities by Funding Mechanism****Mechanism ID:** 9692.08**Mechanism:** N/A**Prime Partner:** AIDS Prevention Initiative, LTD**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Budget Code:** MTCT**Program Area Code:** 01**Activity ID:** 22510.08**Planned Funds:** \$225,000**Activity System ID:** 22510

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:**

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

Total Planned Funding for Program Area: \$27,673,176

Estimated PEPFAR contribution in dollars \$400,000
Estimated local PPP contribution in dollars \$500,000

Program Area Context:

The available data for HIV prevalence in Nigeria to date remains the 2005 ANC survey. This survey showed a dip in National prevalence from the 2003 figures (4.4% as against 5.0% in 2005). Prevalence among young women aged 15-24 yrs, which serves as a proxy for new infections, has steadily been on the decline (6% in 2001, 5.3% in 2003 and 4.3% in 2005) though the 20 – 29 year age group had the highest prevalence rates. A high prevalence band was noted in the North-Central political zone, with spread to contiguous states of the North West, North East and South Eastern zones. Some outliers from this band were noted in the South-South zone. The rural vs. urban variation noted in several African countries was not markedly replicated here (3.9% vs. 4.6%) indicating some parity in transmission patterns within these groups. The 2005 National HIV/AIDS and Reproductive Health survey (NARHS) showed low risk perception (28%) amongst the general population and significant reports of transactional sex (11%) amongst young girls aged 15 – 29 yrs. Multiple partnerships are also noted in 26% of young males.

The AB prevention program has been redesigned based on suggestions from a recent prevention TA visit. The USG Nigeria's strategy for COP FY08 AB programming is: (1) to develop a comprehensive package of services to promote abstinence, fidelity and related community and social norms; (2) to implement the minimum prevention package of services within the populations and geographic areas that are driving the Nigerian epidemic; (3) to continue building the capacity of FBOs and CBOS to implement high-quality prevention programming; (4) to integrate comprehensive prevention programming in care and treatment services; (5) to support evidenced-based programming within the national and USG prevention portfolios.

In COP08, the USG/Nigeria AB program will follow a new direction. AB partners will be required to provide a minimum package of services from a pool of established best practices appropriate to the population being targeted. These best practices include the peer education model; PEP plus model; curriculum and non-curriculum based school programmes; community awareness campaigns; interventions that address income generation activities, and build essential life skills; and workplace programmes providing interventions targeting adult males and females and encouraging greater involvement of PLWA (GIPA). In COP08, partners will be expected to utilize a minimum of three of these interventions to count a target and these will be reinforced with mass media activities. The minimum package of services will increase the likelihood that the intended behaviour change outcomes are achieved and will provide a proxy tool for measuring targets reached with AB services. Although this redirection has resulted in an increase in cost per target (\$25), it will ensure a higher quality program package with emphasis on intensity and appropriate dosage of messages and services. It is envisioned that following implementation of the current minimum package, population specific (e.g. youths, adults in general population) packages will be recommended based on evidence from successful practices in the field.

In terms of programme expansion the USG AB program has shown significant progress. In COP06 activities were in 15 states, in COP07 21 states had AB activities and by end of COP08 the USG will be supporting activities in 29 of 37 states. The states have been selected in consideration of prevalence and GoN policy. The AB program will work to further expand services guided by available or soon to be available epidemiological data.

Key achievements to date include a very successful mass media campaign (Zip-up) targeting youths and males in the general population. There has been an increase in the age of sexual debut from 16.9 yrs in females and 19.8 in males (NARHS 2003) to 17.4 yrs in females and 20.1 in males (NARHS 2005). There has also been an improvement in delaying sexual debut amongst 15-19 yr age group. Within this age group, 40.5% of females and 19.9% of males had ever had sex (NARHS 2005) as opposed to 46.5% of females and 26.8% of males (NARHS 2003). The diversification of the AB portfolio has been another significant achievement and has resulted in the deployment of varied combinations of partners and strategies addressing specific high risk populations.

In COP 08, priority will be given to addressing adult behaviour and male norms as it relates to mutual fidelity and avoidance of multiple and concurrent partners through targeted mass media approaches. For the youth populations, there will be a reinforcement of the successful Zip-up campaign and the peer education plus models. These will be complemented with the "parents as counselors" model that encourages "A" messaging from an early age. COP07 plus-up funds were used to expand the scope of curriculum-based school HIV/AIDS programs. This entailed working with the Nigeria Union of Teachers to address HIV awareness and prevention by teachers for teachers; teachers' ethics, including coercive sexual relationships with students; and teachers as role models to guide in-school youth peer prevention programs and in-school peer education program. In COP08 this expansion will continue with efforts to include more schools into the program.

To address programmatic gaps in previous years, new procurement mechanisms have been identified. AIDSTAR will be funded to address issues relating to adult male behaviour, risk perception and intergenerational and transactional sex. PHDC will address

BCC interventions targeting youths transiting from abstinence to sexual activity and interventions to develop skills for personal risk assessment. PHDC will also address capacity building and training activities particularly for indigenous partners in the development of BCC strategies, design of IEC materials and in working with the media. Community Reach/PACT will support CBO's and FBO's formed during the exit phase of 07 behavior change interventions to continue with behavior maintenance activities at community levels. The exit phase refers to the period where SFH exits a community where it has built the capacity of local FBOs and CBOs to self-sufficiently implement programs. At the point of exit, SFH will move to a new community and these CBOs and FBOs will be supported in COP08 by Community Reach/PACT to further build their capacity and provide continued support in behavior maintenance interventions. This expands the USG prevention program to rural communities.

Project Search will address issues of data-guided programming by conducting analyses of clinical, community-level, and population-based epidemiologic, demographic, and surveillance data; test program implementation models including research on practical applications of new technologies and intervention models in resource-poor settings; and develop local capacity in applied research and ethical procedures by increasing technical skills of in-country investigators and providing technical assistance to local institutions. Project Search will be actively involved in analysis and information dissemination of data gathered from the IBBS, NARHS, and future ANC SURVEYS as well as gathering data on specific priority populations.

COP08 will also target efforts at special populations to address the 'bridge' phenomenon. Previous efforts towards transport workers, and adult males will be replicated in more states and sites across the country; while current services to the military will be expanded to reach other uniformed services.

In COP 07, a formal labor force program with AB and appropriate C messaging and services was developed to reach men and women in the workplace. This mechanism will be continued in COP 08. The Partnership Office at USAID will continue to 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.

To ensure comprehensiveness of HIV/AIDS services, steps will be taken to integrate ABC with care and treatment services. Treatment partners will be supported to integrate prevention counseling and services for all clients in care and treatment settings and for others with emphasis on strong linkage to VCT services. Specifically, healthcare providers and lay counselors in care and treatment settings will be trained to deliver prevention messages during routine clinic visits using tools and job aids. These prevention messages will be delivered during risk-reduction counseling. Partner reduction messages will be given, emphasizing faithfulness to one partner, mutual fidelity while discouraging intergenerational and multiple sex partnerships.

The GON's 2003 National Policy and 2005-2009 Strategic Framework for Action provides a comprehensive framework for HIV/AIDS control efforts. The Expanded Theme Group inaugurated the national prevention technical working group which is mandated with providing technical leadership and direction for HIV prevention activities in Nigeria. The USG Prevention team supported the National prevention technical working group (NPTWG) to develop a two- year National Prevention Plan with a new strategic thrust and this will soon come into circulation. In COP08 the USG team will further support the NPTWG to develop National AB curriculum and guidelines in an effort to ensure harmonization of AB prevention efforts in Nigeria.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1225194
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	114475
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	33585

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9692.08	Mechanism: N/A
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 22511.08	Planned Funds: \$90,000
Activity System ID: 22511	

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9401.08

Mechanism: N/A

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 21686.08

Planned Funds: \$250,000

Activity System ID: 21686

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9406.08

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 21687.08

Planned Funds: \$400,000

Activity System ID: 21687

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8868.08

Mechanism: N/A

Prime Partner: The Futures Group
International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19873.08

Planned Funds: \$140,053

Activity System ID: 19873

Activity Narrative: April Reprogramming 2008 - waiting on the activity sheet.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7405.08

Mechanism: USAID Track 2.0 FS AIDSTAR

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16991.08

Planned Funds: \$3,000,000

Activity System ID: 16991

Activity Narrative: ACTIVITY DESCRIPTION:

This activity also links to AIDSTAR's activities under OVC (16302.08) so as to encourage integration of AB prevention activities with OVC programming. These activities will also be linked with the Project Search (#7607.08) work in AB for data-informed program design.

Analysis of the current USG Nigeria AB portfolio conducted by the USG Nigeria Prevention Technical Working Group (TWG), and reinforced by recommendations from previous technical assistance (TA) assessments, highlights a number of programmatic gaps. The analysis also shows that a new implementing partner is needed to achieve the level of community and social norm change required to address the programmatic gaps at a sustainable level. In particular, a partner that could provide technical expertise and capacity for implementation at a national level in a place as large, complex and challenging as Nigeria is needed.

Based on these recommendations, the AIDS Support and Technical Resources (AIDSTAR) Indefinite Quantity Contract (IQC) mechanism has been selected as a new potential partner under COP08 because AIDSTAR contractors have demonstrated technical capacity in a range of technical areas related to prevention, stigma and discrimination, gender, and program-related data collection and analysis. The mechanism, when awarded, will work closely with the Prevention TWG to ensure that it is integrated within the broader USG prevention portfolio. The final scope, including targets and activities, will be shared with OGAC prior to award.

The Nigeria Prevention AB Task Order will particularly focus on AIDSTAR's ability to:

- 1) Expand coverage of epidemiologically appropriate, best-practice HIV prevention interventions that apply balanced messaging to prevent sexual transmission across different settings through scaling up community mobilization and individual behavior change initiatives;
- 2) Provide technical assistance and program implementation support in the specialized HIV/AIDS technical areas of community-based HIV/AIDS services and monitoring and evaluation;
- 3) Document and disseminate successful innovative approaches and sustainable models, evidence-based best practices and lessons learned, and new approaches, tools and methodologies in prevention programming.

The TWG has determined two key programmatic gaps that will be addressed by AIDSTAR – activities to prevent cross-generational and transactional sex and activities to address adults, especially men, with partner reduction messaging. Further specific needs will be identified and defined as epidemiological data becomes available for the TWG to make programmatic decisions. The secondary analysis of bio-behavioral studies which will be undertaken by Project Search (#7607.08) during COP08 will also help inform intervention design.

Activities around transactional sex will include skills-based HIV education for girls and young women and broad-based community mobilization activities to engage 'influencers' of youth - parents, teachers, religious and community leaders – in order to create a more supportive normative environment for the practice of abstinence and fidelity. Special program initiatives will also be designed to address younger, out-of-school adolescent girls who are at high risk owing to contextual factors, e.g., domestic workers and street vendors. Activities to address adults, particularly men, will promote fidelity to one sexual partner, address male norms and behaviors that put both men and women at risk, and increase personal risk perception. The activities will include a mix of closely-linked and reinforcing interpersonal communication and mass media activities that highlight the importance of mutual fidelity and avoidance of multiple and concurrent partners. AIDSTAR will also be tasked with documenting and disseminating evidence-based best practices, lessons learned and new approaches, tools and methodologies for prevention interventions in Nigeria, both of their own design as well as those developed and used by IPs and other groups involved in sexual transmission prevention. Of particular interest will be lessons learned and effective approaches for improving linkages between clinical services and community based services, how to effectively scale up programming to reach wider audiences without diminished quality, and effective methodologies for working on prevention actions for risk groups, such as men-who-have-sex-with-men (MSM). AIDSTAR will be tasked with the collection and dissemination of these tools and methodologies for improved programmatic use by IPs and other interest groups.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The explicit targets will be determined based upon the final level and combination of activities designed for this proposal; however, a minimum package of prevention interventions will be provided per target in line with the strategic prevention implementation design norm. As this is an IQC mechanism, the prime partner and final targets will be vetted with OGAC and uploaded into COPRS after final award negotiations as is USG/Nigeria's custom for TBD activities.

The programs and activities implemented will increase the reach of AB interventions into epidemiologically important populations to better address gaps in coverage and to better address specific behaviors within underserved populations.

This activity substantively contributes to Nigeria's 5-Year Strategy by developing and strengthening the sexual prevention portfolio.

LINKS TO OTHER ACTIVITIES:

The AB activities implemented under the AIDSTAR IQC will achieve set prevention targets while also providing clear linkages between their own activities and the wider prevention portfolio as implemented by other IPs. The emphasis dissemination of best practices will also help develop the sustainability and efficacy of the program.

POPULATIONS BEING TARGETED:

Populations targeted in these AB activities will include younger adolescent girls and their corresponding figures-of-influence to better address issues around cross-generational and transactional sex, and adult males. Other target populations include teachers and religious leaders.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development and gender.

Activities that will address male norms and behaviors, increasing women's rights, reducing violence and

Activity Narrative: coercion, and stigma and discrimination will be addressed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16926, 16302

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16302	16302.08	7405	7405.08	USAID Track 2.0 FS AIDSTAR	John Snow, Inc.	\$3,000,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	120,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Men

Other

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7143.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 18182.08

Activity System ID: 18182

Mechanism: USAID Track 2.0 FS
Community Reach

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$500,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity and it links to all the other activities in the USG AB portfolio. Analysis of the current USG Nigeria AB portfolio, conducted by the USG Nigeria's Prevention technical working (PTWG) and reinforced by recommendations from previous technical assistance (TA) assessments, identified a number of key programmatic gaps: current paucity of indigenous partners to take programs to scale; lack of comprehensive package of services to promote abstinence, fidelity and related changes in community and social norms; lack of capacity of indigenous FBO's and CBO's to implement high quality prevention programming that will bring about effective behavior change interventions with harmonized messaging across the different prevention activities and poor coverage of the rural areas with prevention programs. Consequent upon these identified gaps, recommendations were made to the need for building local capacity for an expanded Prevention Program through the establishment of an umbrella mechanism to support and build the management capacity of an expanded network of partners especially indigenous partners.

The USG/Nigeria Prevention TWG, in further pursuit of ensuring high quality programming with appropriate dosage and intensity for behaviour change, developed a minimum package of AB interventions for reaching each target within the population served. In COP08 AB partners will be required to provide a recommended minimum package of services from a pool of established best practices to reach a target. These best practices include the peer education model; PEP plus model; Curriculum and non curriculum based school programmes, community awareness campaigns; interventions that address income generation activities, essential life skills; and workplace programmes providing interventions targeting adult males and females and also greater involvement of PLWA (GIPA) . In COP08, partners will be expected to utilize a minimum of three of these interventions to reach a target and these will be reinforced with mass media activities. The minimum package of services will ensure that the intended behaviour change outcomes are achieved and will provide a proxy tool for measuring targets reached with AB services.

In response to the above recommendation, an analysis was conducted which identified a number of contracting difficulties within the current portfolio. Current in-country ability to make awards to new partners is constrained by the capacity of indigenous, civil society organizations (CSOs) and CBO's to meet award criteria of contracting mechanisms that currently exist in USG agencies. In addition, the analysis noted that PACT/Community REACH has the capacity to engage local partners through granting, and this will ensure quality and comprehensive AB services at the grassroots level. It will also build project management capacity to facilitate the graduation of indigenous sub-partners to prime partners.

Based on these findings, USG Nigeria will develop a Leader with Associate (LWA) Proposal under the PACT/Community REACH mechanism, which is a Cooperative Agreement managed out of the Office of HIV/AIDS in the Global Health Bureau at USAID/W. PACT/Community REACH was selected because it has demonstrated capacity to quickly identify and provide grants to local CSOs and CBO's in a range of technical areas related to prevention, care and support, management and program-related data collection and analysis.

The Nigeria AB LWA will particularly focus on PACT/Community REACH's ability to:

1. Quickly mobilize local/indigenous CSOs, CBO's, and FBOs already formed and playing essential AB prevention roles in the fight against HIV/AIDS at grassroots (rural) level for capacity building in areas of management (program and financial) and scaling up of services in the country.
2. Provide grants to these organizations for comprehensive and effective AB prevention interventions according to OGAC guidance and in line with the government of Nigeria Plan of Action for AB prevention programs.
3. Support organizational capacity building especially in program management and service delivery for these groups to enable them to be more sustainable and eligible to directly access donor funding.
4. Collaborate with NACA-National Agency for the Control of AIDS activities in the country and other USG machineries to facilitate the formation of National Network of Civil Society organizations implementing AB activities in rural areas/grassroots to establish an umbrella program for providing grants to members of the rural network.

The LWA SOW will be developed in conjunction with USG Nigeria (led by the Nigeria Prevention TWG), the OGAC General Population and Youth Technical Working Group and the Office of HIV/AIDS in USAID/W. While this activity narrative provides an overview of the activities that are intended to be contracted through the LWA, the USG Nigeria team recognizes – and has already begun planning for – intensive, coordinated joint-planning with the General Population and Youth Technical Working Group and the Office of HIV/AIDS in USAID/W to finalize the LWA SOW.

Specific programmatic gaps that the LWA with PACT/Community REACH will address include:

1. To quickly mobilize funding to organizations playing valuable roles in the fight against HIV/AIDS.
 - a. PACT will quickly mobilize indigenous CSOs and CBO's and sub-grant to them to provide Prevention interventions using the Minimum Package approach at the grassroots level. PACT will provide organizational capacity development, which builds the capacity of PACT grantees to develop strong programming, management and monitoring skills, with the goal of local sub-partners graduating to prime partners.
 - b. PACT will increase USG Nigeria's rural areas coverage of AB Prevention services provision. Community-based and faith-based organizations in particular will be targeted as sub-grantees.
2. To provide technical assistance to local sub-grantees to deliver quality AB services at the grassroots level.
3. To provide TA to PACT grantees to enable application of a minimum package of AB interventions. Each target is expected to be reached with a minimum of at least three interventions appropriate to the specific target group to be counted as reached.

PACT Community REACH activities will ensure program linkage to other HIV/AIDS interventions including treatment and care services. PACT/Community REACH will also engage with local sub-grantees to promote sustainability and document evidence-based best practices, lessons learned and new approaches, tools and methodologies.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity substantively contributes to the overall USG Nigeria's 5-Year Strategy and to the

Activity Narrative: implementation of Nigeria's National AB prevention Plan by developing and strengthening capacity of indigenous CBOs, FBOs and NGOs for service delivery. The organizational capacity building component of this activity helps sustainability as the sub-grantees develop the potential to be prime recipients of donor funding. The suggested targets are determined based on the current estimated cost per targets for a minimum package of AB interventions. As this is an LWA mechanism, the final targets will be vetted with OGAC uploaded into COPRS after final award negotiations as is the practice of the USG/Nigeria team. The programs and activities implemented will increase the reach of AB interventions to rural underserved populations and geographic areas with fairly high HIV/AIDS prevalence in comparison with the national average.

LINKS TO OTHER ACTIVITIES:

The activities implemented under the PACT/Community REACH award will achieve set targets for AB programs while also providing clear linkages to care and treatment services. The emphasis on dissemination of best practices will also help develop the sustainability.

POPULATIONS BEING TARGETED:

Populations targeted in these activities includes the general population and grassroots CBO's whose special mandate will be to reach the rural general and youth populations.

EMPHASIS AREAS:

There is a strong emphasis on local organization capacity building, human capacity development and service delivery at grass root level. Other emphasis areas include community mobilization; development of network/linkages/referral system; information, education and communication and linkages with other sectors and initiatives.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16301

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16301	16301.08	7143	7143.08	USAID Track 2.0 FS Community Reach	Pact, Inc.	\$1,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7215.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16929.08

Activity System ID: 16929

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency AB prevention ICASS budget for FY08 is estimated at \$9,839 to provide necessary ICASS supports for the staff of six USAID personnel under the AB prevention program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16928, 16930, 16931, 16932,
16933, 16934, 16935, 16936,
16937, 16922, 15675

Mechanism: USAID Track 2.0 ICASS

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$9,839

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 555.08

Prime Partner: International Foundation for Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15679.08

Activity System ID: 15679

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$50,000

Activity Narrative: ACTIVITY DESCRIPTION:

IFESH will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. IFESH will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities including condoms and other prevention (funded under C&OP). IFESH's goal for its new activities in the AB program is to contribute to a reduction in HIV prevalence among youths, particularly in the most at risk age group of 15-24 year olds, and to promote mutual fidelity among married adults. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are effectively reached with prevention interventions.

In COP08, IFESH will implement AB programming in underserved areas in Nigeria and will couple these activities with condoms and other prevention program services and with counseling and testing program services where appropriate. This activity will be implemented at the community level and will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign. Priority populations to be targeted by IFESH will be pregnant women, TB DOTS patients, transport workers, in-school and out-of-school youths and orphans and vulnerable children receiving home based support. These target groups will be reached with a minimum of three strategies derived from the recommended minimum package (community awareness campaigns, peer education models, peer education plus activities, and school based activities).

This first year of funding will include an evaluation of current AB activities in its communities that will be used to guide specific activities to be conducted under each strategy in the target communities. Gaps in the AB programming will be identified so that IFESH can effectively work within and contribute to a comprehensive and harmonized national program. AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate and will be integrated with services provided by IFESH in a total of 34 sites (20 HCT sites including facility-based, 10 DOTS sites, and four schools) plus outreach in the surrounding communities in two states (Imo and Rivers). The program will be targeted towards achieving coverage for these communities with balanced ABC messaging and each target counted will be individuals reached on a regular basis and with the four strategies IFESH will employ.

The target for this intensive AB messaging campaign is 2,000 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 1,000 children and adolescents, particularly focused on in-school youths and orphans and vulnerable children receiving home based support. A total of 160 people will be trained, including but not limited to teachers, religious leaders, students, and peer educators.

As a component of the community based programming and the school based programming activities such as game shows/quiz contests on AB messaging will be conducted. A complete prevention package of materials utilizing both AB and COP programming will be distributed at all HCT sites and at all points of service in health care facilities where IFESH is working. This will include AB IEC materials and condoms. IFESH will target communities where these registered clients live for community and school based AB messaging in order to continue to reinforce messages provided in the facility setting.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The funding in this activity area will contribute to the overall PEPFAR goals of preventing further infections and reducing HIV rates in Nigeria. It will also help to lay the foundation for more sustainable programs.

LINKS TO OTHER ACTIVITIES:

This activity will be integrated with Counseling and Testing (5668.08), PMTCT (3248.08) Basic Care and Support (5665.08), Other Prevention (15664.08), TB/HIV (15665.08), OVC (15678.08) and Strategic Information (15669.08).

POPULATIONS BEING TARGETED:

The focus population for this activity will be youth (young adults and particularly, young women and girls, and in/out of school youths), pregnant women, TB DOTS patients, the police, incarcerated persons, and transport workers. It will also target community/religious leaders, teachers and parents.

EMPHASIS AREAS: This activity includes an emphasis on gender, human capacity development and local organization capacity building.

COVERAGE AREAS:

Rivers and Imo states

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13065, 15664, 13066, 15665, 15678, 13067, 15669

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	160	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Tuberculosis patients

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Imo

Rivers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4133.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15680.08

Activity System ID: 15680

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$50,000

Activity Narrative: ACTIVITY DESCRIPTION:

Africare will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. Africare will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities including condoms and other prevention. Through the involvement of Africare as a new partner in this activity, PEPFAR Nigeria will further its development of an integrated comprehensive prevention portfolio. Africare's goal for its new activities in the AB program is to contribute to a reduction in HIV prevalence among youths, particularly in the most at risk age group of 15-24 year olds, and to promote mutual fidelity among married adults. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are effectively reached with prevention interventions.

In COP08 as a new program activity Africare will implement Abstinence/Be Faithful programming coupled with condoms and other prevention program services (funded under C&OP) where appropriate. Priority populations to be targeted by AFRICARE will be Police, Incarcerated persons, transport workers, oil industry workers and in and out of school youths. These target groups will be reached with a minimum of three strategies derived from the recommended minimum package inclusive of community awareness campaigns, peer education models, and school based activities. Prevention activities will be provided throughout Africare's PEPFAR program utilizing linkages to all AFRICARE's facility based, community based, and home based activities. The goal of the program is to be focused on the communities targeted and to saturate those communities with messages conveyed in multiple forums. The targets counted will be those individuals that will have received AB messaging: (1) on a regular basis and (2) via the three strategies Africare will employ. The target for this intensive AB messaging campaign is 1,000 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 500 children and adolescents, particularly focused on in-school youths and orphans and vulnerable children receiving home based support. An estimated 1,000 individuals will be reached with AB prevention activities and 500 individuals will be reached with abstinence only messaging in the first year in 25 sites (13 facility-based sites, 4 stand alone HCT sites, 4 workplaces, and 4 schools) plus outreach into the surrounding communities. A total of 30 people will be trained, including but not limited to teachers, religious leaders, students, and peer educators.

A complete prevention package of materials utilizing both AB and COP programming will be distributed at all HCT sites and at all points of service in health care facilities where Africare is working. This will include AB IEC materials and condoms. Africare will target communities where these registered clients live for community and school based AB messaging in order to continue to reinforce messages provided in the facility setting. As a component of the community based programming and school based programming AB messaging will be integrated into sports activities. Activities highlighting role models and drama presentations will be organized for in and out of school youth. The peer education model will be used to organize formal peer groups that will then actively develop AB messaging campaigns for their peers. Examples are the formation of school clubs and Motor Park HIV/AIDS Committees.

Africare will work with the USG PEPFAR team in developing an appropriate methodology for measuring achievements in AB programming. Africare will have a project officer dedicated to oversight and guidance to prevention activities under AB and COP programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The funding in this activity area will contribute to the overall PEPFAR goals of preventing further infections and reducing HIV rates in Nigeria. It will also help to lay the foundation for more sustainable programs.

LINKS TO OTHER ACTIVITIES:

This activity will be integrated with Counseling and Testing (6642.08), Basic Care and Support (6493.08), Other Prevention (15667.08), TB/HIV (9879.08), OVC (15666.08) and Strategic Information (15668.08).

POPULATIONS BEING TARGETED:

The focus population for this activity will be youth (in/out of school youths), TB DOTS patients, the police, incarcerated persons, oil workers, and transport workers. It will also target community/religious leaders, teachers and parents.

EMPHASIS AREAS:

Project activities will increase gender equity in young adults. Stigma and discrimination of PLWHA is also high in project areas. Activities will support mobilization and information messaging targeted at reducing stigma and discrimination in project communities of PLWHA.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15667, 12985, 12986, 15666, 12987, 15668

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15667	15667.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$150,000
12985	6493.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$170,000
12986	9879.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$337,500
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
12987	6642.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$410,000
15668	15668.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$40,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Tuberculosis patients

Most at risk populations

Incarcerated Populations

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Lagos

Rivers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15661.08

Activity System ID: 15661

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$400,000

Activity Narrative: ACTIVITY DESCRIPTION:

GHAIN's abstinence/be faithful (A/B) program will focus on community mobilization and outreach activities that promote abstinence, fidelity, delay of sexual activity, partner-reduction messages and related social and community norms in the HAST LGAs in Kano and Cross River (Nassarawa and Yakur LGAs respectively) with the aim of reaching 8,000 individuals with A/B messages.

In line with USG prevention team guidance, reinforcement of messaging through several intervention strategies will be the focus of GHAIN programming in COP08.

Every individual will be reached with a minimum of three interventions. GHAIN will ensure that each beneficiary is reached through community awareness campaign, peer education model and interventions addressing vulnerability issues were appropriate within the year. These will be reinforced by mass media campaigns.

Through community mobilization and dialogue this activity will particularly address norms affecting the behavior of women/girls and men/boys and inequalities between males and females that increase vulnerability to and the impact of HIV/AIDS. GHAIN will also mobilize communities to address norms/behaviors on cross generational and transactional sex. Community mobilization will equally promote increased male involvement in prevention activities, timely health seeking behaviors and address issues of stigma and discrimination.

An important partner in supporting the community at large, and youth in particular, to adopt and sustain abstinence/ be faithful behaviors is undoubtedly the faith community, leaders and organizations. Targeted and on-going advocacy will be conducted to ensure the religious leaders reinforce correct and consistent messages regarding HIV/AIDS prevention, stigma and discrimination as well as to promote health seeking behaviors and address social norms and inequalities that increase vulnerability to HIV/AIDS. Religious leaders will be mobilized and trained to include messages regarding HIV/AIDS in their weekly sermons in churches and mosques.

In addition, community based organizations (CBOs) and non-governmental organizations (NGOs) as well as influential individuals in the community will be strengthened to provide age and context appropriate information in an aim to create an enabling environment for sustained behavior change. This will be implemented through training, on-going mentoring and provision of technical assistance to build local capacity to design and manage innovative adolescent reproductive health (ARH) projects.

Rolling out this intervention will involve conducting formative assessment, advocacy, capacity building, trainings, community rallies and campaigns, peer education, SBC materials development and distribution, referrals, monitoring and evaluation. Support through mentoring and training will also be given to selected health facilities in the HAST LGAs to encourage youth friendly services for prevention and care.

Balanced AB messages will be provided during all community mobilization activities, with appropriate linkages and referrals made to HVOP programs for people in need of correct and accurate information about condom use. Referrals and linkages will be strengthened with other services, including palliative care, PMTCT, VCT, TB and ART to benefit from the demand creation activities of the community mobilization in pursuance of the PEPFAR 2-7-10 goals.

The activities will be implemented with technical support particularly from GHAIN's national and state-level strategic behavior communication/community mobilization units to intensify and expand community mobilization and capacity building activities. GHAIN will equip 15 individuals through training and other skills building activities to deliver correct and effective A/B messages.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

GHAIN will work with local FBOs and NGOs to carry out AB prevention activities with the general population through the intensification and expansion of community mobilization activities on AB and risk reduction. The AB activities will culminate in generating numbers for CT and PMTCT which serves as entry points for other services such as ART and palliative care. GHAIN will provide support for the integration of appropriate reproductive health messages into the "AB" programs. Most importantly, GHAIN will focus on building the capacity of these implementing agencies to effectively carry out sustainable HIV prevention activities, including development and dissemination of IEC materials, community mobilization, peer education activities, counseling services, referrals and linkages among others.

LINKS TO OTHER ACTIVITIES:

The AB activities will continue to be linked to HCT (3230.08), PMTCT (16296.08), ART (3233.08, 3231.08), TB (3228.08) programs, HBHC (3237.08) and other relevant services available in the community. GHAIN will ensure high quality HVAB data, through a sound information system that precludes double counting and ensures accountability. GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work 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, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

POPULATIONS BEING TARGETED:

This activity will target youth (in and out of school) and religious leaders.

EMPHASIS AREAS:

This activity includes an emphasis on local organization capacity building, human capacity development and gender

This activity will take consideration for increasing gender equity in HIV/AIDS programs through providing equal quality prevention services without discrimination in regards to sex, nationality, religion, creed, etc. Strategic efforts will be made to tailor prevention messages to match the environmental requirement of target audiences. The activity will also help deal with stigma reduction, male norms and behaviors as well as reducing violence and coercion through vigorous campaigns to educate people on the benefits of CT.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13039, 13041, 13042, 13043,
16296, 13038

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13042	3233.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Religious Leaders

Coverage Areas

Cross River

Kano

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16919.08

Activity System ID: 16919

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$45,000

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers not only the procurement but also the shipment, distribution and delivery of information, education and communication (IEC) and related materials developed for the promotion of abstinence and fidelity promoting initiatives as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR partners to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure IEC and promotional materials for the Department of Defense (DOD). Through its efforts in this program area, SCMS works towards ensuring uninterrupted availability of needed commodities for AB interventions for the encouragement and promotion of safer sexual behaviors ultimately targeting the general population.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. SCMS will support the DoD in the following areas of the supply chain cycle: product selection in accordance with the minimum package of AB interventions for appropriate targeting of the military and civilian populations reached through DOD's AB programming.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. translation into local languages).

The DoD's requests for prevention IEC materials will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner. Delivery arrangements will be determined with the DoD; SCMS will either deliver to a central location or to point of services as needed based on DOD's programmatic needs.

Under this program area, SCMS does not have targets of its own but supports DoD reaching their prevention planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

SCMS' activities will contribute to the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

POPULATION BEING TARGETED:

Youth and adolescent audiences, men and women in the military and supporting civilian populations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13077, 13078, 14085, 13079,
13080, 13081, 13083, 13084,
13085, 13086, 13087, 13088,
13089, 13090

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 544.08

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15652.08

Planned Funds: \$160,000

Activity System ID: 15652

Activity Narrative: ACTIVITY NARRATIVE:

Harvard/APIN+ will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. APIN+ will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities including condoms and other prevention (funded under that area). Through the involvement of APIN+ as a new partner in this activity PEPFAR Nigeria will extend its reach with AB services as APIN+ will be active in 8 states (Benue, Borno, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe) by the end of COP08. Through its other program areas APIN+ has a large population of HIV+ adults, adolescents and children to which it is already providing services; this group forms part of the core target population for AB messaging that is provided by APIN+ through its prevention with positives activities funded under care. In addition, APIN+ will target activities to HIV negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence. A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are reached with prevention interventions.

In COP08 APIN+ will implement this activity at both the facility and community levels to reach its target group with a minimum of three interventions. APIN+ will ensure that each beneficiary is reached through community awareness campaign, peer education models and peer education plus activities within the year.

Activities conducted at the local level by APIN+ will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign. APIN+ will target the general population within catchment areas of current care and treatment services. AB messages promoting abstinence, mutual fidelity and addressing issues of concurrent and multiple sexual partnerships will be balanced with concurrent condoms and other prevention messaging where appropriate and will be integrated with treatment and care services in current and proposed expansion sites totaling 40 sites (facility based comprehensive care sites, PMTCT sites, and HCT sites with their surrounding communities) in 9 states. Targets to be counted will be those individuals that were reached on a regular basis with the three strategies APIN+ will employ. The target for this intensive AB messaging campaign is 6,400 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 3,200 children and adolescents, particularly focused on those orphans and vulnerable children receiving both facility and home based support. A total of 380 health care providers, counselors, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging.

APIN+ collaborates with a community based organization (CBO) and with PLWHA support groups at its facilities and surrounding communities in other PEPFAR programming activities. These support groups and this CBO will also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA utilizing the peer education model, and to wider audiences through the peer education plus model and community awareness campaigns. To address stigma issues and in compliance with the GIPA principle, approximately 10 PLWHA from the pool of those receiving treatment at facilities who are living openly and positively will be trained using the peer education model on dissemination of ABC messaging. They will serve as peer educators to extended family members and members of their support groups. These trained PLWHA will in turn reach individual cohorts of at least 10 other persons from among their social peers. With 36 treatment facilities (including PMTCT sites), this will serve as an effective tool for reaching individuals in at least as many communities with balanced ABC messages.

A community awareness strategy will also be employed to serve the catchment areas of the hospital facilities which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will be disseminating balanced ABC messages to recipient communities and clients through focused group discussions and interpersonal communication. With an HCT target of 78,500 clients getting counseled, tested and receiving their results, a minimum of this many clients will receive balanced ABC messaging through this approach. The key messages that will be conveyed are delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs and promotion of need to ascertain HIV serostatus through HCT.

APIN+ will also implement the peer education model targeting job peers who are healthcare workers. Healthcare workers at each site will be trained (the exact number will vary based on facility size) using established National peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of balanced ABC messaging. It is anticipated that these healthcare workers will continually serve as conduits for age appropriate prevention messaging not only for their work peers but also for their social peers and for all clients with whom they come in contact.

A focus of the program in COP08 will be improvement of the integration of prevention activities into the HIV care and treatment settings; specifically, healthcare providers and lay counselors in care and treatment settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of abstinence, be faithful, and correct/consistent condom use education will be tailored to the needs and social situation of each individual client in its presentation. In addition to the integration of such services into the HIV-specific treatment setting, prevention activities will be assimilated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health services including, family planning counseling, sexually transmitted infection management and counseling, and risk-reduction counseling.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

APIN+ AB activities emphasize integration of prevention activities with treatment and care services. Use of the community awareness campaigns, the peer educator model, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging, including integration with condom messaging, from society-attributed sources of credible information – healthcare workers and

Activity Narrative: PLWHA. This program will contribute to the Global HIV/AIDS Strategy by reaching 6,400 people with AB messaging and 3,200 people with abstinence only messaging in a comprehensive approach. The activities will also address issues of stigma and discrimination through the education of individuals and communities reached.

LINKS TO OTHER ACTIVITIES:

AB activities relate to HCT (5424.08), by increasing awareness of HIV. It also relates to care and support activities (5369.08) through dissemination of information by home based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to condoms and other prevention (9216.08) as a complementary prevention strategy and to OVC programming (5415.08) by targeting orphans and vulnerable children.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youths and adults accessing HCT services at either static or mobile within catchment areas of the treatment sites, support group members and immediate families of PLWHA. Other target populations include discordant couples, pregnant women and religious leaders.

EMPHASIS AREAS:

AB programming emphasizes local organization capacity building, human capacity development and efforts to increase gender equity in HIV/AIDS programs.

AB activities promote a rights based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key to the program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13051, 16297, 13054, 13055, 13056, 13057, 13058, 13049, 13060, 13062

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,200	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	380	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Borno

Enugu

Kaduna

Lagos

Oyo

Plateau

Yobe

Benue

Ebonyi

Ogun

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15655.08

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$200,000

Activity Narrative: ACTIVITY DESCRIPTION:

AIDSRelief (AR) is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA) of which three (CRS, IHV, CF) are operational in Nigeria. AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLWHA, their family, communities and health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and high quality medical care.

AR will be a new partner in Nigeria in the program area of Abstinence/Be Faithful (AB) in COP08. AR will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached through a balanced portfolio of prevention activities. Through the involvement of AR as a new partner in this activity, PEPFAR Nigeria will extend its reach with AB services in more states and communities.

The program will support Local partner treatment facility (LPTF) activities targeting HIV + clients, their families and communities who access care at these points of service. Prevention priorities will include behavior change for risk reduction and risk avoidance, counseling and testing. All sites will provide education to patients and community health volunteers on secondary prevention.

The goal of the program is to be focused on the communities targeted and to cover those communities with messages conveyed through multiple fora. Utilizing such a methodology, a large number of people will be reached with messages via one method or another, but the counted group will be those individuals that would have received AB messaging: (1) on a regular basis and (2) via the three strategies AR will employ (community awareness campaigns, peer education models and peer education plus activities). The target for this intensive AB messaging campaign is 8,000 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 4,000 children and adolescents, especially orphans and vulnerable children receiving both facility and home based support. In COP08 AB services will be offered through 30 local partner treatment facilities (LPTF), 20 satellite sites and 3 community based programs in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau and Taraba.

A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure that these age groups will be reached with prevention interventions.

The strong community and adherence programs developed by LPTFs in the AR program will continue to serve as the foundation for outreach to communities. In COP08, the program will continue to ensure that all sites provide education to patients and community health volunteers on secondary prevention. Couple centered AB prevention will also be emphasized. Prevention activities will include distribution of patient education materials, community sensitization, increased couple testing, promotion of LPTF couple support groups, and advocacy for risk reduction strategies for discordant relationships. High risk reduction measures will include treatment of sexually transmitted infections (STIs). Couples will be treated at LPTFs or other referral centers that offer specialized treatment for STIs.

Fidelity in relationships will be promoted through information, education and communication (IEC) materials and enlisting the support of religious leaders in community-led peer education plus activities such as drama groups. Messages will also target the reduction of high risk behaviors such as alcohol abuse, drug use, and transactional/cross generational sex. With the family-centered approach, primary prevention messages will be provided to families of those affected by HIV/AIDS, especially children. These messages will focus on abstinence and avoidance of high risk behaviors. Linkages with CRS' OVC program will further promote messages that emphasize abstinence and fidelity and the avoidance of high risk behaviors. AR will explore with its faith-based partners opportunities for extending these messages into faith-based schools and developing peer educators in the schools. Catholic Relief Services has experience in such programs through its Track 1 grant in Ethiopia, Rwanda and Uganda and will draw on this experience and materials already developed to further engage youth in culturally appropriate AB activities.

Training will be an integral part of this program and will be directed at facility staff, community level staff and religious leaders. A total of 240 facility staff plus 320 community volunteers and religious leaders will be trained and given adequate skills to be able to promote abstinence and being faithful messages to patients, their families and communities. Thus a total of 560 persons will be trained.

Strategic information (SI) is crosscutting in all program areas. AIDSRelief SI activities will incorporate program level reporting, enhancing the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assuring data quality and continuous quality improvement, and using SI for program decision making across all LPTFs. In COP08, AR will carry out site visits to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. It will also capture and report on individuals reached with abstinence and be faithful prevention messages using relevant data collection tools and the PMM system.

AR has developed a Sustainability Plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program, through its comprehensive programming, has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In COP08, the program will further build on this foundation to work with catholic nursing schools to incorporate comprehensive HIV/AIDS training modules into the existing curriculum to ensure continuity of skills training. The program will also support linkages between LPTFs and the Nigerian Ministry of health to

Activity Narrative: tap into locally available training institutions. AR will particularly focus on its relationship with indigenous organizations such as the Catholic Secretariat of Nigeria (CSN) to build their institutional capacity, both programmatic and financial, to support local partners. These strategies will enable AR to fully transfer its knowledge, skills and responsibilities to in-country service providers as part of the program's sustainability plan.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AR AB activities emphasize the integration of prevention activities with treatment and care services. Use of community awareness campaigns, the peer educator model, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging. This activity contributes to the USG target of preventing 1,145,545 new infections by 2009 through the promotion of AB and A-only messaging in a comprehensive approach.

LINKS TO OTHER ACTIVITIES:

AB activities relate to HCT (5550.08) by increasing awareness of HIV. It also relates to care and support activities (5552.08) through dissemination of information by home based care providers and ultimately by decreasing demand on care services through decreased prevalence and to OVC programming (5547.08) by targeting orphans and vulnerable children.

The program will also seek to link up with other CBOs/FBOs that serve the same geographic areas, as well as partners working in other sectors, wherever possible to collaborate on meeting the needs of the community.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youths and adults accessing HCT services, support group members and family members of PLWHA.

EMPHASIS AREAS

This activity has an emphasis on training and community mobilization.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12994, 12997, 12999, 13000, 13004

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	560	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

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

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3809.08

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15656.08

Activity System ID: 15656

Mechanism: HHS/CDC Track 2.0 ECEWS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$25,000

Activity Narrative: ACTIVITY DESCRIPTION:

ECEWS will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. ECEWS will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities including condoms and other prevention (funded under C&OP). Through the involvement of ECEWS as a new partner in this activity, PEPFAR Nigeria will further its development of an integrated comprehensive prevention portfolio. ECEWS' goal for its new activities in the AB program is to contribute to a reduction in HIV prevalence among youths, particularly in the most at risk age group of 15-24 year olds, and to promote mutual fidelity among married adults. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are effectively reached with prevention interventions.

This activity will be implemented at the community level and will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign. In COP08, ECEWS will implement AB programming in underserved areas in Nigeria and will couple these activities with condoms and other prevention program services where appropriate and with counseling and testing program services. Priority populations targeted by ECEWS are female out of school youths (Hairdressers, itinerant street vendors), uniformed service personnel and their families (Navy, prisons, customs and police). These target groups will be reached with awareness campaigns, peer education models, and peer education plus approach derived from the recommended minimum package.

This first year of funding will include a situation analysis that will be used to guide specific activities to be conducted under each strategy in the target communities. Efforts will be made to identify gaps in the AB programming and so that ECEWS can effectively work within and contribute to a comprehensive and harmonized national program. ECEWS will provide services in a total of 30 sites (25 sites inclusive of condom and other prevention activities and 5 schools) in 2 states (Akwa Ibom and Cross River).

The goal of the program is to be focused on the communities targeted and to saturate those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one strategy or another, but the target group will be those individuals that will have received AB messaging: (1) on a regular basis and (2) via at least three of the four strategies ECEWS will employ (community awareness campaigns, peer education models, peer education plus activities, and school based activities). The police and other uniformed service men, incarcerated persons, and in-school and out-of-school youth will be reached with AB messages. The target for this intensive AB messaging campaign is 1,000 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 500 children and adolescents, particularly focused on in-school youths and orphans and vulnerable children receiving home based support. A total of 30 health care providers, counselors, teachers, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging.

ECEWS will collaborate with community based organizations (CBOs), faith based organizations (FBOs), and PLWHA support groups in the communities in which it will be conducting other PEPFAR programmatic activities. These support groups will also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA utilizing the peer education model. The CBOs and FBOs will serve as appropriate partners in reaching wider audiences through the peer education plus model and community awareness campaigns conducted under the supervision of ECEWS and will include activities such as drama presentations, musical events, and road shows/rallies.

ECEWS also has experience in conducting school based approaches to HIV education and under this program will serve 5 schools in its communities. School based programs will include interactive learning activities that focus on acquisition of skills-based HIV education.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The funding in this activity area will contribute to the overall PEPFAR goals of preventing further infections and reducing HIV rates in Nigeria. It will also help to lay the foundation for more sustainable programs.

LINKS TO OTHER ACTIVITIES:

This activity will be integrated with Other Prevention (#5656.08), Basic Care and Support (#15657.08), TB/HIV (#15658.08), OVC, (#15659.08) Counseling and Testing (#15660.08), and SI (#15674.08).

POPULATIONS BEING TARGETED:

The focus population for this activity will be youth, young adults and particularly, young women and girls, and in school youths. It will also target community/religious leaders and parents.

COVERAGE AREAS:

Akwa Ibom and Cross River States

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13033, 15657, 15658, 15659, 15660, 15674, 16907

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13033	5656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$267,000
15657	15657.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$95,000
15658	15658.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$50,000
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
16907	16907.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$275,000
15674	15674.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$15,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	30	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Religious Leaders

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 632.08

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15651.08

Activity System ID: 15651

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$287,000

Activity Narrative: ACTIVITY NARRATIVE:

ACTION will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. ACTION will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached through a balanced portfolio of AB prevention activities. Through the involvement of ACTION as a new partner in this activity, PEPFAR Nigeria will extend its reach with AB services into focused communities in six states (Plateau, FCT, Benue, Kaduna and Kano and Edo). Through its other program areas ACTION has a large population of HIV+ adults, adolescents and children to which it is already providing services; these associated points of service will be utilized as referral centers for any clients that may be interested in HCT as a result of AB services. In addition, ACTION will target activities to HIV negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence. A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4). A good number of youth and young adults in this age group are in tertiary educational institutions where they can be accessed for appropriate AB messages. It is expected that a combination of prevention messaging approaches will ensure they are reached with prevention interventions and will facilitate behavior change.

In COP08 ACTION will implement this activity at tertiary educational institutions (Polytechnics and Universities) that are located in cities where linkages are available to treatment centers so that as AB messages are delivered and individuals are interested in getting tested, there will be appropriate linkages where necessary. ACTION will work principally at the educational institutions but will have spill over to the community levels utilizing a combination of multiple strategies in this implementation. These will include; (1) community awareness campaigns specifically focusing on Small Group Discussions (SGD) that will be based on departmental levels; (2) school based approach which will leverage existing curricula developed jointly by the Federal Ministry of Education and the Society for Family Health ; and (3) peer education plus activities focusing on drama groups.

The curriculum will be used to train lecturers and guidance counselors who will now provide AB messages in their routine teachings. Students will also receive AB messages from SGD that will be based in the different departments. In addition, ACTION will implement this activity through the peer education plus activities by supporting a dance drama group that will perform in these same targeted institutions. These dramas will have culturally and age group relevant scripts written by a professional consultant using input from the SGD. The content will be piloted for acceptability and accurateness of the messages before performances are carried out to these institutions.

Activities conducted at the local level by ACTION will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign. AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate and will be integrated with other PEPFAR services being provided at five hospital networks and their surrounding communities which will serve as the centers for referrals for ACTION prevention activities in the coming year in the six states. The goal of the program is to be focused on the school communities targeted and to saturate those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received AB messaging: (1) on a regular basis and (2) via the three strategies ACTION will employ (community awareness campaigns, school based programming and peer education plus activities). The target for this intensive AB messaging campaign is 11,480 individuals. A total of 700 persons made up of teachers, guidance counselors, school health care workers, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging.

ACTION will also collaborate with International Institute of Christian Studies (IICS) an NGO that has worked with the Nigerian Federal Ministry of Education and has implemented effective AB services in secondary schools in Nigeria. This program will be carried out in accordance with the USG and GoN HIV/AIDS five-year plan. Through this mechanism ACTION will liaise with several community based organizations (CBOs), faith based organizations (FBOs), and support groups at its facilities and surrounding communities in other PEPFAR programming activities. These CBOs, FBOs and support groups will serve as appropriate partners in the dissemination of balanced ABC messaging to catchment populations utilizing the peer education model. These CBOs as secondary beneficiaries will be invited to concerts organized in these institutions so that ABC messages would be reinforced. IICS will organize these activities in tertiary educational institutions under the supervision of ACTION and will include activities such as dance drama presentations, musical events and focus group discussions. In collaboration with the HCT program area, ACTION will also support the establishment of HCT services in these institutions so that on-site HCT and condom outlet services will be available, thereby complementing the balanced AB messaging campaign.

Another focus of the program in COP08 will be improvement of the linkages between appropriately balanced ABC services and HCT/HIV treatment activities. The incorporation of HIV AB messages by lecturers who have access to this age group on a regular basis will institutionalize the AB services. In addition prevention activities will be assimilated into points of health care service in each institution including, family planning counseling, sexually transmitted infection management and counseling, and risk-reduction counseling.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ACTION AB activities emphasize integration of prevention activities with treatment and care services. Use of the community awareness campaigns, the school based programs, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging, including integration with condom messaging, from society-attributed sources of credible information – educators, healthcare workers and related populations of PLWA. This program will contribute to the Global HIV/AIDS Strategy by reaching 11,480 people with AB messaging and 5,740 people with abstinence only messaging in a comprehensive approach. The activities will also address issues of stigma and discrimination through the education of individuals and communities reached.

LINKS TO OTHER ACTIVITIES:

AB activities relate to HCT (5550.08), by increasing awareness of HIV. It also relates to care and support activities (5552.08) through dissemination of information by home based care providers and ultimately by

Activity Narrative: decreasing demand on care services through decreased prevalence. Linkages also exist to condoms and other prevention (9208.08) as a complementary prevention strategy and to OVC programming (5547.08) by targeting orphans and vulnerable children.

POPULATIONS TARGETED:

Key populations targeted are youths (particularly university and polytechnic students), teachers and adults accessing HCT services at either static or mobile sites within catchment areas of the treatment sites

EMPHASIS AREAS:

Emphasis will be on human capacity development. AB activities promote a rights based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key features of the program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13109, 13110, 13111, 13112,
13113, 13115, 13117

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	11,480	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,740	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	700	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Teachers

Coverage Areas

Benue

Kaduna

Plateau

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2768.08

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15654.08

Planned Funds: \$120,000

Activity System ID: 15654

Activity Narrative: ACTIVITY NARRATIVE:

ICAP-CU will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. ICAP-CU will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities including condoms and other prevention. Through the involvement of ICAP-CU as a new partner in this activity, PEPFAR Nigeria will extend its reach with AB services as ICAP-CU will be active in six states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna, and Kogi) by the end of COP08.

ICAP-CU is currently providing prevention messages for positives (funded under care) to its large population of adults, adolescents and children, and will add on AB messaging to these prevention activities for increased balanced messaging.

In addition, ICAP-CU will target activities to HIV-negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence. A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are reached with prevention interventions.

In COP08 ICAP-CU will implement this activity at both the facility and community levels utilizing a combination of multiple strategies in this implementation, including community awareness campaigns, peer education models, peer education plus activities, and workplace activities (specifically Greater Involvement of People with HIV/AIDS, or GIPA). Activities conducted at the local level by ICAP-CU will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign. AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate and will be integrated with other PEPFAR services being provided at 25 hospital networks and their surrounding communities which will serve as the platform for ICAP-CU prevention activities in the coming year in six states. The goal of the program is to be focused on the communities targeted and to cover those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received AB messaging: (1) on a regular basis and (2) via at least three of the four strategies ICAP-CU will employ (community awareness campaigns, peer education models, peer education plus activities, and workplace programs). The target for this intensive AB messaging campaign is 4,800 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 2,400 children and adolescents, particularly focused on those orphans and vulnerable children receiving both facility and home based support. A total of 375 health care providers, counselors, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging.

ICAP-CU collaborates with several community based organizations (CBOs), faith based organizations (FBOs), and PLWHA support groups at its facilities and surrounding communities in other PEPFAR programming activities. These CBOs, FBOs and support groups will also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA utilizing the peer education model, and to wider audiences through the peer education plus model and community awareness campaigns. The community and peer education plus activities will be organized through CBOs and FBOs under the supervision of ICAP-CU and will include activities such as drama presentations, musical events, and road shows/rallies. To address stigma issues and in compliance with the GIPA principle, approximately 10 PLWHA from the pool of those receiving treatment at facilities who are living openly and positively will be trained using the peer education model on dissemination of ABC messaging. They will serve as peer educators to extended family members and members of their support groups. These trained PLWHA will in turn reach individual cohorts of at least 10 other persons from among their social peers. With 50 facilities (including PMTCT sites), this will serve as an effective tool for reaching individuals in at least as many communities with balanced ABC messages.

A community awareness strategy will also be employed to serve the catchment areas of the hospital facilities which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will be disseminating balanced ABC messages to recipient communities and clients through focused group discussions and interpersonal communication. With an HCT target of 112,500 clients getting counseled, tested and receiving their results, a minimum of this many clients will receive balanced ABC messaging through this approach. The key messages that will be conveyed are delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs and promotion of need to ascertain HIV serostatus through HCT.

ICAP-CU will also implement the peer education model targeting job peers who are healthcare workers. Healthcare workers at each site will be trained (the exact number will vary based on facility size) using established national peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of balanced ABC messaging. It is anticipated that these healthcare workers will continually serve as conduits for age appropriate prevention messaging not only for their work peers but also for their social peers and for all clients with whom they come in contact.

A focus of the program in COP08 will be improvement of the integration of prevention activities into the HIV care and treatment settings; specifically, healthcare providers and lay counselors in care and treatment settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of abstinence and be faithful, and correct/consistent condom use education will be tailored to the needs and social situation of each individual client in its presentation. In addition to the integration of such services into the HIV-specific treatment setting, prevention activities will be assimilated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health

Activity Narrative: services including, family planning counseling, sexually transmitted infection management and counseling, and risk-reduction counseling.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ICAP-CU AB activities emphasize integration of prevention activities with treatment and care services. Use of the community awareness campaigns, the peer educator model, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging, including integration with condom messaging, from society-attributed sources of credible information – healthcare workers and PLWHA. This program will contribute to the Global HIV/AIDS Strategy by reaching 4,800 people with AB messaging and 2,400 people with abstinence only messaging in a comprehensive approach. The activities will also address issues of stigma and discrimination through the education of individuals and communities reached.

LINKS TO OTHER ACTIVITIES:

AB activities relate to HCT (5550.08), by increasing awareness of HIV. It also relates to care and support activities (5552.08) through dissemination of information by home based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to condoms and other prevention (9208.08) as a complementary prevention strategy and to OVC programming (5547.08) by targeting orphans and vulnerable children.

POPULATIONS TARGETED:

Key populations targeted are youth, OVC, PLWHA, adults accessing HCT services at either static or mobile within catchment areas of the treatment sites, support group members and immediate families of PLWHA.

EMPHASIS AREAS:

Emphasis areas include human capacity development, workplace programs and gender.

AB activities promote a rights based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key to the program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13021, 13024, 13025, 13028, 13032, 13027

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,800	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,400	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	375	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Akwa Ibom
 Benue
 Cross River
 Gombe
 Kaduna
 Kogi

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 554.08 **Mechanism:** DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs
Budget Code: HVAB **Program Area Code:** 02
Activity ID: 9771.08 **Planned Funds:** \$50,000

Activity System ID: 13163

Activity Narrative: ACTIVITY DESCRIPTION:
 This activity represents funding for a contracted Nigerian program officer for activities in the area of prevention through Abstinence and Being Faithful (AB) activities. The program officer spends 50% of her efforts in AB and the other 50% of her time in Other Prevention. The budget includes one FSN salary at 50% effort, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a Technical Assistance visit for one week of in-country support by a seasoned prevention expert from the Walter Reed Project Kenya who will provide TA and mentorship in the area of AB. TA assistance may also be provided by the USMHRP's site staff in Uganda, Tanzania or HQ.

The prevention program officer will work as a member of the USG Prevention Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Prevention Working Group. The prevention program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site prevention programs. The prevention program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9771

Related Activity: 13162, 13164, 16942, 16939, 16940, 16941, 13165, 13166, 13167, 13168, 15677

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25205	9771.25205.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$59,950
9771	9771.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613
15677	15677.08	7227	7227.08	DoD Track 2.0 CSCS	US Department of State	\$131,128

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5268.08

Prime Partner: Winrock International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9766.08

Activity System ID: 13173

Mechanism: USAID Track 2.0 Winrock AIM

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$1,000,000

Activity Narrative: ACTIVITY NARRATIVE:

This activity relates to activities in Condom and other Prevention (9783.08), Orphans and Vulnerable Children (9882.08) and Palliative Care (9841.08). This submission is for COP 08.

AIM in COP08 will continue to strengthen CBO/FBO capacity to facilitate behavior change amongst Commercial Sex Workers (CSWs) through programs that facilitate reduced dependency on transactional sex by the provision of income generating activities (IGA) for alternative livelihood. This program will be carried out in 15 PEPFAR states; Lagos, Oyo, Edo, Anambra, Imo, Cross River, Benue, Nassarawa, FCT, Niger, Plateau, Bauchi, Kano, Adamawa and Borno. Behavior change activities including messages on partner and risk reduction will focus primarily on Commercial Sex Workers, their clients and members of the project communities. In line with current guidance by USG prevention team, in COP08, a minimum package of interventions will be employed utilizing a minimum of three interventions to reach each individual. Minimum package interventions will include; interventions addressing vulnerability issues, IGA, peer education models and community awareness campaigns.

Commercial Sex Workers: This is the primary target audience for behavior change activities. AIM will reach this group by addressing their vulnerability issues as well as promoting partner and risk reduction. AIM will address vulnerability issues by providing Income Generating Activities (IGA) to reduce their dependence on transactional sex and promoting safer sex practices. Under this program, 2000 CSWs will receive business development, vocational training and in-kind grants (worth \$300 -\$450) designed to create an alternate income to transactional sex. AIM Partners will encourage CSWs to adopt the cooperative model with income-generating activities as a peer support strategy to keep them out of transactional sex. Other activities, such as training on life skills, stigma reduction and gender issues, will be conducted in order to build the CSW's self esteem and sustain behavior change.

Secondly AIM will use the Peer Education model to promote the reduction of sexual partners and the adoption of safer sex practices among CSW and their clients. AIM will identify 75 former CSWs (five per state) who will be trained as peer educators to encourage and sustain behavior change amongst the CSWs. These peer educators will be trained on interpersonal communication and empowered as positive peers. The peer educators will also be provided with supporting materials to provide counseling and mentoring to their peers and clients on the benefits of alternative livelihood, abstinence, increased fidelity and partner reduction.

Thirdly, recognizing that during these processes some CSWs may continue with transactional sex until they have alternate livelihoods established, AIM will conduct awareness campaigns to provide clinically accurate information on correct and consistent condom use to reduce the risk of HIV infections as described in the C&OP program area narrative. Community awareness activities will also provide information on the opportunities for income generating programs, life and vocational skills acquisition for alternative livelihoods.

AIM partners will establish linkages with USG treatment- Implementing Partners who provide HCT services and will encourage CSWs to access counseling and testing services in the communities. AIM will collaborate with other PEPFAR partners, GON programs to provide the CSWs access to STI management.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The prevention component of AIM will specifically address the 2007 Prevention Technical Assessment's recommendation to develop activities that are explicitly designed to prevent cross-generational and transactional sex, a key component of a successful and comprehensive prevention program. Comprehensive ABC education will be provided. The combination of strategies is expected to increase risk-perceptions of CSWs and their clients, promote condom use and increase ability to negotiate safer sex by CSWs and their clients. This activity will contribute to the overall PEPFAR goal of averting new infections while also contributing to poverty reduction.

LINKS TO OTHER ACTIVITIES:

Winrock AB activities also relates to Condom and other Prevention (9783.08), Orphans and Vulnerable Children (9882.08) and Palliative Care (9841.08). AIM will link its activities with other PEPFAR partners' activities to ensure strong referrals, comprehensive prevention, care and treatment services.

POPULATIONS BEING TARGETED:

Commercial sex workers and their clients are the populations being targeted. This activity promotes alternatives for women already engaged in transactional sex work and wishing to move into another line of work to reduce their vulnerability.

EMPHASIS AREAS:

Emphasis areas include gender and human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9766

Related Activity: 13174, 13175, 13176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24960	9766.24960.09	U.S. Agency for International Development	Winrock International	10615	5268.09	USAID Track 2.0 Winrock AIM	\$522,500
9766	9766.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13174	9783.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$350,000
13175	9841.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$330,000
13176	9882.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$2,000,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	75	False

Target Populations

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Adamawa

Anambra

Bauchi

Benue

Borno

Cross River

Edo

Federal Capital Territory (Abuja)

Imo

Kano

Lagos

Nassarawa

Niger

Oyo

Plateau

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5313.08

Activity System ID: 13150

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$555,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to activities in PMTCT (3246.08), Condoms and Other Prevention (5362.08), Counseling and Testing (3241.08), Care and Support (3247.08), TB/HIV (3240.08), OVC (5409.08) and ARV Services (3243.08).

Epidemiologic evidence indicates that throughout the world men and women in the military are amongst the most susceptible sub-populations to Sexually Transmitted Infections (STIs), including HIV. In many African countries, uniformed services report HIV prevalence rates higher than national averages. In Cameroun, Nigeria's neighbor to the east, an HIV rate of 6.2% was reported in the military compared to 2% in the general populations in 1993. In Malawi, 25% to 50% of army officers are already HIV positive.

HIV prevalence figures are unavailable in the public domain for Nigeria's over 150,000 strong armed forces, since force world wide HIV testing has not been published; however Nigeria is Africa's largest contributor of troops including military observers and civilian police to UN peace keeping missions.

The military community is also considered a high risk environment for HIV transmission. This is based on a range of factors which include; danger and risk associated with the profession; personnel tend to be young, single and sexually active; personnel are highly mobile and stay away from families/home communities for extended periods; influenced by peers rather than social convention; inclined to feel invincible and take more risks and have ready cash than other males where they are deployed and hence surrounded by opportunities for casual and commercial sex.

It is based on this evidence, that the US Department of Defense (DOD) in partnership with the Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free access to prevention services in 14 military facilities and communities.

In COP08, the program will expand to six new sites. The criteria used for expansion site selection were established in coordination with the NMOD. Criteria include military strategic importance, geographical coverage and the HIV/AIDS related needs of the military communities.

In addition, to these site expansions, DoD will ensure that every individual reached through this AB strategy, will be provided with a minimum of three interventions; which will include: community awareness, peer education and one other targeted strategy within the year. The other targeted intervention will be drawn from PE Plus activities, workplace or vulnerability programmes.

The planned activities, which will implemented to achieve these strategies include: Strengthen the DOD-NMOD partnership with the Armed Forces Programme on AIDS Control (AFPAC), an existing structure which coordinates prevention services for Nigerian Armed Forces. The DOD will support AFPAC in the training of 400 peer educators and 50 Trainer-of-Trainers on HIV/AIDS prevention by promoting abstinence, being faithful to one's partner and correct and consistent condom use (to be funded under OP) and skills (AB).

Training which will encourage specific promotion of AB messaging during pre-deployment and recruitment training. All prevention messaging will include promotion of HCT and referrals will be provided to the nearest military site providing HIV/AIDS/STI related services. An estimated total of 4,000 military and civilian personnel will be reached by peer educators with programming on HIV/AIDS prevention through AB.

DOD will partner with AFPAC to improve and reproduce Information, Education and Communication (IEC) materials to encourage and reinforce AB messages and information among military personnel. Materials will be vetted through DOD and the USG Prevention Technical Working Group prior to reproduction. These materials will be expected to reach 100,000 people whom will include both military and civilians. However, these individuals are not counted towards DOD's AB targets since distribution of materials may not be sufficient to consider a target "reached."

Another strategy is to increase the knowledge and build the capacity of HIV/AIDS prevention through abstinence among in-school youth in military barracks. Utilizing existing infrastructure and indigenous organizations such as the Society of Students Against Infectious-Diseases Trust, abstinence skills-based training will be provided to approximately 800 in-school youth.

Efforts will focus on recruiting young girls to be trained. Funding will support logistics (e.g., manual production), training and support for each military school to conduct abstinence-only HIV/AIDS programming involving those trained. Training and programming will promote abstinence only messaging and skills fostering youth empowerment and knowledge sharing to reach a total of 4,000 in-school youth. The training will be expanded to reach out-of-school youth and will incorporate being faithful to one's partner and condom messages (utilizing Other Prevention funds) as appropriate.

Out-of-school youth will be accessed via youth centers, religious centers, recreational and the "mammy markets". This activity will train 200 and reach 1,000 out of school youth with skills and messaging around abstinence and being faithful, condom use. In addition, income generating skills will be incorporated into the out- of -school AB training.

The DOD will also strengthen the capacity of existing groups such as the Officers' Wives Clubs (OWCs) to conduct AB awareness and education activities. These OWCs have unique access to senior military officers, personnel wives, "Magajia's (women who control the barrack accommodation blocks and mammy markets) and other females within and around the barrack communities.

The OWCs will implement outreach events and training activities within these 20 barracks to reach 500 women at each site, totaling an estimated 10,000 women and an additional 5,000 individuals including military personnel, their families and other civilians located within and around the barracks.

The DOD will continue to expand efforts with military based religious communities in order to reinforce AB messaging, awareness and education. The DOD will support training through the Directorate of Islamic

Activity Narrative: Affairs and Directorate of Christian Services to reach 100 Imams and Priests from its 20 sites on HIV/AIDS education and prevention. These Imams and Priests will conduct abstinence and marital fidelity related forums, workshops, and activities. They will provide AB related information on a continuous basis to an estimated number of 2,000 persons, which will include the personnel, their families and other civilians and clergy.

AB messages will also be provided to all individuals accessing HCT, Care and Support, ARV and PMTCT services at military sites.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

In conjunction with other DOD activities, and those of other partners, 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 activity will contribute to the PEPFAR overall aim of reducing HIV infection rates in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in PMTCT (3246.08), Condoms and Other Prevention (5362.08), Counseling and Testing (3241.08), Care and Support (3247.08), TB/HIV (3240.08), OVC (5409.08), and ARV Services (3243.08).

POPULATIONS TARGETED:

This activity targets the military, civilian employees, their dependents, and the communities surround military sites. In particular, this activity targets in- and out-of-school youth and youth drafted into formal military service.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development and gender. This activity will address gender equity in programming through activities targeting young girls and women.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6803

Related Activity: 13149, 13152, 13153, 13154, 13155, 13156, 13158, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25190	5313.25190.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$314,000
6803	5313.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$150,000
5313	5313.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	22,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,800	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,550	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Religious Leaders

Coverage Areas

Cross River

Enugu

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Borno

Delta

Oyo

Plateau

Rivers

Benin

Anambra

Edo

Imo

Kano

Niger

Sokoto

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1532.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5347.08

Activity System ID: 13122

Mechanism: USAID Agency Funding

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$381,284

Activity Narrative: ACTIVITY DESCRIPTION:

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 one program officers, three program assistants and an administrative assistant. The program officer for sexual transmission and one program assistant 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 have increased dramatically over the past year and are anticipated to continue to increase as the APS identifies additional local faith-based and community-based partners. The strategic shift undertaken by the Prevention TWG to mandate a minimum package of prevention services will also require a significant level of programmatic reorientation by the partners, and a robust prevention team will provide the technical leadership required for an appropriate response. 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.

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.

The budget represents the loaded costs for this AB prevention team, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6776

Related Activity: 13121, 13123, 13124, 13125,
13126, 16938, 13127, 13128,
13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24937	5347.24937.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$453,140
6776	5347.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$280,000
5347	5347.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$117,422

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1561.08

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9833.08

Planned Funds: \$15,000

Activity System ID: 13133

Activity Narrative: ACTIVITY DESCRIPTION:

This AB activity relates directly to all Nigeria AB COP08 activities as part of the USG technical oversight role. The USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria has one full time staff position for HIV Sexual Transmission, which was previously approved in COP07. The budget includes funding for 25% of one FSN salary, funding for required domestic travel, training funds and allocated minor support costs. This staff member will be supervised by a Senior Prevention Manager funded under HHS/CDC M&S. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP).

This HHS/CDC HIV Sexual Transmission program specialist will work in close coordination with the USAID and DoD prevention staff and directly provide quality assurance and program monitoring to all HHS-supported implementing partners with AB programs including: University of Maryland-ACTION (#15651.08), Harvard SPH-APIN (#15652.08), Columbia University SPH-ICAP (#15654.08), Catholic Relief Services-AIDSRelief (#15655.08); and 1-2 AB partners to be determined by RFA awards in FY08 (#14086.08). HHS/CDC PMTCT staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#15661.08), CEDPA (#9759.08), Society for Family Health (#5316.08), Population Council (#5315.08), Christian AID (#9764.08), Catholic Relief Services-7 Dioceses (#5312.08), Winrock International (#9766.08, Hope Worldwide (#5343.08), Food for Hungry (#5314.08), LMS Associates (#15641.08) and USAID APS awards (#9747.08) for COP08. USAID and CDC AB staff will provide assistance as needed to the U.S. Department of Defense (#5313.08) program with the Nigerian Ministry of Defence.

HHS/CDC, DoD and USAID prevention staff will also provide technical support and capacity development to new partners undertaking AB 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's national prevention guidelines. The staff member under this activity will provide monitoring and support to 15-18 implementing partners in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9833

Related Activity: 15656, 14086, 15654, 15652, 15651, 15655

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25969	9833.25969.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$94,574
9833	9833.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$27,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3682.08

Prime Partner: Society for Family Health-
Nigeria

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5316.08

Activity System ID: 13096

Mechanism: USAID Track 2.0 SFH

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$7,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

Society for Family Health (SFH's) goal for its abstinence and be faithful activity is to contribute to a reduction in HIV prevalence among youths aged 15-24 years and to promote mutual fidelity among married adults. This activity is implemented at community level and completed with national level mass media campaigns. According to the 2005 sentinel survey, HIV prevalence among youths aged 15 – 24 years in Nigeria is higher at 4.7% compared to the national average of 4.4%. Research shows a significant increase in the proportion of 15-19 year olds who have never had sex, for males the proportion significantly increased from 77% to 83.0% and for females from 73.0% to 80.1%. However, some youths still engage in high risk behaviours; about a third of males and 10% of females reported having sex with non marital partners. SFH therefore has been conducting targeted HIV prevention interventions among youth groups. Communities are defined by target groups and for HVAB these include male and female in and out of school youths. Sites are the geographical locations where these communities exist.

In COP07, SFH worked in 38 new sites making a cumulative total of 114 out of school youth sites. In COP08, the community level activities will be scaled up in 40 sites and in 27 states from 20 sites in COP07. SFH will continue to ensure that prevention activities are scaled up using an appropriate mix of evidenced based strategies of sufficient intensity and duration to achieve maximum coverage and uptake of services that will prevent new transmission and ensure health impact. SFH will further roll out the Peer Education Plus (PEP) model earlier developed and tested among high risk groups. The PEP model is a theory driven and evidence based 12 month intervention implemented in three phases. The community entry phase comprises mapping, advocacy visits, open community meeting and a baseline study; the intensive phase (peer education sessions using target specific manuals, drama, IEC materials and product distribution); and the exit phase (building of CBO capacity to take over program implementation). The 'plus' include non-peer education components such as drama, IEC/audio visual materials, working with influencers and gatekeepers, and provision of HIV counseling and testing services and treatment for STIs. The key messages are delay in sexual debut, secondary abstinence, and mutual fidelity, prompt and complete treatment of all STIs. On the whole, SFH will train 15,000 persons who will reach 280,000 persons with AB messages of which 35,000 persons will be reached with abstinence only messages.

SFH is currently piloting the Participatory Ethnographic Evaluation Research (PEER) approach to have insight into factors that can influence behavior change among the youth, in order to improve female participation in HIV prevention efforts. SFH completed the research phase of the PEER approach in FY06 and findings from the research, currently inform program interventions. Additional states where female participation is poor will be identified in FY08 for the implementation of the PEER. Interventions will include peer education, community outreaches, and service provision for HCT.

SFH deployed community radio listening groups in partnership with Voice for Humanity in four states in FY07 and results from participatory monitoring and evaluation reveal that the device was well received among youths and the wider community. SFH will scale-up the use of the device in ten states in the north of Nigeria to provide AB messages to young girls primarily and other community members and will include additional content in Pidgin English for wider reach and optimal use of the device. 2500 persons will be trained to deploy these devices to reach about 15,000 male and female youth.

SFH will scale-up its in-school youth activities that provide young people with information, skills, and services to reduce their vulnerabilities and will continue to leverage the National Youth Service Scheme (NYSC). This will be done through the provision of funds for three batches of corp members to expand coverage and monitoring of PETs' activities in 20 schools per batch. This component will also work through campus based anti-AIDS clubs and organisations to implement a non-curriculum based, youth focused and peer led interventions in five additional tertiary institutions to compliment the 'C' component of tertiary institution interventions.

SFH will also prioritize increasing FBO capacity to participate as full partners in HIV prevention efforts by engaging with Umbrella bodies of four selected Christian and Islamic groups to develop faith based response and implement activities based on their strategic plans. FBO activities will be continued in the two states per health zone. Religious leaders will also be trained to link and integrate HIV messages in their sermons. A total of 1500 youth peer educators will be trained to facilitate peer education sessions among their peers.

Follow up campaigns will be developed and aired to support abstinence and be faithful messages. Below-the-line materials including t-Shirts, face caps, exercise books, board games etc. will be developed.

Other activities targeting male social norms will also be implemented among the general population. A total of 128 persons (among the old peer educators who worked previously on the PEP model) will be trained to deploy customized flip charts to reach about 49,920 men and women in the general population. 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 VCT and referrals), prevention of 1,145,545 new HIV infections (through behavior change communications among core transmitters).

TARGET POPULATION:

This activity targets both in-school and out-of-school youths, gatekeepers and religious authority figures in the community.

LINKS TO OTHER ACTIVITIES:

This activity relates to Condom and other Prevention (5372.08), Counseling and Testing (5423.08), TBHIV (12364.08), Policy and Systems Strengthening (5299.08) and Orphans and Vulnerable children (6497.08).

EMPHASIS AREAS:

This activity places major emphasis on community mobilization and participation and capacity building for community based organizations while minor emphasis is placed on workplace programs

This activity will address gender equity in programming through interventions targeting young girls.

Activity Narrative: Interventions will also address male norms and behaviors that put both men and women at risk.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6733

Related Activity: 13097, 13098, 13099, 13100,
13101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24929	5316.24929.09	U.S. Agency for International Development	Society for Family Health-Nigeria	10611	3682.09	USAID Track 2.0 SFH	\$4,325,000
6733	5316.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$4,110,000
5316	5316.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$1,690,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13097	5372.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,871,500
13098	12364.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$200,000
13099	6497.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,750,000
13100	5423.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$300,000
13101	5299.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$490,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	280,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	35,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Religious Leaders

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
Akwa Ibom
Gombe
Imo
Katsina
Kebbi
Taraba

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5271.08	Mechanism: USAID Track 2.0 FS LMS Leader
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02

Activity ID: 9758.08

Planned Funds: \$2,750,000

Activity System ID: 13070

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to the Strategic Information (3.3.13) and Other Policy/Systems Strengthening (3.3.14) Program Areas. During COP 08 the Leadership, Management and Sustainability (LMS) Project will continue and build upon those activities initiated in COP 07 in these program areas.

In COP 08 the LMS Program will provide institutional capacity building support to up to 24 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs). 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. The target is to train 200 individuals in AB related to institutional capacity building.

Located throughout the country, Nigerian CSOs provide prevention, OVC and palliative care services and a select few also provide HIV AIDS treatment and HIV AIDS/TB integrated care. 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 continue to support the development and maturation of these organizations and assist them to contribute to the Emergency Plan in a significant way. In conjunction and coordination with its AB Prevention efforts, in COP 08 LMS will continue to address OVC, TB HIV, policy, condoms and other prevention, and SI program areas by supporting these new and indigenous partners. LMS's capacity building targets for all these program areas are captured in the Systems Strengthening portion of its COP submission.

Building on its COP 07 success in assisting NGOs to develop successful program concept papers and competitive proposals, LMS will continue during COP 08 to be active at all points throughout the solicitation and procurement process, developing potential partners' ability to present themselves and their programs in a comprehensive and competitive manner. LMS will continue to 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. 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. LMS will give preference to working with NGOs that are multiplier organizations that will broadly distribute sound technical practices, institutional capacity building skills and capabilities among their network of organizations, so that the 24 organizations targeted will in fact result in improved organizational skills, management capacities and sustainable practices being widely used throughout the NGO community.

During COP 07 LMS provided technical assistance to indigenous national and regional multiplier NGOs and FBOs in Nigeria. In COP 08 funds will be used to provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with USG 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 LMS management trainings will be based on tools that have been developed, tested, and employed by MSH in countries throughout Africa. All training materials and curriculum related to AB programs and sound technical practices are consistent with GON and USG guidelines. 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:

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 supported, and by so doing build synergies and enhance prospects for sustainability.

TARGET POPULATIONS:

Activity Narrative: This activity targets up to 24 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.

EMPHASIS AREAS:

This activity includes emphasis on local organization capacity development and human capacity development, quality assurance and strategic information (M&E) as detailed in the activity description above. This activity will also 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

TARGETS:

The targets set for LMS for COP08, 24 units and 200 individuals, and captured in the Systems Strengthening program area, refer to multiplier NGOs, CBOs, and FBOs that LMS will mentor and assist to develop effective organization structures, improved management capabilities, and efficient systems, which in turn will enable them to dramatically expand quality prevention services, and to empower and enable other organizations within their multiplier network to improve and expand services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9758

Related Activity: 13071, 13072, 13073, 13074, 13075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9758	9758.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$2,750,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
13072	12369.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$200,000
13073	12414.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$500,000
13074	9915.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$50,000
13075	12449.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$1,050,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3691.08	Mechanism: USAID Track 2.0 Pop Council
Prime Partner: Population Council	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 5315.08	Planned Funds: \$1,000,000
Activity System ID: 13091	

Activity Narrative: ACTIVITY DESCRIPTION:

This project increases demand for, improves quality of, and creates linkages to the following services: ARV, HCT, and PMTCT through education, promotion and referral by community advocates and safe spaces youth clubs (SSYC).

While sero-prevalence in Nigeria is lowest in the Muslim North, the recipe for a rapidly expanding epidemic exists in this area due to high prevalence pockets of HIV and high prevalence of STIs. Four of the eight project states register the highest rates in the country including Benue (10.0%), Nasarawa (6.7%), FCT (6.3) and Niger (5.3%). Rates of syphilis in Niger (15.3%), Katsina, (7.5%), and Taraba (6.3%) States far exceed the national prevalence of 0.5%, while knowledge of STI prevention is lowest in these same areas (NARHS, 2003).

Several factors contribute to the potential for the epidemic to expand rapidly in the North: low literacy among women; low perceived personal risk; polygamy with high rates of divorce and re-marriage; high fertility; and, low status of women and corresponding lack of control of household expenditures for health and education. Further, modern health facilities are generally mistrusted and there is a pervasive belief that early marriage protects girls from HIV. Over half of North West girls aged 15-24 are married by age 15, higher in rural areas where roughly two-thirds are married by age 15. Eighty one percent are married by age 18. The majority of girls in the North experience first sex in the context of marriage, with only 5 percent of girls in North West and 11 percent of girls in North East reporting sex before marriage (Erulka, A. et al. Population Council, 2007).

The HIV Prevention for Vulnerable Girls Project contributes to the Emergency Plan Five-Year Strategy by reducing exposure to HIV among young women by delaying onset of sexual activity through abstinence, delaying marriage, increasing fidelity and promoting condom use among male partners of married adolescents. The project targets semi-rural, rural, and urban pre-marital, married, and post-married adolescent girls who are vulnerable to exposure for HIV and STIs. Secondary targets include male partners of adolescent girls including future and current husbands of married adolescents. Other target population groups include the husbands and parents, religious leaders, women and community leaders who are major influencers of the primary target group. Finally, the project targets mobile and migrant men, transport workers, STI clients, and uniformed services.

The project operates in eight states: Adamawa, Bauchi, Benue, Borno, FCT, Kano, Nasarawa and Niger. Sub-awards granted to partner multiplier national NGOs include AHIP, FOMWAN, IET, and AfrHP.

Adolescent Health and Information Projects (AHIP) conducts advocacy training for adolescents. Federation of Muslim Women's Association/Nigeria (FOMWAN) and Islamic Education Trust (IET) provide training to community/religious leaders, parents, and husbands at community advocacy meetings. Trained religious leaders include messages in Friday/Sunday sermons while messages are conveyed to youth in Islamiya schools. African Health Project (AfrHP) provides technical support for greater male involvement to prevent inter-generational sex, coercive sex, and STI prevention and treatment.

Key program elements carried out in COP07 included training through Days of Dialogue (DoD) and other advocacy training, community-level advocacy sessions conducted by a trained network of over 180 community advocates (CAs), and HIV counseling, particularly pre-marriage counseling, and referral to community-based service delivery points for HCT, ARV, and PMTCT. In COP07, over 150,000 AB contacts have been made, plus 225 community advocates trained. This represents just under half the target for COP07 which has been accomplished in just over a single quarter. In COP08, the intervention strategy will change to conform with new strategic guidance of reaching each individual with a minimum of 3 strategic interventions in appropriate dosage and intensity of messages and services for a more highly targeted set of beneficiaries.

COP08 activities will promote abstinence and fidelity for adolescent girls and their male partners, protective male norms and behaviors, and link communities and service delivery points through direct referral. The HVAB prevention package for each participant will consist of: 1) community awareness campaigns through small group discussions; interpersonal communications; and community dialogues, 2) peer education through the safe spaces youth clubs (SSYC) model consisting of a series of 14 modules led by trained peer mentors; and reinforced by social peers of lay religious leaders who advocate using religion to support delay in marriage, 3) reducing vulnerability in adolescent girls through social support, life skills training, savings mobilization, income generation, and conditional cash transfers, 4) curricula and non-curricula based approaches to incorporate secular topics of HIV and AIDS prevention, reproductive health, hygiene, and life-skills in Islamiya school curricula and after-school activities; 5) mass media activities using radio spots/jingles and phone-in radio discussion slots to stimulate public dialogue and debate on early marriage, vulnerability of young girls, protective practices of men, and risk reduction through AB.

As per OGAC TA recommendations, COP08 focuses on male involvement to promote abstinence and mutual fidelity, prevent inter-generational sex and coercive sex. A fourth multiplier organization, the African Health Project (AfrHP), was added in COP07. In COP08, AfrHP will introduce and support enhanced male involvement activities to promote AB. As part of the AB program area, AfrHP will support a referral voucher system by validating the referral and, mapping of service delivery points.

LINKS TO OTHER ACTIVITIES:

This project is linked to ART (3.3.10), HCT (3.3.09), and PMTCT (3.3.01) services.

POPULATION BEING TARGETED:

Population targeted are adolescent girls in the north and central belts of Nigeria. Additional population targets are men both as gatekeepers to reach young girls with information and as resources to prevent HIV. Others are male partners of adolescent girls including future and current husbands of married adolescents, parents, religious leaders, women and community leaders.

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 by promoting the delay of sexual initiation and abstinence to reduce HIV prevalence or avert infection.

Community advocacy AB activities will be conducted with targeted beneficiaries including young girls pre-during- and post-marriage, men engaged in extra-marital relations, women engaged in transactional sex, and other significant persons like parents, religious leaders, and community leaders.

The AB activity is based on the Safe Space Youth Clubs (SSYC) methodology developed in COP07. Each quarter, the SSYC participants will receive the HVAB intervention package specified above. SSYCs will be established in communities where each of the 140 CAs is based. Each CA will support 2 SSYCs per quarter, totaling 8 SSYCs per year. A total of 1120 SSYCs will be established in COP08. Each SSYC consists of up to 35 members. A total of 39,200 participants will benefit from these SSYCs. A quarter of SSYC participants will be non-married adolescent girls who will receive A-Only messages as a subset of those reached with the AB intervention package, totaling 9600 young women.

Activity Narrative: Each of the 140 CAs will be retrained in peer group methodologies to support SSYCs, including HCT training for 70 CAs, peer support and mentoring techniques, counseling support for prevention with positives, couples counseling techniques focused on discordant couples, gender based violence prevention, and skills training to provide livelihood support to participants. As a result of the trainings, 9600 individuals will have received HIV prevention, care, support, or treatment services in COP08. 12 sub-grantee staff will receive in-service training for project related activities in finance and project management. 1 sub-grantee will apply for a NPI APS by the end of COP08. The three established sub-awards will total \$55,000 per year, with the fourth sub-award to AfrHP for \$25,000. At the end of COP08, AfrHP will submit an NPI proposal to compete independently for funding by PEPFAR.

EMPHASIS AREAS:

The activity complements emphasis areas including male involvement in prevention activities, strategic information (SI), gender equity, human capacity development, and local organization capacity building. HVSI will be supported through a PHE to identify the barriers to use of the female condom in military and non-military communities. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6729

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24926	5315.24926.09	U.S. Agency for International Development	Population Council	10609	3691.09	USAID Track 2.0 Pop Council	\$514,500
6729	5315.07	U.S. Agency for International Development	Population Council	4176	3691.07	HIV Prevention Project for Vulnerable Youth in Northern Nigeria	\$825,000
5315	5315.06	U.S. Agency for International Development	Population Council	3691	3691.06	HIV Prevention Project for Vulnerable Youth in Northern Nigeria	\$826,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	39,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	9,600	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	140	False

Coverage Areas

Adamawa

Bauchi

Benue

Borno

Federal Capital Territory (Abuja)

Kano

Nassarawa

Niger

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3698.08

Prime Partner: Hope Worldwide South Africa

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5343.08

Activity System ID: 13063

Mechanism: USAID Track 1.5 Hope WW
SA

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$375,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, Hope Worldwide Nigeria (HWWN) reached a total of 8,531 individuals with AB messages and 4,582 youths with abstinence only messages. In COP08, HWWN will reach 15,000 individuals with messages on abstinence (5,518) only. In line with current guidance by USG prevention team, in COP08, a minimum package of interventions will be employed to reach individuals with reinforced messages. Every individual will be reached with a minimum of three interventions. HWWN will ensure that each beneficiary is reached through community awareness campaigns, peer education models and peer education plus interventions that will involve usage of role models and sports activities. National mass media campaigns initiated by other partners will be reinforced in a school based approach where appropriate. These approaches will also be adopted at our 54 service outlets including schools and communities where Community Action Teams are still active and regularly reach many people.

In COP07, the HWWN activities were located in Lagos state at four sites (Epe, Ikorodu, Badagry and Shomolu Local Government Areas), with six schools and four FBOs reached. In COP08, the program will still be present in these four sites in Lagos state and will expand to eight new schools and six FBOs.

In view of the fact that Badagry falls within the border area where sexual activity and HIV prevalence are high, more school students will be targeted in eight new secondary schools with messages on abstinence to prevent new infections. Principals, teachers and parents will be encouraged to support the community action teams that will be formed to sustain the program in schools and in the communities.

Partner and Peer Educator training will be conducted at our Badagry and Shomolu sites. In COP08, 100 youths will be trained to deliver abstinence and faithfulness prevention messages to their peers in their respective communities and 50 adults, mainly parents, will be trained on parenting to improve parent-child communication especially on adolescent health and reproductive issues. This will result in a total of 150 people to be newly trained in COP08.

Training of Master Trainers on parent empowerment will be organized centrally to include selected teachers from all the four sites. The training will further enhance parent-child communication in homes and teacher-student communication in the communities and further reinforce sustainability of the program.

Under our School-based approach, Community Action Teams (CAT) have been used as a strategy to sustain messages and the program will pursue this methodology to ensure that there is support for the program and young people making healthy choices. In previous COPs, 41 CATs were formed in each of the schools reached, in COP08, eight new CATs will be formed to sustain messages in the new communities to be reached. It is anticipated that the newly trained teachers on curricular delivery under this program in Badagry local government area will step the skills down to selected students, who in turn will form the local monitoring teams.

Significant changes have been recorded due to activities of CAT members and trained peer educators. In 2007, most of the CAT members in all the four sites volunteered to serve the Orphans and Vulnerable Children (OVC) through formation and running of OVC kids clubs in their respective communities. At the camp recently organized by the OVC program, trained peer educators among the OVCs delivered curriculum-based abstinence skills to their peers. These significant occurrences demonstrate the sustenance of positive behavior by youths.

A Men As Partners (MAP) approach will continued to be employed to engage unmarried young people and parents through workshops in schools, churches and communities to address norms/behaviours surrounding masculinity, early sexual debut, cross-generational and transactional sex. Young people will also be trained under this methodology to counsel and refer victims of sexual abuse and violence. Local monitoring teams called CAT will be formally introduced to the communities for recognition of their role in promoting sanctions against sexual and physical violence. Ten MAP workshops will be conducted and men will be invited to participate in the formation of the CAT.

HIV testing will be promoted during community, school, church and clinic-based sessions through Voluntary and Counseling Testing (VCT) campaigns to encourage knowledge of status, reaching 2,256 people with VCT messages. Churches, schools and the community at large will be encouraged to test and make decisions about faithfulness and abstinence.

In COP08 the program will ensure that the target audience is reached with a minimum package of three interventions that will include, community awareness campaign, school-based approach, peer education model and peer education plus.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AB activities in Lagos; Ikorodu, Epe, Badagry and Shomolu will contribute immensely to the overall Emergency Plan AB target for Nigeria in that, the sites chosen are semi-urban areas with Badagry being a border community where sexual activity is believed to be high. As efforts will be made to scale up the work in these hard to reach rural areas around these communities, indigenous CBOs, FBOs and schools will be invited to strengthen behavior change in youth, community commitment and reduction of gender-based violence.

Other community structures like Community Development Associations, Market Women Groups and other groups will be mobilized to create a more supportive normative environment for the practice of abstinence and fidelity.

LINKS TO OTHER ACTIVITIES:

HWWN will collaborate with government owned health centers and other programs that provide HIV testing to complement the effort of the campaign by providing HIV testing services to our target audience. This vulnerable audience will be referred to these centers for counseling and testing. AB activities will also work together with the OVC program to provide curriculum-based abstinence skills to OVC at camps organized for the OVC- 3.3.08(HKID).

POPULATIONS BEING TARGETED:

The primary target audiences under this program are young unmarried people; boys and girls aged 10-24 years. Others are adult men and women, including those of reproductive age, teachers and religious leaders.

Activity Narrative:**EMPHASIS AREAS:**

Emphasis areas include addressing male norms and behavior (gender) and human capacity development through training activities in which structured curriculum is used to provide trainings on delivery of abstinence skills to selected individuals by trained staff. These trained individuals can as well step the acquired skills down to their peers in their respective communities.

The program addresses Stigma and Discrimination and Gender issues (by addressing male norms and behaviors, reducing violence and sexual coercion).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6723

Related Activity: 13064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24862	5343.24862.09	U.S. Agency for International Development	Hope Worldwide South Africa	10586	3698.09	USAID Track 1.5 Hope WW SA	\$264,078
6723	5343.07	U.S. Agency for International Development	Hope Worldwide South Africa	4171	3698.07	Track 1.5	\$193,625
5343	5343.06	U.S. Agency for International Development	Hope Worldwide South Africa	3698	3698.06	Track 1.5	\$29,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13064	5405.08	6379	3698.08	USAID Track 1.5 Hope WW SA	Hope Worldwide South Africa	\$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,518	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Indirect Targets

Policy makers at the local level, traditional leaders and religious leaders, school administrators and artisans/transporters.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Lagos

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3690.08

Prime Partner: Food for the Hungry

Mechanism: USAID Track 1.5 Food for the Hungry

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 5314.08

Planned Funds: \$460,000

Activity System ID: 13047

Activity Narrative: ACTIVITY DESCRIPTION:

Food for the Hungry (FH), a Track 1 ABY partner, implements activities in Nigeria as part of a multi-country program. This activity will support FH's Nigeria program, which it implements through three major sub partners: Beacon of Hope (Christian Reformed World Relief Committee), the Salvation Army and the Church of the Nazarene. FH currently supports activities in the 20 states where Salvation Army and Nazarene churches exist. Expansion efforts will be closely coordinated with the USG's LGA coverage strategy to contribute to multiple and reinforcing messages that promote behavior change. Another partner, Operation Blessing, a media organization, produces public service announcements (PSAs) that reinforce abstinence and faithfulness (AB) messages for radio and TV throughout Nigeria.

FH will continue scaling in COP08. AB awareness meetings – focus group discussions and presentations back to the community/group - introduce the ideas of abstinence and faithfulness. This leads to identification of youth and adults interested in further participation in the program. The strategy in this activity is community awareness campaigns and only those who participate further in the program are counted as people reached.

Youth-to-Youth (Y2Y) groups aim to increase the commitment of individuals to abstinence before marriage and faithfulness in marriage. Each Y2Y group consists of fourteen leader youth (LY) who are trained by promoters using the age-graded "Choose Life" curricula. Each LY shares what they learn with a group of peers. Trained promoters and on-site co-promoters assist, coach and mentor these LY through the Y2Y groups. Each youth is encouraged to have a mentor who is invited to a Y2Y group session to learn more about AB and his/her role as mentor. The curricula include essential life skills and while promoting AB provide accurate information on condoms to youth 15 years and older. Culturally appropriate materials help guide the Y2Y discussions that address issues relating to relationships, sex, HIV and AIDS and its impact on the community. Through these small-group discussions and the multiplier effect of the LY, the Y2Y groups promote AB as healthy and desirable sexual choices. Guidance and encouragement to continue meeting as accountability groups after completion of the curricula is included. Strategies used in these activities are the peer education model, curricula based approach, interactive and participatory learning through games and dramas, the use of role models and addressing vulnerability issues through essential life skills training and gender roles.

FH's faithfulness training emphasizes faithfulness to married men and women between the ages of 15-49. The faithfulness training utilizes a culturally appropriate and evidence-based curriculum to guide small group interactions that promote messages about fidelity in marriage and responsible behavior. To implement this, FH holds training of trainers (TOT) workshops that engage married adults and influential religious and community leaders in discussions on relationships, sex, HIV and AIDS and its impact on the community. The trainers teach married couples in their churches, mosques and communities and the formation of accountability groups is encouraged. The strategies for these activities include peer education model, curricula based approach, use of role models and addressing vulnerability issues through the promotion of healthy relationships between married men and women.

In addition, FH trains community and religious leaders in the prevention of sexual abuse. There are societal factors that limit the ability of youth to make and enforce decisions about their sexuality. This training will increase awareness among influential adults of sexual abuse and guide them in its prevention within their own community through the development of policies and strategies to suit the local context. The strategies used in this activity include the peer education model, curricula based approach and addressing vulnerability issues.

Lastly, FH will commence skills training and provide start-up capital for income generating activities for selected vulnerable youth in the program. 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.

To ensure consistent and high quality implementation of activities, FH uses a wide range of evidence based M&E tools that include barrier analysis survey, BEHAVE Framework, KPC surveys, quality improvement verification checklists and posttests.

The impact the Y2Y groups, faithfulness training and sexual abuse prevention training have on communities continues to be tremendous. These programs encourage discussion and dialogue within the family and larger community about various social issues related to HIV and AIDS.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Through the Y2Y groups, faithfulness training and sexual abuse training, FH will promote AB to youth and adults as a means of reducing the spread of HIV and AIDS. FH will work alongside its faith-based and community partners to train 8,580 LY and influential adults to promote HIV and AIDS prevention through abstinence and/or being faithful and to reach 112,504 youth and adults with AB messages. FH will reach its targets by implementing activities with 1,809 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. Therefore, it works to promote community acceptance of AB as healthy sexual choices and as social norms. FH integrates these messages into other program activities with its partners and builds their capacities to continue promotion of AB when this project ends. As there are currently no direct links with other USAID/PEPFAR activities, FH's partners seek and 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 years and married men and women aged 15-49 years. This is based on the National HIV/AIDS & Reproductive Health Survey (NARHS) of 2003 that found the median age of first sex was 16.9 years for females and 19.8 years for males. The NARHS survey also found that sex with a non-marital partner was highest in women aged 20-24 years (15.1%) and in men aged 25-29 (36.6%) followed closely by those in the 20-24 age group (34.9%). The 2005 Sentinel Survey found the highest prevalence of HIV in the 25-29 age group (4.9%) closely followed by those 20-24 years (4.7%).

Activity Narrative:**EMPHASIS AREAS:**

Emphasis areas include human capacity development, SI and income generating activities for youth.

Gender equality continues to be addressed through the Y2Y groups and faithfulness training. The curriculum used by these groups is very intentional in promoting equality between males and females. Training will also raise awareness of and reduce sexual coercion, violence, cross-generational sex and other unhealthy sexual behaviors in the community. This training also addresses the stigma that exists within Nigerian society towards those with HIV and AIDS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6712

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24858	5314.24858.09	U.S. Agency for International Development	Food for the Hungry	10584	3690.09	USAID Track 1.5 Food for the Hungry	\$356,138
6712	5314.07	U.S. Agency for International Development	Food for the Hungry	4169	3690.07	Track 1.5	\$443,656
5314	5314.06	U.S. Agency for International Development	Food for the Hungry	3690	3690.06	Track 1.5	\$475,118

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	112,504	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	8,580	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

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 ID: 5267.08

Prime Partner: Centre for Development and
Population Activities

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9759.08

Activity System ID: 13012

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$2,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP 08, Positive Living (PL) Abstinence and Be Faithful (AB) component will be implemented in 20 states (FCT, Bauchi, Edo, Enugu, Kano, Anambra, Cross River, Lagos, Kogi, Imo, Niger, Benue, Taraba, Adamawa, Sokoto, Zamfara, Kebbi, Nassarawa, Katsina, and Akwa Ibom). The program will reach 80,000 people with AB interventions, reach 20,657 with abstinence (A) only, and will train 2,400 as peer educators and facilitators to disseminate information for AB through a systematic community-based program. This activity will embrace counseling, mentoring, peer support, information sharing, and provision of technical guidance and support to Anglican Communion AIDS program (ACAP) and the AIDS Program for Muslim Ummah (APMU) a project of the Nigerian Supreme Council for Islamic Affairs as multiplier organizations. CEDPA's AB prevention strategic approach involves a series of interrelated interventions (community mobilization, social marketing, advocacy, targeted inter-personal communication, capacity enhancement of individual and community groups) directed at different levels of society to enhance individual behavior change in a supportive environment.

A total of 2,400 Peer Educators will be trained of whom 350 are teachers, 450 are parents, 2000 are youth in and out of school, 350 are religious leaders and 150 are PHA. Special attention will be given to children who act as family heads to strengthen their coping mechanisms. PL will expand by increasing access to community-level, gender-sensitive and targeted prevention services. PL will also forge networks and linkages between outreach activities and Government of Nigeria (GoN) and other USG partners that provide AIDS care, support and treatment.

Intensive community mobilization and sensitization will reach underserved rural and hard to reach communities. Each individual will be reached with a minimum of three interventions i.e. community awareness, peer education and family level services. CEDPA will ensure that each beneficiary is reached through community awareness, peer education and one other targeted strategy within the year. The other interventions will include focus group discussions to identify community HIV needs and possible solutions; formation of anti-AIDS clubs for youth in school; public debates on HIV/AIDS and other social interactive events for out-of-school youth for information sharing and channeling their energies towards less risky behaviors; and skills building sessions for PHA and OVC to promote supportive relationships with peers and sexual partners. Religious leaders will be supported to integrate HIV/AIDS activities within all religious events and services.

PL AB program activities are implemented at 4 levels: 1) Individual level where activities promote development of life skills that support practicing abstinence by young people and adults in low risk settings; encourage delay of sexual debut, denounce intergenerational sex, rape, incest; and promote counseling and other means of interpersonal communication techniques; 2) Family level where services will be provided by Peer Educators during home visits. Services will focus on couple counseling to promote mutual fidelity/partner reduction/elimination of casual sex relationships, VCT, dovetailing with prevention in discordant relationships. Family members will be guided to recognize symptoms of common STIs and TB. 3) Community-wide prevention programs which are provided by pastors, Imams, peer educators, teachers, parents including Church/Mosque sermons/pulpit preaching and club activities, in-school peer-education and out-of-school youth prevention programs that address sexual development, reproductive health and promotion of secondary abstinence particularly for at-risk out-of-school youth through alternative livelihood opportunities. 4) National prevention programs where a collaborative effort with ENHANSE project will implement a 3 pronged program with the Nigeria Teacher's Union that addresses HIV awareness and prevention by teachers; teachers ethics- coercive sexual relationships with students; teachers as role models to guide in-school youth peer AB prevention programs.

Using standardized forms, IA/MO/PL M+E Officers collect data monthly, detailing numbers/demographics of clients reached and messages provided. This provides timely information for effective decision making, particularly the breadth and depth of AB coverage. AB M+E activities develop sustainable capacity at IAs and MOs to collect relevant data. Direct M+E expenditures by PL, MOs and IAs will total \$196,000.

POPULATIONS TARGETED:

PL targets children (10-14 years), young people (15-24 years) in and out-of school, PHA, religious leaders and the general population. Teachers are targeted to act as change agents.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

HVAB emphasizes human capacity development through training, task-shifting and volunteer retention and therefore enhances sustainability. Scaling up prevention, involving PHAs and youth, and encouraging peer educators to work together with community health care providers contributes directly to the US Global HIV/AIDS Strategy by reaching 173,598 people indirectly through cascaded training by Peer Educators. The activities stimulate demand for other HIV/AIDS services offered by GoN and USG partners throughout the 20 states. This contributes to increasing sustainability of institutions by vesting program responsibility in 56 indigenous Nigerian organizations.

LINKS TO OTHER ACTIVITIES:

AB activities relate to HVCT (#3230.08, #5424.08), by increasing awareness of HIV, to HBHC (# 9839.08, 3237.08, 5369.08), HVOP (# 9779.08, 3236.08), as a complementary prevention strategy and on HKID (#12378.08, 12373.08, 3229.08) and other services that will be provided at GHAIN, ACTION project, Harvard ART, and PMTCT sites through cross referrals. Public-private partnerships and collaboration with local business groups will also be explored. High risk individuals will be referred PL and SFH service outlets for condoms; as well as Nigerian Network of Religious Leaders Living with AIDS (NINERELA) and the Association of Women Living with HIV/AIDS in Nigeria provide support for prevention among positives.

EMPHASIS AREAS:

PL promotes a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services; enlightens men on special needs of women and youth; and challenges traditional gender norms of male dominance, female subservience and gender inequality in sexual relationships. Reduction of stigma and discrimination is also key.

WRAP AROUND ACTIVITIES: PL will scale up the prevention initiative with the Nigerian Union of Teachers that addresses HIV awareness and prevention by teachers for teachers; teachers ethics- coercive sexual

Activity Narrative: 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 10-19 and school teachers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9759

Related Activity: 13037, 13054, 13055, 13038, 13057, 13040, 13041, 13058, 13013, 13014, 13015, 13016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24875	9759.24875.09	U.S. Agency for International Development	Centre for Development and Population Activities	10593	5267.09	USAID Track 2.0 CEDPA	\$939,500
9759	9759.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$1,970,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13013	9779.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$534,000
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13014	9839.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$4,126,000
13015	12373.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$482,000
13016	12378.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$700,000
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	80,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,657	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,400	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Anambra
Bauchi
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Kogi
Lagos
Rivers
Adamawa
Akwa Ibom
Benue
Enugu
Imo
Katsina
Kebbi
Nassarawa
Niger
Sokoto
Taraba
Zamfara

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3689.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5312.08

Activity System ID: 13006

Mechanism: USAID Track 2.0 CRS 7D

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$2,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

During COP08, CRS 7 Dioceses (7D) will support Catholic Secretariat of Nigeria (CSN) in its role as a training body. CSN will conduct workshops for clergy and laity in partnership with 13 Arch/dioceses from COP06's 10 Arch/dioceses, and provide marital counseling trainings and ongoing support to 13 partner Arch/dioceses. CRS 7D's support will enable CSN to continue developing accurate, target-specific and "faith sensitive" IEC/BCC materials and to sensitize clergy, catechists, and laity including Imams and other Muslims leaders on AB prevention in six additional arch/dioceses.

7D will tailor its AB activities to conform to the national BCC strategy and ensure that each person reached with AB activities benefit from at least three AB services: Peer education, community awareness campaigns, and a school based approach. In COP08 7D will support three new dioceses. This is not a geographic expansion, but rather an administrative division to enable wider and more concentrated LGA coverage in the larger dioceses.

AB information will be delivered during Sunday mass services. A total of 570 individuals will be trained in 19 arch/dioceses. Each of these individuals will reach 500 people at mass each week over the course of the year. These 285,000 individuals are not hearing a one-off message, but rather hearing about the issue, from trusted advisors, continuously over time. This community mobilization strategy keeps the issue of HIV/AIDS in the fore, educates people, motivates volunteers and raises awareness about available services.

Each of the 13 partner arch/dioceses will be supported to train 15 couples (30 individuals) in marital counseling totaling 195 couples (390 individuals) trained in AB prevention during a five day training program with additional monthly follow-up over 6 months. The program is premised on building strong and intact families using Christian principles as a shield against HIV/AIDS. The program's goal is to build happy and lasting marriages that prevent HIV infection using the concept of building a house with the four pillars: True love, Faithfulness, Respect and dignity for human life and communication with God and one another among married couples. The trained couples will train a minimum of five couples each totaling 975 couples (1950 individuals). Therefore, 2,340 individuals will receive comprehensive marital counseling training. This intensive approach includes community mobilization, peer education and IEC materials.

The marital training itself is also peer education and includes IEC materials for individuals already reached by community mobilization at mass. Each of the 195 originally trained couples will also conduct marital counseling for ten other couples over the course of the year, resulting in 3,900 receiving three AB services. Each of the second group of 975 marital counselor couples will reach an average of four couples each, thereby reaching another 7,800 individuals with this very intense AB approach.

The husbands as well will play an active role in educating their children and friends on AB. 7D will encourage each of the 7,020 couples (1170 counseling couples and 5,850 counseled couples) enrolled in the program to dialogue with their children on "A" specific messages. In this way, during COP 08, the project will reach a total of 21,060 children with three strategies to promote "A" behaviors, including tips to prevent sexual abuse.

Each of the 13 partners will initiate youth activities in two primary and two secondary schools with Anti-AIDS youth clubs. Through these clubs 1,040 young people attending schools will receive repeated and concentrated training in "A". Of these, 520 will be from secondary schools where they will be trained in secondary abstinence and a similar number from primary schools that will be trained in primary abstinence. It is expected that on average these groups will reach 15 other school attending youths per member with community mobilization+, IEC and peer education/counseling service, totaling situations totaling 15,600 youths reached with three "A" strategies.

AB Prevention trainings will be conducted for 300 PLWHA, who are serving or have the potential to serve as Support Group Leaders. Those trained will counsel and communicate information about AB Prevention in support groups, households and communities. Each of these will reach 50 people giving totaling 15,000 people. Those willing to disclose their HIV positive status as part of AB prevention will be supported with additional training and logistics. Each of these support group participants receive community mobilization, IEC, peer education and vulnerability reduction strategies, and active recruitment and involvement of PLWHA will be encouraged among the partner dioceses in line with the GIPA principle.

HCT Centers will form a critical forum for AB prevention. HCT centers will be supported with formation and management of Post Test Clubs. These post test clubs will offer counseling on AB to all those tested. Refreshment and transport subsidies will be offered to participants. Other support will include development of Post Test Information Packs, materials and curriculum to be given to all tested. The 27,000 people targeted under palliative care will be reached with AB information, though not by three strategies.

Home-based care and counseling conducted by Parish AIDS Volunteers (PAVs) will include AB information sessions for 13,000 palliative care clients and their households. These sessions will include accurate information about condoms. PAVs will reach four people in households with AB information totaling 52,000 people, though only the clients can be assumed to have been reached by three or more strategies.

The 13 partner dioceses will be supported in development of Health Information Centers that will provide AB services to youths and adults. This support will include provision of refreshments and media visual facilities such as projector, laptop for AB education purposes. Periodic "Youth Days" and "Couples Days" will be conducted at these centers for continuous reach of youths, adults and couples (one per quarter). At least 25 youths and a similar number of adults will access AB services monthly in each center giving a total of 3,900 youths and 3,900 adults reached. Altogether, 7,800 people will be reached. It is hoped that these couples or youth will then enroll in one of the more intensive AB programs and become more involved.

CRS will strive for partner visibility, leadership and active involvement in AB prevention. It will provide support to 350 parishes on BCC activities. Advocacy to government agencies will be undertaken to develop partnerships for AB program. This will include engagement of LGA and the Catholic Youth Organization of Nigeria (CYON). Support will be given 10 LGA leaders and 10 CYON leaders for AB prevention in the arch/dioceses. These will each reach 100 people giving a total of 13,000 people with A and an equal number with "B" information. Altogether 26,000 people will be reached indirectly.

Activity Narrative:**CONTRIBUTIONS TO OVERALL PROGRAM AREA:**

Regular AB activities in the 13 Arch/dioceses will encourage youths to adopt behaviors that reduce risk of HIV infection such as delaying sexual debut until marriage and promoting social/community norms which favor AB. Adults in the Arch/dioceses will be motivated to adopt sexual partner reduction behaviors.

LINKS TO OTHER ACTIVITIES:

A/B prevention strategies in the 12 Arch/dioceses and neighboring areas relate to HCT (5422.08), Prevention of Mother to Child Transmission (PMTCT) (5348.08), and Orphan and Vulnerable Children (OVC) (5407.08) activities. The targeted population in the Arch/dioceses will be linked to VCT centers in the communities in order to ascertain their HIV status. CRS will deepen its presence through developing linkages with IPs, with particular focus on providing AIDS Relief sites with AB information packs and curricular for utilization in HICT, PMTCT and ART and PMC Centers. PMTCT activities and OVC activities will include A/B prevention.

POPULATIONS BEING TARGETED:

Target populations of the A/B Prevention messages include: adults, children and youth, PLHIV 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. Men will also be targeted.

Direct targets include delivery of AB services through outreach programs to 80,610 individuals, 21,060 of which will benefit from A-specific services through the clergy and catechists; and 3,210 individuals receiving training. Coverage areas of the activity are: Kaduna and Kafanchan A/dioceses (Kaduna), Minna Diocese (Niger), Jos Archdiocese (Plateau), Lafia Diocese (Nasarawa), Makurdi, Otukpo, Dioceses (Benue), Idah Diocese (Kogi), Benin A/diocese (Edo), Abuja A/diocese (FCT) and 3 arch/dioceses to be determined. The location of the 6 additional arch/dioceses to benefit from AB activities will be indicated by CSN.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development. This activity will increase gender equity in programming through dissemination of messages centered on AB prevention targeted at young girls and women. Abstinence messages will encourage boys to delay sexual activity while Be Faithful messages will discourage men from having many sexual partners. Males will be encouraged to take more responsibility over their sexual activities with the goal of reducing multiple partners. The involvement of PLWHA in the sensitization workshops will also assist in reducing stigma and discrimination in the 12 Arch/dioceses.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6684

Related Activity: 13005, 13010, 13008

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24869	5312.24869.09	U.S. Agency for International Development	Catholic Relief Services	10591	3689.09	USAID Track 2.0 CRS 7D TBD	\$1,445,000
6684	5312.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$1,095,000
5312	5312.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$196,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13005	5348.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$1,200,000
13010	5407.08	6367	3713.08	USAID Track 2.0 CRS OVC	Catholic Relief Services	\$2,500,000
13008	5422.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$365,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	80,610	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	21,060	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,210	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Edo
Federal Capital Territory (Abuja)
Kaduna
Kogi
Nassarawa
Niger
Plateau
Benue

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: \$6,985,000

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Nigeria's blood transfusion practices are a major target for prevention activities by USG-Nigeria in COP08. A 2003 sero-prevalence sentinel survey found a 5.1% HIV prevalence among women who had ever received a blood transfusion compared to 4.8% prevalence among those who had never had a blood transfusion. There is no reliable data on prevalence among blood donors, or information regarding suspected transmission of HIV through infected blood. A baseline survey of blood transfusion practices in the country which was conducted by the GON in March 2007 confirmed a severely limited infrastructure for blood banking. With USG support, the capacity for developing safe blood transfusion systems in Nigeria has been strengthened at the national level; however this national level capacity is still significantly underutilized by the country. In COP08 USG-Nigeria will work to improve blood collection techniques and utilization at the facility level, to develop linkages between facilities and the National system, and to strengthen the National Blood Transfusion System (NBTS). It is expected that this will result in the screening of 108,000 units of blood for the four transfusion transmissible infections (HIV I and II, hepatitis B, hepatitis C, and syphilis) with ELISA in NBTS centers and the training of 1,810 health workers across 188 sites.

In COP08 USG-Nigeria is emphasizing improved donor identification and blood collection practices at the facility level in line with NBTS guidelines. A transition from family replacement and paid donors to voluntary non remunerated donors (VNRD) in USG-supported sites will be implemented by partners as they work to harmonize standards of practice for donor criteria with the NBTS guidelines. Pre- and post-donation counseling, with appropriate deferral of high risk donors, will be conducted at the facility level. Linkages with NBTS will increase donor drives coordinated jointly with facilities and surrounding communities. Donor blood collection will migrate from mostly hospital-based and fragmented to centralized NBTS coordinated and regulated. NBTS centers and associated mobile outreach clinics are now increasingly better staffed and support from USG has leveraged additional GON funds.

The USG-Nigeria's strategies for COP08 blood safety activities are based on extensive dialogue with the technical working group and OGAC and are in line with the USG Nigeria 5-year plan. A recent TA observed clear national policy, overall excellent quality of service but low coverage and utilization of the NBTS centers. A major barrier to scale-up identified was a disconnect between hospital blood services and the NBTS. Other gaps noted were lack of skills in blood donor recruitment, limited blood banking expertise and insufficient haemovigilance. The identified strategies for COP08 are: community blood drives for voluntary non remunerated donors; service linkages between the NBTS and hospitals; the use of a national donor questionnaire nationwide to screen all donors and develop a database; and training and capacity building of service providers.

In COP06, the USG supported training and improvement of hospital lab infrastructure for the dual purposes of diagnosis and screening. COP06 saw the provision of emergency HIV screening of transfused blood at USG-supported treatment sites where previously blood was not routinely screened before transfusion. Support was also provided to assist the GON to develop

regulation policy, legislation and guidelines for the practice and expansion of blood transfusion services in Nigeria.

In COP07, USG continued its support of GON to develop a single national blood program in order to ensure an adequate supply of safe blood. The emphasis was to consolidate the gains of CO06 and support the development of an effective and functional centralized National Blood Transfusion Service (NBTS) with community based blood centers strategically located nationwide while concurrently supporting emergency screening in the interim period during which the National service is being built up. The NBTS 10-year strategic plan will guide programming for USG-Nigeria and its implementing partners in COP08 in order to ensure compliance with GON guidelines.

In COP08 the lead technical implementing partner (Safe Blood for Africa Foundation, SBFA) will provide technical support to the NBTS and other IPs for capacity building in program development and implementation of blood safety activities at national and site specific levels. SBFA will develop a national training plan consistent with NBTS policy. Participating staff from USG-supported hospitals, USG IPs, and NBTS will be trained on phlebotomy, donor recruitment and counseling, lab screening and blood banking, use of blood and haemovigilance, medical waste management, QA/QC for HIV serologic testing, and transport and logistics for blood safety. In line with the GON national training guidelines, several of these trainings will be developed as TOT. Master trainers will step down training to staff in their respective health facilities. SBFA will provide the lead in development and production of IEC materials and job aids. The NBTS will take the lead as coordinator of blood safety activities and will host joint quarterly meetings with stakeholders in which USG partners will actively participate for programmatic review. IPs will support the establishment of hospital transfusion committees in the health facilities to further improve the communication on appropriate blood transfusion practices.

It is difficult for all health facilities to begin the implementation of the national blood transfusion policy at once as current systems need to be transitioned, and new skills and systems must be put in place. There is need for gradual migration from emergency screening of blood to full blood transfusion service at the IP-supported health facilities. The ultimate aim is for all IPs to reduce the frequency of emergency screening of donated blood at supported facilities while sending the majority of donated blood to NBTS for screening of all 4 transfusion transmissible infections (TTIs) with ELISA. The goal is to achieve full screening of 80% of all donated blood by NBTS while only 20% are screened at the facility level for emergency transfusions. SOPs for emergency screening are already developed. In COP07 samples of blood screened and transfused at the facility level for emergency transfusions will be retained and retested through an operational research project to evaluate levels of TTI in transfused blood.

The NBTS donor questionnaire will be administered to all donors to screen out high risk donors and ensure that only low risk clientele donate blood. The USG supported sites will also maintain a comprehensive database on their blood transfusion services. This database and the screening questionnaires shall be routinely communicated to NBTS in order to maintain a national database.

In COP08, 29 USG-supported sites have been identified to develop blood banking capacity and linkages to nearby NBTS zonal centers. This is a significant change to the Nigerian system. The NBTS will develop a logistics system to support these facilities for their transfusion needs. NBTS will work to identify other non-PEPFAR facilities in the catchment areas of the zonal centers to develop similar partnerships. This activity will utilize the already existing USG IPs counseling and lab staff and will leverage the relationships between the facilities and community where they work to scale up voluntary blood donation. Blood obtained from blood drives and those from family donors at the facilities shall be collected according to NBTS guidelines and will be taken by NBTS for ELISA screening. The NBTS will develop a courier system to regularly collect this unscreened blood and to deliver screened blood to these sites based on quantities of blood needed. This linkage will be supported by hotlines at the NBTS centers where the participating facilities can make requests for screened blood.

To facilitate scale-up and increased coverage, the USG will support the NBTS to accept and screen blood collected at participating hospitals from family replacement donors. Screened blood and support will be provided to the participating facility to convert family replacement donors to VNRD. Feedback on the rates of the four TTIs found by ELISA screening of blood from the different types of donors will be regularly provided by NBTS to the management of the health facilities to enhance migration to VNRD.

The public private partnership office of USAID which is supported by PEPFAR will focus on partnerships that include groups such as Exxon Mobile and telecommunication companies. A PHE funded through the COP07 reprogramming to carry out a safe blood targeted evaluation will yield results that will be available in COP08 and will inform further activities in this area. Proper waste management will be promoted through collaboration with injection safety activities, the use of biohazard bags and sharp containers, and the repair/utilization of incinerators at PEPFAR supported sites. The SCMS procurement role will be expanded to support the NBTS in the purchase of supplies needed in the realization of a functional national system.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	188
3.2 Number of individuals trained in blood safety	1810

Custom Targets:

Units of blood collected and screened	108000
---------------------------------------	--------

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 5392.08

Activity System ID: 12995

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$115,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity will support the linkage of AIDSRelief (AR) supported Local Partner Treatment Facilities (LPTF) and their satellite sites to the National Blood Transfusion Service (NBTS) zonal centers across the country. In COP08 AR will be supporting 30 LPTFs in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba). Blood transfusions occur at all 30 of these facilities.

In COP08, AR will work closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa Foundation (SBFA) in all aspects of its blood safety program. AR will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system. NBTS, through linkages its zonal centers will develop with AR and its supported facilities, will provide TA for blood donation drives held by these AR-supported hospital facilities. In addition, SBFA will train nurses and medical laboratory scientists in these facilities to recruit repeat voluntary blood donors from the ranks of current family replacement donors. In this plan AR will be instrumental in working with hospital management and staff at all LPTFs to develop buy-in for the NBTS blood services program, to create support of blood donor organizers, and to strengthen health facility and community focused blood drive activities. AIDSRelief will draw upon its unique position in working with mainly faith-based facilities to facilitate blood donation activities within parishioner communities. AR will support the production and distribution of IEC/BCC materials obtained from NBTS and SBFA to promote the need for voluntary non-remunerated blood donation. In addition, AR will work closely with LPTF management to establish blood transfusion committees to oversee blood use based on national algorithms and standards in the health facilities.

The first component of this activity is the linkage of 5 AR-supported LPTF to proximal zonal NBTS centers in Jos, Kaduna and Oweri. This linkage will include regular delivery of donated units of blood to NBTS for screening in conjunction with a regular delivery of screened units of blood to the facility. NBTS will pick up unscreened blood units that these 5 hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS will deliver to these 5 hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by each facility. It is expected that at these 5 blood banking facilities a total of 1,125 transfusions will take place. AR will work to ensure that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donors on site using rapid test kits only. Therefore, at least 900 units of blood will be collected and sent to the nearest NBTS centers for ELISA screening as outlined.

AR will work with the 30 LPTFs that do blood transfusions to ensure appropriate facility-level collection of blood. Directed and voluntary donors will be prescreened with the NBTS donor screening questionnaire and donors will be deferred as necessary based on their responses. At least 2,500 blood donors will be screened using the National HCT testing algorithm, thereby utilizing the blood donor setting as another point of service for HCT during pre-donation. A PEPFAR-supported evaluation of the current emergency-based transfusion system will provide insight into rates of TTIs, including HIV, that go undetected in emergency screened blood.

This activity will support personnel capacity development through SBFA-conducted blood safety training in line with NBTS approved standardized training curricula appropriate to various levels of trainees. Through this mechanism AR will identify 34 laboratory staff and other health care workers involved in blood transfusion services at supported sites who will be trained by SBFA. In order to avoid double counting, these 34 targets are counted under the SBFA blood safety narrative. For core TOT modules developed by SBFA, AR will conduct step down training to 75 laboratory, allied health workers and hospital management staff involved in blood transfusion services at their sites.

In addition to institutional capacity building for blood safety activities, AR will support the implementation of universal precautions, good laboratory practice and waste management. This activity will promote the principles of universal safety precautions and the reduction of unnecessary transfusions, occupational exposure to blood, and accidental injury/contamination. Essential consumables and services that protect the health worker from contacting infections especially HIV will be provided. These universal precaution materials include personal protective equipment such as hand gloves, laboratory coats, and other consumables (methylated-spirit, hypochlorite solutions, antibacterial soaps, etc.), which will be provided to sites. Other equipment to be provided will include centrifuges, thermometers, pipettes and HIV rapid test kits. In addition, each site will establish clearly defined procedures for healthcare workers, other staff, and patients to access post exposure prophylaxis (PEP). Proper waste management will be encouraged through the use of biohazard bags, suitable sharps containers and the use of incinerators.

In order to maintain high quality laboratory results, AR will institute an aggressive QA/QC program that involves on-site quarterly monitoring, retraining and proficiency in rapid HIV testing. AR will dedicate one blood safety focal person, working with the lab team, to coordinate this activity for all LPTFs in COP08. Monitoring and evaluation of the AIDSRelief blood safety program will be consistent with the NBTS national plan. There will be evaluations of transfusion committee activities, infection control practices, waste management systems, and use of standard operating procedures for donor screening and blood collection. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity contributes to the USG target of preventing 1,145,545 new infections by 2009 through the prevention of medical transmission of HIV by ensuring a supply of safe and screened blood for blood transfusions. This activity will help establish mechanisms for linkages with NBTS centers for blood banking services, while providing the logistics and training to AR health facilities to effectively collect and store blood. Donor drives in the faith based communities for VNRD will be done in collaboration with the NBTS. This also contributes to the overall goal of GON to establish an effective and nationally coordinated and regulated blood program.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT (5425.08), PMTCT (6485.08), ARV services (6678.08), basic care and support (5368.08), OVC (5416.08), laboratory services (6680.08), AB (15655.08), injection safety (6820.08), and SI (5359.08). AR activities in blood safety relate to HCT since HCT services will be made available to all donors. Injection safety is linked thru universal precautions equipment and laboratory equipment. This activity is most immediately linked to laboratory services to strengthen the collection, testing and storage of blood units at LPTFs. Through transfusion committees and trainings AR will strengthen the links with other LPTF health services to ensure that these activities benefit from a screened, safe blood supply which will also promote program sustainability.

POPULATIONS BEING TARGETED:

This activity targets health care providers, particularly laboratory staff including laboratory assistants and phlebotomists. This activity also targets doctors and nurses. AR mainly works with faith-based rural facilities that serve rural populations who would otherwise have limited or no access to these services. Adults 18years and above in these communities will be targeted as voluntary non-remunerated blood donors.

EMPHASIS AREAS

This activity has an emphasis on training and institutional capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6676

Related Activity: 12994, 15655, 12996, 12997,
12998, 12999, 13000, 13001,
13002, 13003, 13004, 12991,
12992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25269	5392.25269.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$40,000
6676	5392.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$0
5392	5392.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$72,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	30	False
3.2 Number of individuals trained in blood safety	75	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Nassarawa

Abia

Adamawa

Ebonyi

Enugu

Imo

Ondo

Taraba

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 6490.08

Activity System ID: 13022

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$115,000

Activity Narrative: ACTIVITY DESCRIPTION:

ICAP-CU has supported 12 hospital networks in Kaduna and Cross River States to improve safe blood practices and reduce medical transmission of HIV and other infections. In COP08 ICAP-CU plans to expand into 13 additional hospital networks in six states (Kaduna, Gombe, Cross River, Benue, Akwa Ibom and Kogi), resulting in a total of 25 facilities receiving support through ICAP-CU. Blood transfusions occur at all 25 of these facilities.

In COP08, ICAP-CU will work closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa Foundation (SBFA) in all aspects of its blood safety program. ICAP-CU will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system. NBTS, through the linkages its zonal centers will develop with ICAP-CU and its supported facilities, will provide TA for blood donation drives held by these ICAP-CU supported hospital facilities. In addition, SBFA will train nurses and medical laboratory scientists in these facilities to recruit repeat voluntary blood donors from the ranks of current family replacement donors. In this plan ICAP-CU will be instrumental in working with hospital management and staff at all comprehensive sites to develop buy-in for the NBTS blood services program, to create support of blood donor organizers, and to strengthen health facility and community focused blood drive activities. Health facilities will be supported by ICAP-CU to work with the local Red Cross on community sensitization and blood drives.

ICAP-CU will also work through local community based organizations and support groups to increase demand and awareness on safe blood practices. These local organizations will be supported to promote safe blood donor drives and activities in their communities. They will also be supported to sensitize the hospitals and communities on the need for voluntary blood donation. ICAP-CU will support the production and distribution of IEC/BCC materials obtained from NBTS and SBFA to promote the need for voluntary non-remunerated blood donation. In addition, ICAP-CU will work closely with facility management to establish blood transfusion committees to oversee blood use based on national algorithms and standards in the health facilities.

ICAP-CU will facilitate the development of an NBTS/hospital blood exchange program at 5 health facilities that will be selected based on proximity to a zonal NBTS office, availability of blood banking facilities, support infrastructure and other resources. This linkage will include regular delivery of donated units of blood to NBTS for screening in conjunction with a regular delivery of screened units of blood to the facility. NBTS will pick up unscreened blood units that these 5 hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS will deliver to these 5 hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by each facility. It is expected that at these 5 blood banking facilities a total of 4170 transfusions will take place. ICAP-CU will work to ensure that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donors on site using rapid test kits only. Therefore, approximately 3,340 units of blood will be collected and sent to the nearest NBTS centers for ELISA screening as outlined.

ICAP-CU will work with all 25 of its hospitals that do blood transfusions to ensure appropriate facility-level collection of blood. Directed and voluntary donors will be prescreened with the NBTS donor screening questionnaire and donors will be deferred as necessary based on their responses. 10,400 blood donors will be screened using the HCT testing algorithm, thereby utilizing the blood donor setting as another point of service for HCT during predonation. A PEPFAR-supported evaluation of the current emergency-based transfusion system will provide insight into rates of TTIs, including HIV, that go undetected in emergency screened blood.

ICAP-CU will identify appropriate staff for training by SBFA who, in turn, will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. Through this relationship 26 laboratory staff and other health care workers involved in blood transfusion services at ICAP-CU supported sites will be trained by SBFA. In order to avoid double counting, these 26 targets are counted under the SBFA blood safety narrative. For core TOT modules developed by SBFA, ICAP-CU will conduct step down training to 225 laboratory, allied health workers and hospital management staff involved in blood transfusion services at their sites.

Other activities for COP08 include infection prevention services to reduce occupational hazards, provision of contaminated waste and sharps collection and disposal units, and infection prevention equipment such as disposable and surgical gloves, disposable syringes, respiratory masks, and gowns. Quality assurance (QA)/Quality Improvement (QI) management systems will be put in place to ensure the quality of the rapid HIV testing at all sites. All sites will be provided with copies of the National Blood Policy, operational guidelines for blood transfusion, SOPs and job aids to support blood safety activities. This activity also includes partnerships and support to the following sub recipients for program activities: local red cross/red crescent organizations 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, ICAP-CU considers it essential to prevent HIV transmission in health care settings and to increase blood transfusion safety.

In COP08, ICAP-CU will support the training of health care workers to provide quality safe blood services, and will increase the availability of support personal protective equipment like hand gloves, lab coats, face shield and protective goggles to ensure that the lab staff are adequately protected. 10,400 donors will be prescreened according to National guidelines and 3,340 units of blood will be sent to NBTS to screen for 4 TTIs to ensure safe blood transfusion at ICAP-CU's supported sites in line with the National Blood Transfusion policy on blood and blood product safety.

LINKS TO OTHER ACTIVITIES:

This activity is linked to Counseling and Testing (5550.08) as directed donors and voluntary donors will be

Activity Narrative: provided with full HCT services prior to blood donation. This activity is closely linked to Injection Safety (6819.08) where ICAP-CU also plans to train laboratory and allied health workers at all its supported sites. With linkage to Lab (5544.08), lab-based activities will support safe blood activities at all ICAP-CU-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 ICAP-CU-supported health facilities. Targeted also are all persons 18 years of age and above and family replacement donors.

EMPHASIS AREAS

This activity includes emphasis on institutional capacity development for blood safety which includes training of lab staff and provision of equipment. This activity will also 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6698

Related Activity: 13023, 13024, 13028, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28543	6490.28543.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$40,000
6698	6490.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$0
6490	6490.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	25	False
3.2 Number of individuals trained in blood safety	225	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Benue

Cross River

Kaduna

Akwa Ibom

Gombe

Kogi

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 6491.08

Activity System ID: 13035

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$200,000

Activity Narrative: ACTIVITY DESCRIPTION:

It has been estimated that 5% -10% of HIV infections worldwide are transmitted through the transfusion of contaminated blood and blood products. In order to reduce global pandemic due to unsafe blood transfusion, this activity will support capacity development for blood safety, universal precautions, good laboratory practice and waste management.

During COP08 this activity will provide support for 30 ART sites where GHAIN will be working to provide comprehensive ART treatment, care and support. In the first component of this activity, four sites will be receiving intensive support from GHAIN to become model blood banks, linked to the NBTS centers. In the second component of this activity, the remaining 26 sites will participate in trainings and receive technical assistance, mentoring and monitoring from GHAIN staff. All blood for emergency transfusion will be screened with rapid test kits following standard operating procedures developed in accordance with National guidelines.

The first component of this activity is capacity development for blood safety (training and equipment) which will be done with technical assistance from Safe Blood for Africa Foundation. 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, use of rapid test kits for emergency transfusion screening, logistics and cold chain management training, donor recruiting and management, and appropriate use of blood. The institutional capacity development component will mainly cover the provision of basic needs for the collection of blood and serologic testing for the TTIs to ensure that all blood meant for emergency transfusion are free of TTIs. In line with the GoN National training guideline and curriculum for TTIs testing for blood transfusion safety, GHAIN with technical assistance from SBFAF will conduct a central TOT for an average of 2 senior laboratorians per site, making a total of 60 to be trained by SBFA. To avoid double counting, these 60 are captured in SBFA narrative and targets. These senior laboratorians will in turn train all the laboratory officers in their sites, including all laboratory staff that handle blood for transfusion. A total of 72 health personnel will be trained through the step down trainings. The site trainings will be conducted under the supervision of the GHAIN laboratory staff and are captured in GHAIN's targets.

GHAIN will also link 4 sites to the NBTS centers for the NBTS- Hospital linkage. The sites to be linked will likely be General Hospital, Wuse; Murtala Mohammed Hospital, Kano; General Hospital, Awka; and Central Hospital, Benin. These sites will be empowered as model blood banks to collect blood from donors using the national donor questionnaire. The collected blood will be sent to the nearest NBTS center for screening by Elisa. It is hoped that 12,680 units of blood will be collected and about 80% of this, 10,100 will be screened through this linkage with the NBTS. These sites will also conduct blood drives in collaboration with the NBTS. Blood collected from such donor drives will be screened by the NBTS and the screened blood returned to these sites. Samples of blood screened with rapid test kits for emergency transfusion will be sent to the NBTS centers for re-testing by ELISA.

This activity will encourage blood donor drives in collaboration with NBTS centers; promote the principles of centralized blood transfusion services; voluntary non-remunerated blood donation as opposed to paid donors/family replacement; 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 and hepatitis. These universal precaution materials include personal protective equipment such a gloves and laboratory coats and other consumables (Methylated-spirit, hypochlorite solutions and antibacterial soaps), which will be provided for the sites. Equipment to be provided will include refrigerators, centrifuge, thermometer, pipettes, and other equipment required to upgrade the facility to a blood bank activity level. In addition, each site will make provisions for referral of staff for access to Post Exposure Prophylaxis (PEP) in case the need arises.

All screening services will be linked to pre and post test counseling services at each site. National blood donor questionnaires will be used to screen all donors and the data submitted to the nearest NBTS center as part of the national database.

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 testing for the TTIs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This program will contribute to the prevention of HIV/AIDS through blood transfusion. This activity will also contribute towards strengthening quality control 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, MTCT – 3.3.03 and HTXS – 3.3.11. All blood donors will be offered full HCT services after screening with the blood donor questionnaire and the data captured. Positive clients from emergency screening will be referred for ART services using GHAIN referral network system. GHAIN will collaborate with other partners to work with the National Blood Transfusion Service to develop a sustainable logistic plan for continuous availability of voluntary non-remunerated donors (VNRD) and fully screened blood so that emergency screening will be minimal.

POPULATIONS BEING TARGETED:

This activity targets youth, adult men and women who are potential blood donors. It will also target health care workers for appropriate use of blood.

EMPHASIS AREAS:

Emphasis areas include human capacity development and local organization capacity building. An emphasis will be placed on linkage with the NBTS and training on blood safety issues. This program shall work to reduce stigma associated with the HIV status of a blood donor and discrimination faced by individuals with HIV/AIDS and their family members.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 6710**Related Activity:** 13034, 13041, 13043**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24890	6491.24890.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$40,913
6710	6491.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$0
6491	6491.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$225,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	30	False
3.2 Number of individuals trained in blood safety	72	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

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 ID: 544.08

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 6489.08

Activity System ID: 13052

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$115,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity will support capacity development for blood safety (training and equipment), blood bank screening for HIV and other TTIs, 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 and transfusion practices, the support of counseling and laboratory personnel and their training. Capacity for high-quality blood transfusion services at seven APIN+ supported ARV centers will be increased through linkages between blood banks at these APIN+ sites and NBTS Zonal Centers. This activity will support the infrastructure development, laboratory training, HIV counseling training and replacement laboratory equipment to supported facilities.

In COP08, APIN+ will work closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa Foundation (SBFA) in all aspects of its blood safety program. APIN+ will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system (VDRS). At APIN+ supported facilities NBTS will provide TA for blood donation drives and SBFA will train nurses and medical laboratory scientists in recruitment strategies to create repeat voluntary blood donors from the ranks of current family replacement donors. In this plan APIN+ will be instrumental in working with hospital management and staff at all comprehensive sites to participate in the NBTS blood services program, to create support of blood donor organizers, and to strengthen health facility and community focused blood drive activities. Each of the 28 APIN+ sites that have blood transfusion services will be technically supported so that HIV testing using the National testing algorithm for HCT is conducted in the pre-donation setting. Data on patients provided with HCT through these activities will be captured and analyzed through APIN+ SI activities. All donors will be prescreened using the NBTS screening questionnaire and donors may be deferred based on their responses. APIN+ and its supported facilities will establish and coordinate a regular QA/QC program to ensure that HCT testing in the blood donor setting meets national and international standards. It is expected that these improvements in the donor screening and blood collection practices will result in the safe collection of 15,000 units of blood.

Linkages to NBTS Zonal Centers will occur through strengthening of ongoing collaborations. APIN+ works in a range of secondary and tertiary facilities that do blood transfusions, some of which are already utilizing a combination of ELISA and rapid testing for the four transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis and are resistant to moving their current blood screening practices to NBTS. APIN+, NBTS and SBFA will continue to promote the benefits of NBTS-screening to the management and hematology departments of these facilities, however they will not be chosen during COP08 as NBTS-linked blood banks. APIN+ will facilitate the development of an NBTS/hospital blood exchange program at seven health facilities that will be selected based on supportive management, proximity to a zonal NBTS office, availability of blood banking facilities, laboratory infrastructure and other resources. This linkage will include regular delivery of donated units of blood to NBTS for screening in conjunction with a regular delivery of screened units of blood back to the facility. NBTS will pick up unscreened blood units that these seven hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the four TTIs using ELISA techniques. In addition to collecting unscreened units, NBTS will deliver to these seven hospitals their requested order of screened units for blood banking and use at the facilities as well as a supply of blood bags for blood collections. NBTS will also provide monthly feedback on rates of the four TTIs found by ELISA screening of blood units collected by each facility. It is expected that through this NBTS blood banking system 3,500 units of blood will be sent to NBTS for screening.

APIN+ will identify appropriate staff for training by SBFA who, in turn, will utilize standardized training modules that are approved by NBTS and appropriate to the various levels of trainees. APIN+ will refer a total of 35 doctors, nurses, and lab workers at supported sites to SBFA for training related to blood safety. In order to avoid double counting, these 35 targets are counted under the SBFA blood safety narrative. APIN+ will in turn coordinate step down training of 350 staff from its supported sites in counseling, universal precautions, good laboratory practices, and lab safety as related to blood transfusion practices. A focal person within APIN+ will be identified for blood safety. QA/QC activities will include site M&E and personnel trainings on proficiency in HIV testing, universal precautions, and good laboratory practices. All sites will be provided with copies of the National Blood Policy, operational guidelines for blood transfusion, SOPs and job aids to support blood safety activities.

This activity will promote the principles of Universal Safety Precautions, such as 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 contracting 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 ART drugs activities. Proper waste management will be encouraged at each site through the use of biohazard bags, suitable sharps containers, and the use of incinerators.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will provide support for seven service outlets at tertiary health care facilities. Individuals will be trained in counseling and testing and blood bank safety protocols and linkages will be created with the National Blood Transfusion System. The emphasis on infrastructure building within this program is consistent with the PEPFAR five-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 a safe, effective and nationally coordinated blood program that provides blood free of the four TTIs.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in counseling and testing (5424.08). All blood donors will be screened with donor questionnaires and provided with full HCT. The universal precaution processes put in place at the blood bank screening centers will also enhance blood bank workers 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 (6818.08) and laboratory infrastructure (6716.08) through the promotion of universal safety precautions, good laboratory practices,

Activity Narrative: and proper waste management for biohazardous materials.

POPULATIONS BEING TARGETED:

This activity targets adults and particularly, blood donors, aged 18 and above. 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.

EMPHASIS AREAS:

This activity emphasizes upgrading the infrastructure of participating hospitals and their laboratories and blood banks through training and minor renovation to effectively link up with the NBTS and contribute to the nationally coordinated blood banking system. In order to develop human capacity, there will also be emphasis on in-service training of laboratory workers and public health personnel in the implementation of recruitment of VNRD and safe blood activities. This will also be achieved through quality assurance and supportive supervision of trained staff. Strategic information will be emphasized in the collection of data surrounding transfusions done at the site level. Lastly, this program will develop the capacity of local organizations (blood banks in hospitals) to participate in national blood safety activities. It is expected to promote awareness about safe blood practices in the communities and indirectly increase the number of volunteers available for blood donations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6722

Related Activity: 13046, 13092, 13134, 13107

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6722	6489.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$0
6489	6489.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$225,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13092	9772.08	6387	5329.08	HHS/CDC Track 1.0 SBFAF	Safe Blood for Africa Foundation	\$500,000
13046	5669.08	6375	3812.08	HHS/CDC Track 1.0 MoH NBTS	Federal Ministry of Health, Nigeria	\$3,500,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	28	False
3.2 Number of individuals trained in blood safety	350	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Borno
Kaduna
Lagos
Oyo
Plateau
Benue
Ebonyi
Enugu
Yobe

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5329.08

Prime Partner: Safe Blood for Africa
Foundation

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 9772.08

Activity System ID: 13092

Mechanism: HHS/CDC Track 1.0 SBFAF

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$500,000

Activity Narrative: The activity narrative combines Track 1 and Track 2 funding. In addition, this activity will be jointly managed by CDC and USAID.

ACTIVITY DESCRIPTION:

The Safe Blood for Africa Foundation (SBFA) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFA activities reinforce the National Blood Transfusion Service's (NBTS) long-term strategy. SBFA assists the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system (VNRD). The NBTS zonal and state centers are primarily supported by VNRD.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFA is expanding its TA to establish a more appropriate blood safety program in USG supported hospitals in Nigeria. SBFA has conducted a robust training program that has been fundamental to the rapid expansion of the NBTS. In FY08, SBFA activities will be primarily focused on: capacity-building for blood safety activities at USG-supported hospitals in Nigeria; supporting NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promoting coordinated blood safety activities across all partners. SBFA will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. The facilities will be educated on the use of the blood screening algorithm and proper diagnostic strategy based on prevalence criteria. SBFA will train nurses and medical laboratory scientists in USG-supported hospitals and hospitals within NBTS catchment areas to recruit VNRD from the ranks of current family replacement donors. SBFA will also train these personnel in blood collection and donor care, as well as in counseling, including appropriate utilization of the NBTS pre-donation screening questionnaire, leading to improved screening of all donors in all facilities.

SBFA will facilitate the development of an NBTS/hospital blood exchange program through training in logistics and cold chain management with an emphasis on improved storage and handling. This training was first introduced in FY07 to NBTS and USG-supported facilities' drivers and medical laboratory scientists. The NBTS/hospital blood exchange program will put a system in place whereby NBTS will develop and implement a delivery system with hospitals, including select USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS will pick up unscreened blood units that the hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELSIA techniques. In addition to collecting unscreened units, NBTS will deliver to the hospitals their requested order of screened units for blood banking and use at the facilities. Furthermore, as well as providing screened blood to the facilities, NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by the facility. This will facilitate improvement of donor prescreening and deferral. This program will be piloted at select facilities with each USG partner and then expanded as NBTS absorptive capacity improves. The goal will be that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donated blood on site using rapid test kits. Given that only a fraction of facilities will be capable of piloting such an exchange program with NBTS in this initial year, all facilities will be supported to improve their collection practices and on site lab screening practices, including utilizing the blood donor setting as another point of service for HCT during pre-donation. SBFA and NBTS will participate in a University of Maryland led assessment of blood safety evaluation activities in Nigeria funded in COP07. This operational research will provide insight into rates of TTIs, including HIV, that go undetected in the current emergency-based transfusion system.

Training on appropriate blood use, dangers of TTIs, and the risks associated with family replacement and remunerated donors will be maintained. Training will also be conducted on the appropriate clinical use of blood. Technical support will be given to NBTS to develop IEC materials and job aids. SBFA will work with other USG IPs to create a referral network whereby suitable donors are referred to nearby NBTS sites for repeat donation. In cases where donors at NBTS centers are found to be HIV positive, referral will be given to nearby USG-supported facilities. Referral forms will be jointly developed by SBFA and other IPs through the USG/IP blood safety group. SBFA will continue to assist the NBTS in its monitoring and evaluation program. This will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and institute consistent blood banking standards and practices on a national basis. This SBFA program has been designed to assist the NBTS to fulfill this objective. SBFA will assist the NBTS in using assessments resulting from this program to help upgrade the safety standards of each hospital blood bank and will provide appropriate training and coordination among USG facilities. SBFA activities will provide support for 188 service outlets through training (sites are counted under NBTS and IP targets) and will provide 1000 trainee slots that will yield 720 unique individuals trained.

SBFA has worked with ENHANSE and the NBTS through the National Technical Committee to develop safe blood related policy. In FY08, emphasis will be on entrenching the policy into law and the implementation of the policy throughout the country including setting up a regulatory body and oversight standards. This is a significant intervention for the prevention of HIV and other TTIs through improved blood safety practices. SBFA 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. SBFA will continue to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure its sustainable, independent operation and increased leadership role in the safety of Nigeria's healthcare system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

SBFA BS activities will contribute to COP08 overall Emergency Plan blood safety targets for Nigeria. Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFA in linkages and synergies between the NBTS and service outlets will improve the quality of blood transfusion practices in Nigeria. The NBTS/USG supported hospital blood exchange program will also improve access to safe blood. This activity will be primarily conducted through technical assistance to the NBTS and the hospital monitoring and evaluation program, as well as through training to facility staff. Monitoring and evaluation activities will determine the number of blood units screened by NBTS and the number of outlets adhering to the appropriate use of guidelines and SOPs provided through regular audits at these outlets at 6 month intervals. PEPFAR BS indicators will be reported.

Activity Narrative:**LINKS TO OTHER ACTIVITIES:**

SBFA VNRD activities have direct links to Counseling and Testing. SBFA TA activities are linked to policy analysis and system strengthening activities. SBFA also provides technical assistance and support to other USG partners implementing emergency blood screening activities under this program area.

POPULATIONS BEING TARGETED:

Low risk populations targeted to become regular VNRD include select youth groups and select cohorts of adult men and women. SBFA will assist the NBTS to engage with organizations such as FBOs, business/private sector and community and religious leaders. SBFA training activities and capacity building will target host country government workers and other health care providers.

EMPHASIS AREAS:

This program focuses on blood safety training in all areas of the program. Efforts are also being expanded in the area of blood policy and oversight. Community mobilization/participation and supportive supervision are also a focus of this activity. The program addressed by SBFA activities is based on volunteers. Development of a sustainable VNRD base is by definition entirely dependent on recruiting and retaining volunteers. This activity is community based and focuses on the recruitment of suitable low-risk voluntary donors to supply centralized blood collection facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9772

Related Activity: 12995, 13035, 13022, 13134,
13107, 13052, 13151, 13093,
13046, 14085, 13078

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9772	9772.07	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	5329	5329.07	Track 1.0	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
13035	6491.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$200,000
13093	6641.08	6388	3699.08	HHS/CDC Track 2.0 SBFAF	Safe Blood for Africa Foundation	\$0
13046	5669.08	6375	3812.08	HHS/CDC Track 1.0 MoH NBTS	Federal Ministry of Health, Nigeria	\$3,500,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000

Emphasis Areas

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3699.08

Mechanism: HHS/CDC Track 2.0 SBFAF

Prime Partner: Safe Blood for Africa Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 6641.08

Planned Funds: \$0

Activity System ID: 13093

Activity Narrative: The activity narrative combines Track 1 and Track 2 funding. In addition, this activity will be jointly managed by CDC and USAID.

ACTIVITY DESCRIPTION:

The Safe Blood for Africa Foundation (SBFA) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFA activities reinforce the National Blood Transfusion Service's (NBTS) long-term strategy. SBFA assists the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system (VNRD). The NBTS zonal and state centers are primarily supported by VNRD.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFA is expanding its TA to establish a more appropriate blood safety program in USG supported hospitals in Nigeria. SBFA has conducted a robust training program that has been fundamental to the rapid expansion of the NBTS. In FY08, SBFA activities will be primarily focused on: capacity-building for blood safety activities at USG-supported hospitals in Nigeria; supporting NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promoting coordinated blood safety activities across all partners. SBFA will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. The facilities will be educated on the use of the blood screening algorithm and proper diagnostic strategy based on prevalence criteria. SBFA will train nurses and medical laboratory scientists in USG-supported hospitals and hospitals within NBTS catchment areas to recruit VNRD from the ranks of current family replacement donors. SBFA will also train these personnel in blood collection and donor care, as well as in counseling, including appropriate utilization of the NBTS pre-donation screening questionnaire, leading to improved screening of all donors in all facilities.

SBFA will facilitate the development of an NBTS/hospital blood exchange program through training in logistics and cold chain management with an emphasis on improved storage and handling. This training was first introduced in FY07 to NBTS and USG-supported facilities' drivers and medical laboratory scientists. The NBTS/hospital blood exchange program will put a system in place whereby NBTS will develop and implement a delivery system with hospitals, including select USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS will pick up unsorted blood units that the hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unsorted units, NBTS will deliver to the hospitals their requested order of sorted units for blood banking and use at the facilities. Furthermore, as well as providing sorted blood to the facilities, NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by the facility. This will facilitate improvement of donor prescreening and deferral. This program will be piloted at select facilities with each USG partner and then expanded as NBTS absorptive capacity improves. The goal will be that 80% of blood transfusions that occur at these hospitals will be with NBTS-sorted blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donated blood on site using rapid test kits. Given that only a fraction of facilities will be capable of piloting such an exchange program with NBTS in this initial year, all facilities will be supported to improve their collection practices and on site lab screening practices, including utilizing the blood donor setting as another point of service for HCT during pre-donation. SBFA and NBTS will participate in a University of Maryland led assessment of blood safety evaluation activities in Nigeria funded in COP07. This operational research will provide insight into rates of TTIs, including HIV, that go undetected in the current emergency-based transfusion system.

Training on appropriate blood use, dangers of TTIs, and the risks associated with family replacement and remunerated donors will be maintained. Training will also be conducted on the appropriate clinical use of blood. Technical support will be given to NBTS to develop IEC materials and job aids. SBFA will work with other USG IPs to create a referral network whereby suitable donors are referred to nearby NBTS sites for repeat donation. In cases where donors at NBTS centers are found to be HIV positive, referral will be given to nearby USG-supported facilities. Referral forms will be jointly developed by SBFA and other IPs through the USG/IP blood safety group. SBFA will continue to assist the NBTS in its monitoring and evaluation program. This will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and institute consistent blood banking standards and practices on a national basis. This SBFA program has been designed to assist the NBTS to fulfill this objective. SBFA will assist the NBTS in using assessments resulting from this program to help upgrade the safety standards of each hospital blood bank and will provide appropriate training and coordination among USG facilities. SBFA activities will provide support for 188 service outlets and will provide 1000 trainee slots that will yield 720 unique individuals trained.

SBFA has worked with ENHANSE and the NBTS through the National Technical Committee to develop safe blood related policy. In FY08, emphasis will be on entrenching the policy into law and the implementation of the policy throughout the country including setting up a regulatory body and oversight standards. This is a significant intervention for the prevention of HIV and other TTIs through improved blood safety practices. SBFA 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. SBFA will continue to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure its sustainable, independent operation and increased leadership role in the safety of Nigeria's healthcare system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

SBFA BS activities will contribute to COP08 overall Emergency Plan blood safety targets for Nigeria. Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFA in linkages and synergies between the NBTS and service outlets will improve the quality of blood transfusion practices in Nigeria. The NBTS/USG supported hospital blood exchange program will also improve access to safe blood. This activity will be primarily conducted through technical assistance to the NBTS and the hospital monitoring and evaluation program, as well as through training to facility staff. Monitoring and evaluation activities will determine the number of blood units screened by NBTS and the number of outlets adhering to the appropriate use of guidelines and SOPs provided through regular audits at these outlets at 6 month intervals. PEPFAR BS indicators will be reported.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

SBFA VNRD activities have direct links to Counseling and Testing. SBFA TA activities are linked to policy analysis and system strengthening activities. SBFA also provides technical assistance and support to other USG partners implementing emergency blood screening activities under this program area.

POPULATIONS BEING TARGETED:

Low risk populations targeted to become regular VNRD include select youth groups and select cohorts of adult men and women. SBFA will assist the NBTS to engage with organizations such as FBOs, business/private sector and community and religious leaders. SBFA training activities and capacity building will target host country government workers and other health care providers.

EMPHASIS AREAS:

This program focuses on blood safety training in all areas of the program. Efforts are also being expanded in the area of blood policy and oversight. Community mobilization/participation and supportive supervision are also a focus of this activity. The program addressed by SBFA activities is based on volunteers. Development of a sustainable VNRD base is by definition entirely dependent on recruiting and retaining volunteers. This activity is community based and focuses on the recruitment of suitable low-risk voluntary donors to supply centralized blood collection facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6730

Related Activity: 12995, 13035, 13022, 13134,
13107, 13052, 13151, 13092,
13046, 14085, 13078, 18064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6730	6641.07	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	4177	3699.07	Track 2.0	\$0
6641	6641.06	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	3699	3699.06	Track 1.0	\$676,440

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
13035	6491.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$200,000
13092	9772.08	6387	5329.08	HHS/CDC Track 1.0 SBFAF	Safe Blood for Africa Foundation	\$500,000
18064	5387.08	7929	3700.08	USAID Track 2.0 SBFAF	Safe Blood for Africa Foundation	\$600,000
13046	5669.08	6375	3812.08	HHS/CDC Track 1.0 MoH NBTS	Federal Ministry of Health, Nigeria	\$3,500,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3812.08

Prime Partner: Federal Ministry of Health,
Nigeria

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 5669.08

Activity System ID: 13046

Mechanism: HHS/CDC Track 1.0 MoH
NBTS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$3,500,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, a total of 108,000 units of blood are anticipated to be collected and screened, including 27,840 units of blood that will be collected by the Nigerian National Blood Transfusion Service (NBTS) from USG-supported hospitals. NBTS will source blood collections from voluntary non-remunerated donors (VNRD), with extensive mobile community outreach activities at all centers. An aggressive donor recruitment campaign is in progress to educate the populace about the importance of voluntary blood donations to improve blood safety and availability. The campaigns are carried out mostly in tertiary educational institutions, via mass media (TV, radio), by road shows and through one-on-one recruitment. Young persons are targeted to become regular blood donors through education, counseling and reinforcing messages about living healthy lifestyles that reduce the risk of contracting HIV and other TTIs. The youth recruitment program relies on the establishment of youth donor associations and NGOs (e.g., local Club 25, Lifesavers Club and Rotaract Club). NBTS, through the linkages its zonal centers will develop with other IPs, will provide TA for blood donation drives held by USG-supported hospital facilities.

The NBTS coordinates all blood safety activities in Nigeria. It is based on a centralized system that began with six zonal blood screening centers in the first phase of the project and is comprised of 14 centers now. The Abuja Center serves as headquarters covering the Federal Capital Territory and adjoining states with a population of 7.2 million. The Kaduna Center serves the North-West Zone (seven states) with a population of 35.8 million. The Owerri Center serves the South-East Zone (five states) with a population of 16.4 million. The Ibadan Center serves the South-West Zone (six states) and a population of 27.6 million. The Maiduguri Center covers the North-East Zone (six states) and 18.2 million people. The Jos Center covers the North-Central Zone (six states) and 18.2 million people. The Port-Harcourt Center is designated as the Armed Forces Center. The South-South Zone (six states) with a population of 21 million has Benin City as its Zonal Center. Lokoja is a state center complementing the Jos Zonal Center while the Potiskum Center complements the North-East Zonal Center in Maiduguri. The Abeokuta State Center will complement the Zonal Center in Ibadan while the Sokoto Center complements the Kaduna Center (North-West). The Calabar Center will complement the South-South Zonal Centre in Benin City. NBTS employs an average of 35 persons per center (donor recruiters, nurses, phlebotomists, counselors and laboratory scientists). Formal referral linkages exist between the NBTS centers to appropriate treatment facilities for TTI positive donors.

Currently, most blood donation and screening in Nigeria occurs at the facility level and in emergency settings. In such cases, best practices are not usually implemented in pre-donation screening of donors, bleeding practices, or laboratory screening of blood units. This results in higher morbidity and mortality for both donors and recipients. In COP08 NBTS will implement migration of fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. To achieve this, NBTS will develop and maintain linkages with other IPs, hospitals and other facilities to ensure appropriate blood collection at these outside facilities. Through these linkages NBTS will provide all USG-supported facilities with a pre-donation screening questionnaire (developed by NBTS in conjunction with Safe Blood for Africa Foundation, SBFA), a ready supply of blood bags, and equipment for standardized blood collection (patient scale, sphygmomanometer/stethoscope, and blood bag scale). In addition, through the TA to NBTS from SBFA, 720 staff from USG-supported facilities and staff of other PEPFAR IPs will be trained in appropriate blood collection and clinical use.

NBTS will take the lead in the development of an NBTS/hospital blood exchange program, working with SBFA and other IPs. NBTS will develop Standard Operating Procedures with each facility that participates in this blood exchange program. The goals of such linkages are to ensure that blood units are properly screened and also to promote the migration of family replacement donors to VNRD. The NBTS/hospital blood exchange program will put a system in place whereby NBTS will develop and implement a delivery system with hospitals, including select USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS will pick up unscreened blood units that the hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. All NBTS centers maintain cold chain by a 24-hour power supply augmented by standby generators. The NBTS in addition will deliver to the hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the four TTIs found by ELISA screening of blood units collected by the facility. This will facilitate improvement of donor prescreening and deferral. NBTS Zonal Centers will maintain a Hot Line during working hours for receiving inquiries from donors, facilities, IPs and interested parties. This program will be piloted at select facilities with each USG partner and then expanded as NBTS absorptive capacity improves. The goal will be that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions screened by the hospital using rapid test kits.

While the NBTS/hospital blood exchange is the standard that USG Nigeria is moving towards, only a fraction of facilities will be capable of piloting such an exchange program with NBTS in this initial year. Therefore, all facilities will be supported to improve their collection practices and on site lab screening practices, including utilizing the blood donor setting as another point of service for HCT during pre-donation. SBFA and NBTS will participate in a University of Maryland led assessment of blood safety activities in Nigeria. This operational research will provide insight into rates of TTIs, including HIV, that go undetected in the current emergency-based transfusion system.

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 SBFA is in place to direct implementation of the program. In order to increase coverage of the service, NBTS is proposing GON funding for three additional centers in calendar year 2008, bringing the total number nationwide from 14 in 2007 to 17 at the end of 2008.

Training on appropriate clinical use of blood, dangers of TTIs, and the risks associated with family replacement and remunerated donors will be conducted by SBFA on behalf of NBTS. Standard training modules approved by NBTS will be used and updated as needed. NBTS, together with SBFA, will develop IEC materials and job aids. A total number of 280 staff will be trained by NBTS as a step down training from SBFA. In addition, 100 staff will be trained directly by SBFA on behalf of NBTS by the end of COP08. In order to avoid double counting, these targets are counted under the SBFA blood safety narrative. In addition to assistance through training, NBTS will also assist other IPs to establish and maintain blood transfusion

Activity Narrative: committees in the USG-supported facilities where they work so that practices learned during training will be reviewed on a regular basis and maintained. NBTS is developing a quality management protocol for the assessment of its program at regular intervals. Standard operating guidelines for all processes and procedures carried out within the service have been developed including recruitment, phlebotomy, donor care, blood grouping and infectious agent screening. Appropriate trainings and regularly scheduled and unscheduled monitoring activities at zonal centers using a standard checklist will complement quality management efforts.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Safe blood supplies in our communities will result in a significant reduction in the transmission of HIV and other TTIs from unsafe blood transfusions. This contributes to the EP Five-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 HCT and Injection safety. Donors will receive predonation HCT at the hospital level and at the NBTS level will receive referrals to USG-supported hospitals based on TTI screening results. Proper health care waste management will also be supported through use of incinerators for disposal of infectious medical waste including sharps.

POPULATIONS BEING TARGETED:

Low-risk populations will be targeted to become regular VNRBD and will include select youth groups and select cohorts of adult men and women. There is also a very active population of donors from faith-based organizations.

EMPHASIS AREAS:

An emphasis will be human capacity development community mobilization and participation for voluntary non-remunerated blood donation.

Other issues to be 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6711

Related Activity: 12995, 13035, 13092, 13093, 13107, 13052, 13022, 13134, 13151, 14085, 13078

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24857	5669.24857.09	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Nigeria	10583	3812.09	HHS/CDC Track 1.0 MoH NBTS	\$3,500,000
6711	5669.07	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Nigeria	4168	3812.07	Track 1.0	\$3,500,000
5669	5669.06	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Nigeria	3812	3812.06	Track 1.0	\$1,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
13035	6491.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$200,000
13092	9772.08	6387	5329.08	HHS/CDC Track 1.0 SBFAF	Safe Blood for Africa Foundation	\$500,000
13093	6641.08	6388	3699.08	HHS/CDC Track 2.0 SBFAF	Safe Blood for Africa Foundation	\$0
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	17	False
3.2 Number of individuals trained in blood safety	280	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Imo

Kaduna

Borno

Cross River

Edo

Federal Capital Territory (Abuja)

Kogi

Lagos

Ogun

Plateau

Rivers

Sokoto

Yobe

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 9773.08

Activity System ID: 13078

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$425,000

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of blood safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure, for IPs and DoD, safe blood related commodities needed for the collection, testing, preparation and distribution of blood and blood components. Examples of such commodities are blood bags, testing diagnostic kits for the detection of HIV, Syphilis, Hepatitis B and C and laboratory reagents. SCMS will also procure commodities needed for the disposal of contaminated products.

Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of blood donors and blood or blood components' recipients in the general population.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS for the support of all IPs active in blood/medical safety, particularly for the National Blood Transfusion Service (3812.08). The budget also supports the cost of TA and SS. A portion of the budget, \$35,000, has been allocated to SCMS by the University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#632.08), which will be used for their blood safety program.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Nigerian National Blood Policy and Operational guidelines for blood transfusion practices, Federal Government of Nigeria's (FGON), HIV testing algorithm, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for blood safety related commodities will be addressed to and coordinated with SCMS field office directly in line with explicit guidance from the Prevention TWG and the USG PEPFAR Team to ensure complementarities with the priorities identified.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs (including DoD); SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or the distribution mechanism most appropriate for the program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance). SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of staff in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their blood safety planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to avert 7 million infections worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA

Activity Narrative: and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), BLOOD SAFETY (#14085.08), INJECTION SAFETY (#9775.08), CONDOMS AND OTHER PREVENTION ACTIVITIES (#9784.08), BASIC HEALTH CARE AND SUPPORT (#9842.08), TB/HIV (#9878.08), ORPHANS AND VULNERABLE CHILDREN (#9883.08), COUNSELING AND TESTING (#6643.08), ARV DRUGS (#6402.08) AND LABORATORY INFRASTRUCTURE (#9894.08). LOGISTICS SYSTEM STRENGTHENING EFFORTS WILL BE LINKED WITH POLICY (#5300.08) AND STRATEGIC INFORMATION (#6661.08) ACTIVITIES.

EMPHASIS AREA:

Human capacity development

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9773

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26053	9773.26053.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$10,000
9773	9773.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$0

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 632.08	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 3258.08

Planned Funds: \$315,000

Activity System ID: 13107

Activity Narrative: ACTIVITY DESCRIPTION:

ACTION will support the USG effort to assist the Nigerian National Blood Transfusion Service (NBTS) in the development of a nationally-coordinated blood program to ensure a safe and adequate blood supply by supporting four large tertiary hospitals as model blood banks to effectively utilize screened blood from NBTS Zonal Centers for the majority (80%) of their transfusion needs by the end of COP08. These activities will be facilitated through the provision of step-down training, proper blood storage and testing equipment, and supplies. For their emergency transfusions as an interim measure, the four model sites will be supported to utilize the NBTS standard donor screening questionnaire, provide full HCT services for all emergency donors, and screen all emergency donors for the four transfusion transmitted infections (TTIs) (HIV I and II, syphilis, hepatitis B, and hepatitis C) in accordance with NBTS policies. The model blood banks will also be supported to carry out proper universal precautions, good laboratory practice, waste management, and QA/QC for all serological testing. Approximately 50 other facilities supported by ACTION and carrying out blood transfusion services will be supported to utilize the NBTS donor screening questionnaire, provide pre-donation HCT, and implement standardized blood collection methods. Safe injection program area resources will be leveraged to facilitate proper universal precautions and waste management.

In COP08, ACTION will work closely with NBTS and Safe Blood for Africa Foundation (SBFA) in all aspects of its blood safety program. ACTION will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system. ACTION will work with NBTS Centers to implement blood drives at supported facilities and surrounding communities. To assist in the development of efficient national coordinated and centralized donor recruitment, blood screening, and distribution systems in accordance with the Nigerian National Blood Transfusion Policy, four selected ACTION sites which are large tertiary hospitals involved in the provision of blood transfusion services will be supported as model blood banks linked to the nearest NBTS Center. Model blood banks will include: University of Abuja Teaching Hospital linked to the FCT Zonal Center, Bauchi Specialist Hospital linked to the North Central Zonal Center in Jos, University of Benin Teaching Hospital linked to the South-South Zonal Center in Benin, and Nnamdi Azikiwe University Teaching Hospital linked to the South-East Zonal Center in Owerri. Model blood banks will be supported to screen and bleed donors in addition to implementing donor referrals to Zonal Centers. The NBTS/hospital blood exchange program will put a system in place whereby NBTS will develop and implement a delivery system with these hospitals with appropriate blood banking facilities in place. NBTS will pick up unscreened blood units that the hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the four transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS will deliver to these four hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the four TTIs found by ELISA screening of blood units collected by each facility. Infrastructure support for these model sites will include renovation of the site donor bay and blood bank to provide for proper ambient temperature for laboratory testing, provision of proper blood storage refrigerators, and provision of a centrifuge and disposables for cross matching.

Recognizing that the transition to full reliance upon the NBTS Centers for all blood products will take some time, model sites will be supported to follow NBTS policy in the identification and collection of blood from all donors including blood for emergency transfusions. It is anticipated that the four model sites will require 12,000 units of blood during the COP08 period with a goal of 80% (9,600 units) of these screened and provided through the NBTS Centers. Procedures for emergency donors at the site will mirror NBTS Center procedures to the extent possible. This will include the use of the NBTS donor screening questionnaire for all donors with deferred as necessary based on responses, and the provision of standard HCT services to donors using the National HIV rapid testing algorithm. 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 for all serologic testing.

This activity will promote the principles of Universal Safety Precautions, such as 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 contracting infections, especially HIV. Proper waste management will be encouraged through the use of biohazard bags, suitable sharps containers, and the use of incinerators. In addition, each site will have in place a Post-Exposure Prophylaxis (PEP) protocol and starter kits in the event of an occupational exposure (described under the ARV services narrative).

Ten staff will be trained at each of the four model sites by SBFA who in turn will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. In order to avoid double counting, these 40 targets are counted under the SBFA blood safety narrative. For core TOT modules developed by SBFA, ACTION will conduct step down training to 40 direct targets.

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 at selected facilities are HIV free by instituting safe blood activities at all sites. Screening for TTIs will provide information on prevalence among blood donors and guide future policy formulation on TTI screening. ACTION activities will support the implementation of GON operational guidelines for blood transfusion practice in Nigeria and actualization of a well coordinated and centralized blood supply system in the country, while the QA program will serve as a mechanism to measure and evaluate the success of the intervention strategy.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT (5426.08) as directed donors and voluntary donors will be provided with full HCT services prior to blood donation. This activity is also linked to infection control activities under injection safety (6821.08) as a post exposure prophylaxis policy will be instituted, universal precaution supplies including safe disposal containers will be provided, and training will be conducted. Linkages to laboratory infrastructure (3256.08) also exist. Strategies for HIV positive donor referral to clinical ARV facilities will promote treatment access goals and provide encouragement of donors to have HIV testing done. Linkages to AB (15651.08) and condoms and other prevention (9210.08) will also exist as HIV prevention materials and free condoms will be provided at the blood screening sites to encourage HIV prevention among donors.

Activity Narrative: SI (3253.08) will support data gathering related to blood donations.

POPULATIONS BEING TARGETED:

The target populations are blood donors, laboratory workers, physicians and blood donor organizers at public facilities who will be the focus of capacity development and voluntary blood donations.

EMPHASIS AREAS:

An emphasis area for this activity is training as capacity development for sustainability is a key focus. Organizational capacity building is also a focus as capacity around blood donor drives and blood banking abilities in facilities is strengthened. Renovations are a minor emphasis.

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 to indirectly increase the number of volunteers available for blood donations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6769

Related Activity: 13092, 13093, 13046, 13134, 13113

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25239	3258.25239.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$70,516
6769	3258.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$400,000
3258	3258.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$190,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13092	9772.08	6387	5329.08	HHS/CDC Track 1.0 SBFAF	Safe Blood for Africa Foundation	\$500,000
13093	6641.08	6388	3699.08	HHS/CDC Track 2.0 SBFAF	Safe Blood for Africa Foundation	\$0
13046	5669.08	6375	3812.08	HHS/CDC Track 1.0 MoH NBTS	Federal Ministry of Health, Nigeria	\$3,500,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	54	False
3.2 Number of individuals trained in blood safety	40	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

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
Kwara
Ogun
Osun
Plateau
Sokoto

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1561.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 5395.08

Activity System ID: 13134

Mechanism: HHS/CDC Track 2.0 Agency
Funding

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$40,000

Activity Narrative: ACTIVITY DESCRIPTION:
This HMBL activity relates directly to all Nigeria HHS Medical Transmission Blood Safety COP08 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 (# 6817.08 for a more detailed description of safe injection responsibilities). The budget includes FSN salary, funding for required domestic and international travel, training funds and allocated support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member will be supervised by a Senior Prevention Manager funded under HHS/CDC M&S.

The HIV Medical Transmission Prevention local staff member works in close coordination with the USAID HIV Medical Transmission Prevention staff (#9777.08) and directly provides quality assurance and program monitoring or coordination to HHS supported implementing partners with Blood Safety activities including: University of Maryland-ACTION (#3258.08), Harvard SPH-APIN (#6489.08), Columbia University SPH-ICAP (#6490.08), Catholic Relief Services-AIDSR relief (#5392.08), the Nigeria Ministry of Health National Blood Transfusion Service (#5669.08), and the Safe Blood for Africa Foundation (#6641.08 & #9772.08). This position will also work with USAID on joint monitoring visits of non-HHS PEPFAR partners such as FHI -GHAIN (#6491.08) and give technical assistance to the DoD Safe Blood program (#5388.08) as requested. HIV Medical transmission staff will also monitor procurements made through SCMS for Safe Blood activities (#14085.08 & #9773.08).

The HHS/CDC staff member provides 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. Technical assistance through the HIV Medical Transmission TWG will be provided as need to the Department of Defense and USAID partners with Blood Safety activities. Under this activity the staff member will provide direct or indirect monitoring and support to over 125 Emergency Plan supported clinical sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6789

Related Activity: 13132, 13135, 13136, 13137, 13140, 13141, 13142, 13143, 13144, 13145

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25970	5395.25970.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$69,494
6789	5395.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$60,000
5395	5395.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$10,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 5388.08

Activity System ID: 13151

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$60,000

Activity Narrative: ACTIVITY NARRATIVE:

In COP08, the Department of Defense (DOD) HIV Program, in collaboration with the Nigerian Ministry of Defense (NMOD), will support blood safety activities to strengthen NMOD's support and use of the National Blood Transfusion Service (NBTS). The DOD will pilot activities in four sites. The four pilot sites were selected due to their proximity to an NBTS regional blood screening site.

This activity has three components. Working closely with the NBTS, the first component is to support blood drive activities across four military sites. By promoting and facilitating access to the NBTS, the military will support the recruitment of voluntary, non-remunerated blood donors among the barracks community in support of national blood supply needs. Another objective is to increase the number of first-time donors and the proportion of military and civilian personnel who are regular donors. This will be facilitated by frequent blood drives at the sites so military personnel will not have to travel to NBTS to donate. The NMOD will also encourage senior military officers to promote regular blood donation during officer professional development seminars. All donors will be screened with the national blood donor questionnaire and the data remitted to the NBTS.

The second component includes supporting sites to transport blood units collected to the NBTS. Currently, blood donations are collected, screened and transfused at military sites. Instead of screening, storage and distribution of blood at the four military pilot sites, the DOD will work with the sites to establish systematic transportation of blood collections to the nearest NBTS site for processing and screening for the four transmissible transfusion infections with ELISA. This will include the provision of hazmat mobile storage containers to transport blood. By beginning to shift the effort of providing these services through the NBTS, it is anticipated that over time the burden of collecting and screening blood at most of the military sites will be transferred to the NBTS. This will also result in a reduction in the use of rapid test kits to screen blood at military sites, saving resources for VCT and other clinical screening programs. Screened blood from NBTS will be collected and stored at the four collaborating centers so that emergency screening with rapid test kits is minimal. As a result of these first two activities, the military will support the NBTS in executing its responsibility for ensuring a national, safe blood supply in Nigeria, coordinated and implemented by a single national body. NBTS will also provide monthly feedback on rates of the four TTIs found by ELISA screening of blood units collected by each facility.

The final component of this activity includes strengthening the capacity of military and civilian personnel in blood safety practices. The DOD will also facilitate the training of NMOD staff through the Safe Blood for Africa Project (SBFA) and the NBTS. Education and training in all aspects of blood safety according to GoN national training guidelines will be provided to 12 personnel at the four pilot sites by SBFA. Step-down training will be conducted at each site. A total of 48 health personnel will be trained through this step down. This includes topics such as universal precautions, good clinical and laboratory practices, testing for transfusion-transmissible infections, waste management and other such areas. Donor recruitment and management will also be covered. QC/QA will be instituted for all processes involved in this activity. All sites will be provided with copies of the National Blood Policy, operational guidelines for blood transfusion, SOPs and job aids to support blood safety activities.

This pilot activity will support four NMOD sites in Lagos, Kaduna, Oyo and the FCT. It is expected that an average of 100 units of blood from each of these sites will be screened through linkage with the NBTS making a total of 400 units of blood.

This activity will also promote the principles of Universal Safety Precautions, such as 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 contracting 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 ART drugs activities. Proper waste management will be encouraged at each site through the use of biohazard bags, suitable sharps containers, and the use of incinerators.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will contribute 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 a safe and screened national blood supply. This activity will also contribute to GoN and PEPFAR training goals by training 48 military personnel in blood safety. This activity will help to establish routine referrals to the NBTS for blood banking services.

LINKS TO OTHER ACTIVITIES:

This activity will be linked to MTCT (3246.08), HVCT (3241.08), HMIN (16943.08), HLAB (3244.08), HTXS (3243.08) and HVTB (3240.08). All donors at the collaborating centers will be screened with the national blood donor questionnaires and full HCT services offered. The DOD will also establish linkages with other partners to ensure access to the full range of blood safety activities including Safe Blood for Africa and the NBTS.

POPULATIONS BEING TARGETED:

This activity targets military and civilian personnel who are involved in blood collection, storage and transfusion. The activity also targets the broader barracks community to increase the number of voluntary non-remunerated blood donors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6805

Related Activity: 13149, 16943, 13154, 13156,
13158, 13159, 13093, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25192	5388.25192.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$30,000
6805	5388.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$0
5388	5388.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13093	6641.08	6388	3699.08	HHS/CDC Track 2.0 SBFAF	Safe Blood for Africa Foundation	\$0
16943	16943.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$45,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	4	False
3.2 Number of individuals trained in blood safety	48	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Oyo

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 6706.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 14085.08

Activity System ID: 14085

Mechanism: USAID Track 1.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$1,000,000

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of blood safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure, for IPs and DoD, safe blood related commodities needed for the collection, testing, preparation and distribution of blood and blood components. Examples of such commodities are blood bags, testing diagnostic kits for the detection of HIV, Syphilis, Hepatitis B and C and laboratory reagents. SCMS will also procure commodities needed for the disposal of contaminated products.

Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of blood donors and blood or blood components' recipients in the general population.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS for the support of all IPs active in blood/medical safety, particularly for the National Blood Transfusion Service (3812.08). The budget also supports the cost of TA and SS. A portion of the budget, \$35,000, has been allocated to SCMS by the University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#632.08), which will be used for their blood safety program.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Nigerian National Blood Policy and Operational guidelines for blood transfusion practices, Federal Government of Nigeria's (FGON), HIV testing algorithm, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for blood safety related commodities will be addressed to and coordinated with SCMS field office directly in line with explicit guidance from the Prevention TWG and the USG PEPFAR Team to ensure complementarities with the priorities identified.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs (including DoD); SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or the distribution mechanism most appropriate for the program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance). SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of staff in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their blood safety planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to avert 7 million infections worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA

Activity Narrative: and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), BLOOD SAFETY (#9773.08), INJECTION SAFETY (#9775.08), CONDOMS AND OTHER PREVENTION ACTIVITIES (#9784.08), BASIC HEALTH CARE AND SUPPORT (#9842.08), TB/HIV (#9878.08), ORPHANS AND VULNERABLE CHILDREN (#9883.08), COUNSELING AND TESTING (#6643.08), ARV DRUGS (#6402.08) AND LABORATORY INFRASTRUCTURE (#9894.08). LOGISTICS SYSTEM STRENGTHENING EFFORTS WILL BE LINKED WITH POLICY (#5300.08) AND STRATEGIC INFORMATION (#6661.08) ACTIVITIES.

EMPHASIS AREA:

Human capacity development

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13046, 13078

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13046	5669.08	6375	3812.08	HHS/CDC Track 1.0 MoH NBTS	Federal Ministry of Health, Nigeria	\$3,500,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3700.08	Mechanism: USAID Track 2.0 SBFAF
Prime Partner: Safe Blood for Africa Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 5387.08	Planned Funds: \$600,000
Activity System ID: 18064	

Activity Narrative: The activity narrative combines Track 1 and Track 2 funding. In addition, this activity will be jointly managed by CDC and USAID.

ACTIVITY DESCRIPTION:

The Safe Blood for Africa Foundation (SBFA) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFA activities reinforce the National Blood Transfusion Service's (NBTS) long-term strategy. SBFA assists the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system (VNRD). The NBTS zonal and state centers are primarily supported by VNRD.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFA is expanding its TA to establish a more appropriate blood safety program in USG supported hospitals in Nigeria. SBFA has conducted a robust training program that has been fundamental to the rapid expansion of the NBTS. In FY08, SBFA activities will be primarily focused on: capacity-building for blood safety activities at USG-supported hospitals in Nigeria; supporting NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promoting coordinated blood safety activities across all partners. SBFA will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. The facilities will be educated on the use of the blood screening algorithm and proper diagnostic strategy based on prevalence criteria. SBFA will train nurses and medical laboratory scientists in USG-supported hospitals and hospitals within NBTS catchment areas to recruit VNRD from the ranks of current family replacement donors. SBFA will also train these personnel in blood collection and donor care, as well as in counseling, including appropriate utilization of the NBTS pre-donation screening questionnaire, leading to improved screening of all donors in all facilities.

SBFA will facilitate the development of an NBTS/hospital blood exchange program through training in logistics and cold chain management with an emphasis on improved storage and handling. This training was first introduced in FY07 to NBTS and USG-supported facilities' drivers and medical laboratory scientists. The NBTS/hospital blood exchange program will put a system in place whereby NBTS will develop and implement a delivery system with hospitals, including select USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS will pick up unsorted blood units that the hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unsorted units, NBTS will deliver to the hospitals their requested order of sorted units for blood banking and use at the facilities. Furthermore, as well as providing sorted blood to the facilities, NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by the facility. This will facilitate improvement of donor prescreening and deferral. This program will be piloted at select facilities with each USG partner and then expanded as NBTS absorptive capacity improves. The goal will be that 80% of blood transfusions that occur at these hospitals will be with NBTS-sorted blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donated blood on site using rapid test kits. Given that only a fraction of facilities will be capable of piloting such an exchange program with NBTS in this initial year, all facilities will be supported to improve their collection practices and on site lab screening practices, including utilizing the blood donor setting as another point of service for HCT during pre-donation. SBFA and NBTS will participate in a University of Maryland led assessment of blood safety evaluation activities in Nigeria funded in COP07. This operational research will provide insight into rates of TTIs, including HIV, that go undetected in the current emergency-based transfusion system.

Training on appropriate blood use, dangers of TTIs, and the risks associated with family replacement and remunerated donors will be maintained. Training will also be conducted on the appropriate clinical use of blood. Technical support will be given to NBTS to develop IEC materials and job aids. SBFA will work with other USG IPs to create a referral network whereby suitable donors are referred to nearby NBTS sites for repeat donation. In cases where donors at NBTS centers are found to be HIV positive, referral will be given to nearby USG-supported facilities. Referral forms will be jointly developed by SBFA and other IPs through the USG/IP blood safety group. SBFA will continue to assist the NBTS in its monitoring and evaluation program. This will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and institute consistent blood banking standards and practices on a national basis. This SBFA program has been designed to assist the NBTS to fulfill this objective. SBFA will assist the NBTS in using assessments resulting from this program to help upgrade the safety standards of each hospital blood bank and will provide appropriate training and coordination among USG facilities. SBFA activities will provide support for 188 service outlets through training (sites are counted under NBTS and IP targets) and will provide 1000 trainee slots that will yield 720 unique individuals trained.

SBFA has worked with ENHANSE and the NBTS through the National Technical Committee to develop safe blood related policy. In FY08, emphasis will be on entrenching the policy into law and the implementation of the policy throughout the country including setting up a regulatory body and oversight standards. This is a significant intervention for the prevention of HIV and other TTIs through improved blood safety practices. SBFA 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. SBFA will continue to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure its sustainable, independent operation and increased leadership role in the safety of Nigeria's healthcare system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

SBFA BS activities will contribute to COP08 overall Emergency Plan blood safety targets for Nigeria. Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFA in linkages and synergies between the NBTS and service outlets will improve the quality of blood transfusion practices in Nigeria. The NBTS/USG supported hospital blood exchange program will also improve access to safe blood. This activity will be primarily conducted through technical assistance to the NBTS and the hospital monitoring and evaluation program, as well as through training to facility staff. Monitoring and evaluation activities will determine the number of blood units screened by NBTS and the number of outlets adhering to the appropriate use of guidelines and SOPs provided through regular audits at these outlets at 6 month intervals. PEPFAR BS indicators will be reported.

Activity Narrative:**LINKS TO OTHER ACTIVITIES:**

SBFA VNRD activities have direct links to Counseling and Testing. SBFA TA activities are linked to policy analysis and system strengthening activities. SBFA also provides technical assistance and support to other USG partners implementing emergency blood screening activities under this program area.

POPULATIONS BEING TARGETED:

Low risk populations targeted to become regular VNRD include select youth groups and select cohorts of adult men and women. SBFA will assist the NBTS to engage with organizations such as FBOs, business/private sector and community and religious leaders. SBFA training activities and capacity building will target host country government workers and other health care providers.

EMPHASIS AREAS:

This program focuses on blood safety training in all areas of the program. Efforts are also being expanded in the area of blood policy and oversight. Community mobilization/participation and supportive supervision are also a focus of this activity. The program addressed by SBFA activities is based on volunteers. Development of a sustainable VNRD base is by definition entirely dependent on recruiting and retaining volunteers. This activity is community based and focuses on the recruitment of suitable low-risk voluntary donors to supply centralized blood collection facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6731

Related Activity: 13092, 13093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24928	5387.24928.09	U.S. Agency for International Development	Safe Blood for Africa Foundation	10610	3700.09	USAID Track 2.0 SBFAF	\$500,000
6731	5387.07	U.S. Agency for International Development	Safe Blood for Africa Foundation	4178	3700.07	Track 2.0	\$544,500
5387	5387.06	U.S. Agency for International Development	Safe Blood for Africa Foundation	3700	3700.06	Track 1.0	\$680,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13092	9772.08	6387	5329.08	HHS/CDC Track 1.0 SBFAF	Safe Blood for Africa Foundation	\$500,000
13093	6641.08	6388	3699.08	HHS/CDC Track 2.0 SBFAF	Safe Blood for Africa Foundation	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	720	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$5,500,521

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$0

Program Area Context:

A 2004 GON injection safety assessment which was supported by the USG showed that an average of 4.9 injections were given per person per year. The assessment also showed that safety boxes were not used in three-fifths of the facilities surveyed, two handed recapping was observed in 76% of observed injections, 45% of providers had at least one needle stick injury in the last one year and 94% of these providers were not offered HIV post exposure prophylaxis. These findings cut across all geo-political zones of Nigeria. Since that time the USG has supported an expanded injection safety program to respond to these challenges through the activities of a lead technical partner and 6 other implementing partners.

The USG-Nigeria strategy for COP08 injection safety activities will continue to be based on the three part strategy of WHO/Safe Injection Global Network (SIGN). These three SIGN strategies target behavior change of both health workers and patients, procure needed safe injection commodities and facilitate appropriate healthcare waste management. USG-Nigeria has added training and capacity building of healthcare workers and waste handlers as a fourth strategy to improve injection practices and occupational safety. In COP08 a total of 10,978 healthcare providers will be trained on injection safety and healthcare waste management while 382 facilities will be reached with injection safety activities.

In COP07 a national policy on injection safety and healthcare waste management was developed with USG support. The USG also supported the development and adaptation of the “Do No Harm” training curriculum by the GON. Since the inception of injection safety activities in Nigeria by the USG, over 26,000 healthcare workers have been trained across 791 project sites in 12 states and 53 LGAs. Infection prevention committees were inaugurated at facility levels to provide on-site supportive supervision and ensure post exposure prophylaxis. MMIS provided technical support to the GON and other key stakeholders (Nursing and Midwifery Council, schools of health technology, Medical and Dental Council of Nigeria) in curriculum review and inclusion of updated safe injection issues into pre-service and refresher trainings to ensure sustainability. Advocacy efforts were intensified for the use of retractable and non re-use syringes through an identified Injection Safety Champion. Advocacy efforts have also resulted in the Federal Ministry of Environment (FMOE) budgeting for healthcare waste management.

Injection safety activities are linked with blood safety, TB/HIV, HCT and ART services. In spite of the success in the USG-supported facilities with injection safety programs, there is need for substantial scale-up of this activity in Nigeria. This is highlighted by the wide geographical spread of the country and the need for policy implementation at the grassroots level. In COP08 emphasis will be on consolidating the gains achieved to date and integrating the policy into the national health plan. Scale-up of the injection safety program will continue with local government area (LGA) coverage as part of the LGA coverage plan long implemented by MMIS, facility saturation for other IPs, and a greater focus on sustainable healthcare waste management throughout Nigeria.

In COP08, there will be a strategic delineation of responsibilities among implementing partners. This is to ensure efficiency and quality of injection safety activities. MMIS will continue to work at both national and facility levels. It will provide expertise in the area of training by conducting regular TOTs and supportive supervision to other IPs. It will take the lead on production and distribution of IEC materials and job aids. MMIS will also procure and distribute commodities to other IPs such as safety boxes and retractable needles/syringes. Through MMIS USG-Nigeria will support community mobilization to promote oral medication instead of injectable medication through collaboration with community based organizations and the mass media. Collaboration with the GON on collection and tracking of consumption data will also be a focus.

All other IPs will be required to provide a minimum package of injection safety activities at facility level. This minimum injection safety package will include: training of all health workers and waste handlers; utilization of safety boxes in all units of the health facility; promotion of awareness of injection safety and healthcare waste management policy; establishment of infection control committees at tertiary and secondary facilities; and the provision of color-coded bin liners at waste generation points for segregation of waste. By conducting these activities in every department of facilities that IPs support will achieve “facility saturation,” i.e., healthcare injection safety practices and waste management will be implemented facility-wide.

The USG is supporting the GON (through the FMOE) in the development of a national waste management plan in COP07. In COP08, all IPs will work to implement this plan. In addition, IPs will support renovation and reactivation of incinerators for proper disposal of safety boxes and other infectious medical waste at facility and LGA levels.

Sustainability plans will include increasing efforts at public private partnership for health care waste management and involvement of private health practitioners in injection safety programs. This effort is being pilot tested in two LGA in Lagos State in COP07; lessons learned will inform scale up of this activity in COP08.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 10978

Custom Targets:

Numbers of service outlets for injection safety 382

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 7215.08	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 16930.08

Planned Funds: \$1,640

Activity System ID: 16930

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency HMIN ICASS budget for FY08 is estimated at \$1,640 to provide necessary ICASS supports for the staff of one USAID personnel under the Safe Injection program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16928, 16929, 16931, 16932, 16933, 16934, 16935, 16936, 16937, 16922, 15675

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 16943.08

Planned Funds: \$45,000

Activity System ID: 16943

Activity Narrative: ACTIVITY DESCRIPTION:

From COP05 through COP07, the Department of Defense (DOD) HIV Program, in collaboration with the Nigerian Ministry of Defense (NMOD), received support for injection safety through John Snow Incorporated (JSI)/Making Medical Injection Safer (MMIS) including the provision of training and sharp boxes. In order to strengthen injection safety practices in the Nigerian Military, the DOD will further expand infection prevention/safety activities during COP08. Activities will support capacity building/training, safe and effective waste management systems, ensuring availability of safe injection equipment and the promotion of safe injections. Activities will be conducted at 14 existing DOD sites and six new expansion sites in COP08.

The DOD will continue to collaborate with JSI/MMIS in the areas of training and commodities procurement. JSI/MMIS will train DOD master trainers personnel (TOT) centrally and these master trainers will step down trainings at various DOD sites utilizing the JSI/MMIS curriculum for the step down trainings. At least 60 military health care personnel (e.g., physicians, nurses, pharmacists, sanitarians) will be re-trained or trained. All safety protocols will be reviewed and distributed. To ensure sustainability, the cadre of staff trained as trainers will conduct regular biannual refresher trainings across the 20 sites.

To supplement the limited supply of commodities that are provided by MMIS, the DOD will procure (via the Supply Chain Management System) commodities that are required for safe injections/needle handling and disposal. Depending on site inventories and needs, commodities may include disposable syringes, respiratory masks, surgical gloves, waste/sharps collection units and other safe injection equipment. Commodities will be provided to all 20 military sites.

Another component of this activity is to reprint or adapt existing educational materials (e.g., pamphlets, brochures) on injection safety that have been produced in COP06 and COP07 by other partners such as IHVN. Materials will be distributed at trainings and will be posted in relevant locations (e.g., laboratories, pharmacies) at the 20 sites. Materials will include a poster on procedures for post-exposure prophylaxis. Materials will also aim to reduce unnecessary injections.

The last component of this activity includes an assessment of each site's waste management system. As necessary, renovations of waste-disposal pits will be conducted to ensure that pits are built to safety standards (e.g., proper depth, width, sealed correctly). In the few sites that have incinerators, renovations may be conducted, if necessary.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will contribute to the prevention of new infections and reduction of occupational hazard exposures among military and civilian personnel by promoting injection safety. Thus, the activities will contribute to the overall PEPFAR goal of prevention medical transmission through injection safety.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in MTCT (3246.08), HVCT (3241.08), HMBL (5388.08), HLAB (3244.08), HTXS (3243.08) and HVTB (3240.08).

POPULATIONS BEING TARGETED:

This activity primarily targets military and civilian health care personnel who are involved in handling needles and/or blood from patients and/or handle waste disposal.

EMPHASIS AREAS:

This activity has an emphasis on local organization capacity building and human capacity development.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13149, 13151, 13154, 13156,
13158, 13159, 13068, 13160

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13068	6726.08	6381	5331.08	USAID Track 1.0 Safe Injections	John Snow, Inc.	\$3,781,910
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	60	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Anambra

Benin

Benue

Borno

Cross River

Delta

Enugu

Federal Capital Territory (Abuja)

Imo

Kaduna

Kano

Lagos

Niger

Oyo

Plateau

Rivers

Sokoto

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1532.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 9777.08

Activity System ID: 13123

Mechanism: USAID Agency Funding

USG Agency: U.S. Agency for International
Development

Program Area: Medical Transmission/Injection
Safety

Program Area Code: 04

Planned Funds: \$86,881

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” costs of a full-time Nigerian program officer for medical transmission. This is a continuing position.

The program officer for medical transmission provides technical and programmatic support to the USG partners in the areas of safe injection, blood safety, and generalized health care waste management. The program officer’s responsibilities include: 1) representing the USG in technical discussions with the GON with guidance from the Prevention Senior Advisor, 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) interfacing with the USG/Nigeria prevention team. This officer spends 50% of his time advising in the safe injection program area and 50% of his time advising in the blood safety program areas, however all his direct costs are captured in this program area. The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9777

Related Activity: 13121, 13122, 13124, 13125,
13126, 16938, 13127, 13128,
13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24938	9777.24938.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$98,452
9777	9777.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$80,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1561.08

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 6817.08

Planned Funds: \$15,000

Activity System ID: 13135

Activity Narrative: ACTIVITY DESCRIPTION:
This HMIN activity relates directly to all Nigeria HHS Medical Transmission Injection Safety COP08 activities (see related activity ID references in the narrative below).

The USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria hired one full time staff position in FY07 to support Medical Transmission prevention activities with 75% of time allocated to Blood Safety (#5395.08) and 25% of time allocated to Safe Injection. The budget includes 25% of one FSN salary, funding for required domestic or international travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member will be supervised by a Senior Prevention Manager funded under HHS/CDC M&S.

The HIV Medical Transmission Prevention staff member will work in close coordination with their USAID HIV Medical Transmission Prevention counterpart (#9777.08) and directly provide quality assurance and program monitoring to HHS supported implementing partners with Injection Safety activities: University of Maryland-ACTION (#6821.08), Harvard SPH-APIN (#6818.08), Columbia University, SPH-ICAP (#6819.08), and Catholic Relief Services-AIDSR relief (#6820.08), and Safe Blood for Africa Foundation (#9772.08).

This HHS/CDC and USAID HIV Medical Transmission staff members provides 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. Technical assistance through the HIV Medical Transmission TWG will be provided as need to all USG partners with Safe Injection activities. Under this activity the staff member will provide direct or indirect monitoring and support to over 125 Emergency Plan supported clinical sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6817

Related Activity: 13132, 13134, 13136, 13137, 13138, 13139, 13140, 13142, 13143, 13144, 13145, 13146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25971	6817.25971.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$36,898
6817	6817.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$20,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 632.08

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 6821.08

Planned Funds: \$350,000

Activity System ID: 13108

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, ACTION supported 46 sites in 13 states (Anambra, Edo, FCT, Nassarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Rivers, Delta, and Lagos) with injection safety programming. In COP08, ACTION will collaborate with JSI/MMIS to provide safe injection programming to 106 ACTION-supported sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). In COP06 and COP07, JSI procured commodities for all sites while ACTION and JSI divided sites by state in the provision of training and commodity management. Under COP08, JSI will provide initial training and seed commodities to all sites, while ACTION will provide step down training and ongoing commodity procurement and management for all sites. An ACTION program officer is dedicated to oversight of this program area with the support of regionally based medical and nursing program officers. The focus of this activity is to reduce exposure to blood borne pathogens, particularly HIV, and the incidence of medical transmission of these pathogens.

Health care workers targeted for this activity include physicians, nurses, community health extension workers (CHEWs), laboratory workers, and waste handlers. JSI will be responsible for conducting initial training at the site level; this will include both the training of new sites and the retraining of existing sites. ACTION will support follow-up and step down site level trainings to train an average of 8 additional staff per site for a direct training target of 848. Physicians and nurses from the inpatient wards, clinics, labor and delivery, and the surgical theater will be targeted. In addition, HCT counselors performing rapid tests, laboratory scientists, blood bank staff, and waste handlers will be trained. Training topics will include BCC strategies to reduce unnecessary medical injections, safe injection practices, proper handling and disposal of syringes and sharps, infection control policies and practices, universal precautions, use of personal protective equipment (PPE), protocol for post-exposure prophylaxis (PEP, see ART services), and appropriate waste segregation, handling, and disposal. Standard curricula and IEC materials developed by JSI/MMIS and approved by the GON will be utilized. In addition, training materials developed in the context of the OVC program that address issues of stigma and irrational fear related to "fear of contagion" will be included with the goal that informed health care providers and CHEWs will help inform others in the health care and community setting of what the true risks are rather than the widely held beliefs prevalent in the community that contribute to stigmatization. Sites will also be provided job aids and IEC materials to encourage behavior change and sustainability.

While JSI, the main procuring IP will provide a seed stock of all commodities, ACTION will continue to provide personal protective commodities and will take on the new role of logistic supply of recurrent stocks of injection safety commodities for all sites. ACTION will supply color coded bin liners for waste segregation and universal precaution supplies including gloves, eye shields, boots, and aprons. Commodities and disposables will be procured, warehoused and distributed 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. In addition, ACTION will support safe health care waste management by supporting repair of existing incinerators at sites.

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 stigma and barriers to comprehensive medical care for PLWHA by addressing concerns of health workers and other hospital staff. Overall this will contribute to the USG goal for Nigeria of the prevention of 1,145,545 new HIV infections by 2010 in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to laboratory services (3256.08), PMTCT (3257.08), ART services (3255.08), blood safety (3258.08), HCT (5426.08) and SI (3253.08). 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 other programmatic activities.

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 issues 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 emphasis area for this activity is training as nearly all supported personnel are technical experts who focus on development of training materials, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6821

Related Activity: 13068, 13106, 13107, 13109,
13110, 13111, 16916, 13112,
13113, 13115, 16915, 13116,
13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25240	6821.25240.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$145,082
6821	6821.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$122,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13068	6726.08	6381	5331.08	USAID Track 1.0 Safe Injections	John Snow, Inc.	\$3,781,910
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	848	False

Coverage Areas

- Anambra
- Bauchi
- Benue
- Cross River
- Delta
- Edo
- Federal Capital Territory (Abuja)
- Kano
- Kogi
- Lagos
- Nassarawa
- Niger
- Akwa Ibom
- Gombe
- Imo
- Jigawa
- Kaduna
- Ogun
- Osun
- Plateau
- Sokoto
- Kwara

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 9775.08

Activity System ID: 13079

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$55,000

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers not only the procurement but also the shipment, distribution and delivery of injection safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR partners to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure safe injection equipments such as injection devices and safety boxes as well as health care waste management equipments such as personal protective gear for the Department of Defense (DOD). Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works towards ensuring uninterrupted availability of needed commodities for safe injection practices and adequate disposal of medical wastes to avoid the medical transmission of HIV to health workers and patients working in or attending health care facilities providing HIV/AIDS services, thus ultimately targeting the general population.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. SCMS will support the DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national injection safety and healthcare waste management guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service).

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. The DoD's requests for injection safety related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be determined with the DoD; SCMS will either deliver to a central location or to point of services as needed based on DOD's programmatic needs.

SCMS will also assist in the monitoring of stock levels and usage through the deployment of Pipeline databases.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and DOD have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own but supports DoD reaching their prevention planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to avert 7 million infections worldwide by procuring and distributing high quality, low cost as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA:

Human capacity development

HQ Technical Area:

New/Continuing Activity: Continuing Activity**Continuing Activity:** 9775**Related Activity:** 13077, 16919, 14085, 13078,
13080, 13081, 13082, 13083,
13084, 13085, 13086, 13087,
13088, 13089, 13090**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26054	9775.26054.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$120,000
9775	9775.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$3,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
16919	16919.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$45,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 544.08

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 6818.08

Activity System ID: 13053

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Medical Transmission/Injection
Safety

Program Area Code: 04

Planned Funds: \$200,000

Activity Narrative: ACTIVITY DESCRIPTION:

By the end of COP07, APIN+ will be conducting injection safety activities along with other PEPFAR programs at 16 sites. In COP08, this will increase substantially to 28 sites in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). This activity provides the initiation of intensive training program in injection safety practices for health care workers at 28 of the high volume APIN+ comprehensive sites, including 11 tertiary and 17 secondary health care facilities. As HIV/AIDS care and treatment programs are scaled up under the PEPFAR goals, it is critical that the capacity of partners be built to provide such care in a medically safe environment. This includes 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, a minimum package of safe injection activities is provided, which includes needle disposal containers, vacutainers and basic educational materials for staff. APIN+ also provides ongoing training efforts in universal precautions that have been a part of the continuing education of health care workers. Through this 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 and other bodily fluids.

In COP08, a focus of the trainings provided will be scale up to facility saturation: reaching workers from every section of the hospital facility. In order to build the human resource capacity of each site for these activities, at least one workshop on injection safety procedures will be conducted and a total of 450 people will be trained. APIN+ will collaborate with JSI/MMIS in the development of the training plan and delivery of the training. For COP08, APIN+ will target healthcare workers (HCWs) at sites who were not provided with training during COP07 and HCWs at expansion sites. To encourage sustainability of infection prevention and control, including injection safety, at each site, a standard curriculum developed by JSI/MMIS and approved by the GON will be utilized. Following the training, step down trainings will be conducted for other health workers at these sites. Workers attending the workshop will include physicians, nurses, laboratory workers, community health workers involved in Home Based Care (HBC), laundry workers and administrative personnel. Site based waste managers and 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 training workshop, we will review the policy for provision of Post Exposure Prophylaxis (PEP) for personnel at APIN+ supported sites as a component of the injection safety policy. PEP will be provided to employees through the ART drugs and services activities. The funding for this activity will also support the procurement of color coded bin liners for segregation of infectious wastes and autoclave containers at 28 APIN+/PEPFAR sites that were not provided with these in COP07. The procurement of this equipment will be shipped and managed through the APIN+ central warehouse in Lagos. As a part of the LGA coverage plan for Plateau State, secondary and tertiary health care facilities will be targeted for training efforts. Trained personnel at these sites will then engage in step down trainings to build capacity in this area for associated primary health care centers.

The funding will also support the distribution of educational brochure materials and posters on injections safety for relevant locations at all 28 sites. APIN+ will collaborate with MMIS in the production and distribution of these educational brochures. Sites will be provided job aids and IEC materials to encourage behavior change and sustainability. Training activities for each of the 28 sites will be accompanied by the sharing of safe injection standard operating procedures at each site. Supportive supervision will be provided to all the sites with technical support from MMIS. In this manner, APIN will build networks among sites to allow the continued roll out of training, services and best practices in a sustainable manner.

CONTRIBUTION 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 stigma and barriers to comprehensive medical care for PLWHAs by addressing concerns of health workers and other hospital staff. As the overall program continues to scale-up, there will be an increase in the number of patients at each of the sites with various needs other than ART 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 comprehensive HIV/AIDS care and treatment program and prevention of new infections.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in Laboratory Infrastructure (6716.08), Palliative Care (5369.08), TB/HIV (3222.08), ART Services (6715.08) and OVC (5415.08). 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 other programmatic activities.

POPULATIONS BEING TARGETED:

All levels of health care providers that handle needles and/or blood from patients will 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 target the general population, who will be provided with safer injection practices, which are designed to prevent transmission of HIV.

EMPHASIS AREAS:

Through these activities, an emphasis is placed on training of staff and capacity development of APIN +/PEPFAR supported sites. 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.

Stigma and discrimination also occur in healthcare settings, and this has 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 due to fear of occupational hazard.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 6818**Related Activity:** 13055, 13056, 13057, 13060,
13061**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25216	6818.25216.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$90,010
6818	6818.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	450	False

Coverage Areas

Benue
Borno
Kaduna
Lagos
Oyo
Plateau
Ebonyi
Enugu
Yobe
Ogun

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5331.08

Prime Partner: John Snow, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 6726.08

Activity System ID: 13068

Mechanism: USAID Track 1.0 Safe Injections

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$3,781,910

Activity Narrative: This narrative is for both Track 1.0 and Track 2.0 John Snow Injection Safety activities.

ACTIVITY DESCRIPTION:

By the end of COP07, Making Medical Injection Safer (MMIS) will have implemented injection Safety (IS) programs in five states (Anambra, Edo, Cross River, Lagos, Kano) and the Federal Capital Territory (FCT) and individual USG and GON health facilities across another seven states (Bauchi, Benue, Nassarawa, Niger, Plateau, Kwara and Ogun). During this period, MMIS will have conducted training of trainers for PEPFAR implementing partners (IPs) in additional states. In COP 08, MMIS will expand to 60 new sites in a total of 5 additional States.

The significant change in MMIS activity from COP07 to COP08 is the expansion strategy within selected sites as directed by USG and GON to include covering activities in the rest of the hospital in addition to HIV related service departments. JSI/MMIS will continue to be the key support in Government of Nigeria (GON), faith based and private health facilities where other IPs are not present. MMIS will continue to lead IS training for the GON and USG supported sites. MMIS will coordinate the supply of safe injection commodities for COP08 after completion of facility training. MMIS will also support the setting up of supervision systems at site level in all sites where injection safety activities are being implemented.

MMIS will continue to build capacity in the four technical areas: capacity building, behavioral change of healthcare personnel to promote safe injection practices and communities to promote oral medication where possible, ensuring availability of equipment and supplies, and appropriate healthcare waste management at the 789 previously supported health facilities. In addition MMIS will extend its activities to approximately 60 supported public and private health facilities through ad hoc partnership with corresponding IPs and GON. As of June 2007 MMIS provided training to 6,334 individuals, slightly above their COP07 targets at the time by 334. In COP08 MMIS will provide IS training to a total of 8,000 individuals using FMOH adapted WHOAFRO/JSI training curriculum. MMIS will institutionalize supportive supervision systems and strengthening infection prevention committees at tertiary and secondary health facility levels.

MMIS will also promote safe injection practices, and oral medication to reduce unnecessary demand for injections at community level through Community Based Organization (CBO) interventions and the mass media in collaboration with INTERNEWS/ENHANSE. Advocacy and behavior change communication (BCC) efforts include periodic advocacy meetings with policy makers at all levels of healthcare management and dissemination of BCC materials, tools, job aids, posters and pamphlets to healthcare providers and community based strategy. Collaborative BCC work will continue with national and local institutions/organizations such as NAFDAC, and local/community and religious organizations. Community outreach activities which will commence immediately after training is expected to foster community engagement on issues of health with emphasis on injection safety issues as it affects communities in Nigeria. MMIS will work to develop and maintain grassroots coalitions and encourage those coalitions to advocate for injection safety with focus on the reduction of the demand for unnecessary injections, promoting available and necessary oral medication and proper healthcare waste management to the relevant health authorities and government. MMIS has subcontracted BCC activities to AED (Academic for Educational Development).

MMIS will continue to work towards commodity security. MMIS is procuring IS commodities such as safe 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. MMIS has a tracking system to collect data on consumption and stock levels along the supply chain. This system will be expanded in COP08 to ensure all implementing sites are empowered to accurately forecast injection commodities and track consumption data.

MMIS will work through the Federal Ministry of Environment and the National Prevention Technical Working Group with other partners to map out the HCWM microplan for selected HF sites, and adapt the National adopted HCWM Plan and policy at the lowest service delivery points. MMIS will procure IS commodities through SCMS for the USG partners in FY08 and will continue full support to her focal sites and provide support to USG sites.

MMIS will support healthcare waste management through provision of seed waste segregation commodities and through building infectious waste pits and encouraging the building of incinerators for proper disposal in accordance with WHO standards such as encapsulation in rural areas. We will also support the repairs, maintenance and running cost of incinerator whenever possible where applicable.

MMIS will continue to work with the Federal Ministry of Health (FMOH) and other major stakeholders (such as the Nursing Council of Nigeria and Medical and Dental Council of Nigeria) and training health institutions (such as Medical, Dental, Pharmacy, Nursing and Midwifery schools and Schools of health technology) to review, include and update safe injections issues in their various curricula. In addition, on the job training will continue to take place at supported sites mentioned above (old or new) and a new training package for new entrance health workers into the healthcare system will be developed and distributed for implementation to capture new health care workers intakes after completion of site trainings.

The new National Policy on Injection safety and Health care Waste Management will be disseminated widely through USG supported sites and professional stakeholders. The adoption of safe syringes action plan development will be supported toward the August 2009 ban of disposable syringes by NAFDAC.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will maximize the impact of integrated HIV/AIDS programming 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 goals. 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 substantially to NACA's 5-year Strategy Framework implementation; develop strong links between MMIS services and other service providers such as PEPFAR IPs, National Primary Health care Development Agency (NPHCDA), UNICEF, the World Bank and WHO, working on HIV/AIDS issues, IS and healthcare waste management.

LINKS TO OTHER ACTIVITIES:

Activity Narrative: This activity also relates to activities in HIV Counseling and Testing, Laboratory, Palliative Care, TB/HIV, ART Services, Blood Safety and OVC. Health care workers involved in these programs will benefit from the training program in injection safety and the adoption of utilization of single syringe and needle, needle stick policy and PEP protocol, all which will improve the safety for workers safety involved in these other programmatic activities.

POPULATIONS BEING TARGETED:

Targeted population includes healthcare workers at focal health facilities; which include doctors, nurses, pharmacists, laboratory scientists, phlebotomists, store keepers and waste handlers. Religious and community leaders, community-based organizations are also targeted within the community. In addition, heads of service and administrators need to be aware of the policies put in place to limit medical transmission of HIV. 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. Furthermore, these activities will target the general population through the community outreach program, as they will be provided with safer injection practices.

EMPHASIS AREAS:

Through these activities, emphasis is placed on training of staff and capacity development of 850 supported sites. This program will provide the basis for a workplace program through professional medical associations that will ensure that the all treatment and laboratory specimens are handled safely, with minimal risk to healthcare providers.

Stigma and discrimination also occur in healthcare settings, and this has 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 due to fear of occupational hazard.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6726

Related Activity: 13069, 16918, 17043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6726		U.S. Agency for International Development	John Snow, Inc.	5331	5331.07	Safe Injections - Track 1.0	\$532,822

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13069	9774.08	6382	3681.08	USAID Track 2.0 Safe Injections	John Snow, Inc.	\$168,090
17043	17043.08	6382	3681.08	USAID Track 2.0 Safe Injections	John Snow, Inc.	\$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	8,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Borno

Oyo

Plateau

Bauchi

Benue

Kwara

Nassarawa

Niger

Ogun

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3681.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Mechanism: USAID Track 2.0 Safe Injections

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 9774.08

Planned Funds: \$168,090

Activity System ID: 13069

Activity Narrative: This narrative is for both Track 1.0 and Track 2.0 John Snow Injection Safety activities.

ACTIVITY DESCRIPTION:

By the end of COP07, Making Medical Injection Safer (MMIS) will have implemented injection Safety (IS) programs in five states (Anambra, Edo, Cross River, Lagos, Kano) and the Federal Capital Territory (FCT) and individual USG and GON health facilities across another seven states (Bauchi, Benue, Nassarawa, Niger, Plateau, Kwara and Ogun). During this period, MMIS will have conducted training of trainers for PEPFAR implementing partners (IPs) in additional states. In COP 08, MMIS will expand to 60 new sites in a total of 5 additional States.

The significant change in MMIS activity from COP07 to COP08 is the expansion strategy within selected sites as directed by USG and GON to include covering activities in the rest of the hospital in addition to HIV related service departments. JSI/MMIS will continue to be the key support in Government of Nigeria (GON), faith based and private health facilities where other IPs are not present. MMIS will continue to lead IS training for the GON and USG supported sites. MMIS will coordinate the supply of safe injection commodities for COP08 after completion of facility training. MMIS will also support the setting up of supervision systems at site level in all sites where injection safety activities are being implemented.

MMIS will continue to build capacity in the four technical areas: capacity building, behavioral change of healthcare personnel to promote safe injection practices and communities to promote oral medication where possible, ensuring availability of equipment and supplies, and appropriate healthcare waste management at the 789 previously supported health facilities. In addition MMIS will extend its activities to approximately 60 supported public and private health facilities through ad hoc partnership with corresponding IPs and GON. As of June 2007 MMIS provided training to 6,334 individuals, slightly above their COP07 targets at the time by 334. In COP08 MMIS will provide IS training to a total of 8,000 individuals using FMOH adapted WHOAFRO/JSI training curriculum. MMIS will institutionalize supportive supervision systems and strengthening infection prevention committees at tertiary and secondary health facility levels.

MMIS will also promote safe injection practices, and oral medication to reduce unnecessary demand for injections at community level through Community Based Organization (CBO) interventions and the mass media in collaboration with INTERNEWS/ENHANSE. Advocacy and behavior change communication (BCC) efforts include periodic advocacy meetings with policy makers at all levels of healthcare management and dissemination of BCC materials, tools, job aids, posters and pamphlets to healthcare providers and community based strategy. Collaborative BCC work will continue with national and local institutions/organizations such as NAFDAC, and local/community and religious organizations. Community outreach activities which will commence immediately after training is expected to foster community engagement on issues of health with emphasis on injection safety issues as it affects communities in Nigeria. MMIS will work to develop and maintain grassroots coalitions and encourage those coalitions to advocate for injection safety with focus on the reduction of the demand for unnecessary injections, promoting available and necessary oral medication and proper healthcare waste management to the relevant health authorities and government. MMIS has subcontracted BCC activities to AED (Academic for Educational Development).

MMIS will continue to work towards commodity security. MMIS is procuring IS commodities such as safe 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. MMIS has a tracking system to collect data on consumption and stock levels along the supply chain. This system will be expanded in COP08 to ensure all implementing sites are empowered to accurately forecast injection commodities and track consumption data.

MMIS will work through the Federal Ministry of Environment and the National Prevention Technical Working Group with other partners to map out the HCWM microplan for selected HF sites, and adapt the National adopted HCWM Plan and policy at the lowest service delivery points. MMIS will procure IS commodities through SCMS for the USG partners in FY08 and will continue full support to her focal sites and provide support to USG sites.

MMIS will support healthcare waste management through provision of seed waste segregation commodities and through building infectious waste pits and encouraging the building of incinerators for proper disposal in accordance with WHO standards such as encapsulation in rural areas. We will also support the repairs, maintenance and running cost of incinerator whenever possible where applicable.

MMIS will continue to work with the Federal Ministry of Health (FMOH) and other major stakeholders (such as the Nursing Council of Nigeria and Medical and Dental Council of Nigeria) and training health institutions (such as Medical, Dental, Pharmacy, Nursing and Midwifery schools and Schools of health technology) to review, include and update safe injections issues in their various curricula. In addition, on the job training will continue to take place at supported sites mentioned above (old or new) and a new training package for new entrance health workers into the healthcare system will be developed and distributed for implementation to capture new health care workers intakes after completion of site trainings.

The new National Policy on Injection safety and Health care Waste Management will be disseminated widely through USG supported sites and professional stakeholders. The adoption of safe syringes action plan development will be supported toward the August 2009 ban of disposable syringes by NAFDAC.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will maximize the impact of integrated HIV/AIDS programming 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 goals. 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 substantially to NACA's 5-year Strategy Framework implementation; develop strong links between MMIS services and other service providers such as PEPFAR IPs, National Primary Health care Development Agency (NPHCDA), UNICEF, the World Bank and WHO, working on HIV/AIDS issues, IS and healthcare waste management.

LINKS TO OTHER ACTIVITIES:

Activity Narrative: This activity also relates to activities in HIV Counseling and Testing, Laboratory, Palliative Care, TB/HIV, ART Services, Blood Safety and OVC. Health care workers involved in these programs will benefit from the training program in injection safety and the adoption of utilization of single syringe and needle, needle stick policy and PEP protocol, all which will improve the safety for workers safety involved in these other programmatic activities.

POPULATIONS BEING TARGETED:

Targeted population includes healthcare workers at focal health facilities; which include doctors, nurses, pharmacists, laboratory scientists, phlebotomists, store keepers and waste handlers. Religious and community leaders, community-based organizations are also targeted within the community. In addition, heads of service and administrators need to be aware of the policies put in place to limit medical transmission of HIV. 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. Furthermore, these activities will target the general population through the community outreach program, as they will be provided with safer injection practices.

EMPHASIS AREAS:

Through these activities, emphasis is placed on training of staff and capacity development of 850 supported sites. This program will provide the basis for a workplace program through professional medical associations that will ensure that the all treatment and laboratory specimens are handled safely, with minimal risk to healthcare providers.

Stigma and discrimination also occur in healthcare settings, and this has 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 due to fear of occupational hazard.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9774

Related Activity: 13068, 16918

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9774		U.S. Agency for International Development	John Snow, Inc.	4173	3681.07	Safe Injections - Track 2.0	\$1,433,281

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13068	6726.08	6381	5331.08	USAID Track 1.0 Safe Injections	John Snow, Inc.	\$3,781,910

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 552.08

Mechanism: USAID Track 2.0 GHAIN

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 9776.08

Planned Funds: \$400,000

Activity System ID: 13036

Activity Narrative: ACTIVITY DESCRIPTION:

By the end of COP07, GHAIN will be conducting injection safety activities along with other PEPFAR program areas at 40 sites in FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, and Akwa Ibom. In COP08, GHAIN will expand to an additional 20 comprehensive sites in additional states in Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States.

With technical assistance from The John Snow Inc./ Making Medical Injection Safer (JSI/MMIS) project, GHAIN will apply all the 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 equipment, and health care waste management.

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 480 participants will be trained. GHAIN will support JSI/MMIS and the ENHANSE project in their efforts towards ensuring behavior change of the communities through dissemination of the injection safety policy at the state 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 equipments to GHAIN supported sites, GHAIN will make further arrangements to cope with shortfalls in supply of the equipment and for other day-to-day consumables within the limits of the funding level. GHAIN will advocate to the facilities to utilize the universal safety precautions in the disposal of medical wastes including use of sharps boxes and support incineration of such medical waste through repairs and fueling. Health workers will be encouraged to utilize the knowledge and skills gained from the universal safety precaution and post exposure prophylaxis that will be provided through the ART unit. In each selected facility for injection safety activities, GHAIN will focus on facility saturation so that the entire health facility is injection safety compliant. Infection control committees will also be supported at secondary and tertiary health facilities.

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 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 Principles of Universal Precautions and impact not only the quality of care given to clients but also care and occupational safety of the health care worker.

POPULATIONS BEING TARGETED:

GHAIN will provide injection safety training and service aids to health care workers such as public health workers, doctors, nurses, pharmacists, laboratory workers and waste handlers at the various points of service where such sharps are used and these will include counseling and testing units, laboratory, phlebotomy rooms, wards, labour 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 care arena and clients to enable them carry on such practices both in the health facility and even in their homes. This will add value to the home based care of patients.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development through the training of key health care employees.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9776

Related Activity: 13035, 13037, 13041, 13043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24891	9776.24891.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$175,000
9776	9776.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13035	6491.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$200,000
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	480	False

Coverage Areas

Akwa Ibom

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Niger

Adamawa

Bauchi

Benue

Enugu

Kogi

Taraba

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 6819.08

Activity System ID: 13023

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Injection
Safety

Program Area Code: 04

Planned Funds: \$172,000

Activity Narrative: ACTIVITY DESCRIPTION:

In consultation with the Federal Ministry of Health (FMOH) and John Snow Incorporated (JSI)/Making Medical Injection Safer (MMIS), ICAP-CU has implemented the Safe Injection Global Network (SIGN), an infection prevention strategy to reduce HIV transmission through unsafe injections. The strategy 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 equipment; and advocacy and behavior change communication (BCC) to promote safe injections.

In COP07, ICAP-CU supported injection safety in the context of infection prevention and control services at 12 hospital networks in 3 states of Kaduna, Cross River and Benue. Infection prevention practices were enhanced and universal precautions were introduced. In COP07, 450 health care providers were trained on general aspects of universal safety procedures, while advocacy and BCC activities on safe injection were conducted amongst health care workers to enable adoption of safer workplace behaviors. In COP08, ICAP-CU support will expand to 13 additional hospital networks and 3 additional states (Gombe, Kogi and Akwa Ibom). This will result in a total of 25 sites in 6 states (25 comprehensive secondary facilities).

Site assessments will be performed to identify gaps in knowledge, skills, and behavior among health care workers, to ascertain the need for required equipment and supplies, and to plan for safe waste disposal where needed. In COP08, ICAP-CU will collaborate with FMOH and JSI/MMIS to conduct a Training of Trainers (TOT) for facility staff who will in turn conduct step down training to other healthcare workers (i.e., injection prescribers, injection providers, waste handlers and laundry workers, pharmacists, nursing staff, nursing support staff and nursing/medical students) in all the sites using the revised WHO/AFRO/JSI training curriculum on injection safety, sharps waste management and handling of injection devices. A total of 900 individuals will be trained.

In addition, ICAP-CU will procure color coded bin liners for segregation of infectious waste and personal protective equipment (i.e. disposable surgical gloves, disposable syringes, respiratory masks and gowns) for these sites. ICAP-CU will also promote and facilitate behavioral change among health workers, distribute communication materials (leaflets, posters, reference guides) on safer injection practices, and support government to adopt a national health care waste management plan in collaboration with JSI/MMIS. ICAP-CU will also support proper waste management by repairing incinerators in these sites.

ICAP-CU will implement these activities by partnering with local non-governmental organizations, including HIV/AIDS Restoring Hope and Life (HARHL) Trust and DRPC. 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 SIGN strategy for ensuring injection safety.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These activities will contribute to the overall Emergency Plan 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 (6490.08), ART (5404.08), Palliative Care (5552.08), OVC (5547.08), HCT (5550.08), Lab (5544.08) and PMTCT (6622.08) 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, phlebotomists, laundry workers and waste handlers) and indirectly at both public and private health sectors responsible for safe injection activities in all ICAP-CU supported health facilities.

EMPHASIS AREAS

The emphasis area is quality assurance and improvement and training in addition to workplace programs, promoting behavior change through IEC and strategic linkages with other partners and initiatives like the 'Making Injections Safer' project. ICAP-CU will also collaborate with JSI/MMIS to support government in the development of health care waste management policy. The proposed package of injection safety activities will help address 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6819

Related Activity: 13021, 13022, 13024, 13025,
13026, 13027, 13028, 13030,
13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28544	6819.28544.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$75,000
6819	6819.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	900	False

Coverage Areas

Benue

Cross River

Kaduna

Akwa Ibom

Gombe

Kogi

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 6820.08

Activity System ID: 12996

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSR relief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Medical Transmission/Injection
Safety

Program Area Code: 04

Planned Funds: \$175,000

Activity Narrative: ACTIVITY DESCRIPTION

AIDSR relief (AR) local partner treatment facilities (LPTFs) consist largely of primary healthcare institutions located within communities that are poor and underserved in all areas of social infrastructure including healthcare. A proportion of HIV infections are still transmitted within these healthcare facilities through unsafe injection practices. In COP07, AR supported specific safe injection activities at 28 LPTFs, two PMTCT sites and 10 satellite clinics in 14 states of Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In COP08, AR will expand to support safe injection activities at a total of 83 sites (30 LPTF, 2 PMTCT, 20 satellite sites, and 31 TB DOTS) in a total of 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in other programs in order to concomitantly work towards continuous quality improvement.

AR injection safety activities encompass the training of infection control personnel from each supported facility on universal precautions and medical waste management. Healthcare workers trained in collaboration with JSI/Making Medical Injections Safer (MMIS) will step down the training to ensure sustainability and behavioral change. It is expected that a total of 240 personnel will be trained. This step down training to other LPTF staff, including nurses, doctors, laboratory staff, hospital cleaners, laundry workers and waste managers, will include topics such as proper techniques for drawing blood, dispensing blood into laboratory bottles for laboratory testing, and disposal of used needles, sharps and other materials contaminated by blood and other biohazardous materials. AR will obtain and use MMIS supplied manuals to conduct follow-up on-site training at AR-supported LPTFs. Behavioral change communication (BCC) activities will be carried out to reduce unnecessary use of injections. AR will work with MMIS to provide supportive supervision to all trained AR supported facilities.

AR will collaborate with JSI/MMIS to supply and distribute single-use needles, safety boxes and personal protective equipments to all AR-supported LPTFs. This activity will involve the provision of retractable 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. This activity will also provide personal protective equipment (PPE) for health workers and ancillary hospital staff who come into contact with sharps and contaminated materials. AR will work with each LPTF to improve access to water at each hand washing point. For sustainability purposes, AR will ensure that these activities are integrated within each facility's overall infection prevention and control and workplace safety programs. AR will also support post-HIV exposure prophylaxis (PEP) programs at all sites. Health care waste management will be supported in this activity. Incinerators will be repaired and fueled where they are available and appropriate safe final disposal in rural setting instituted where there are no incinerators.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. CQI specialists and laboratorians will conduct team site visits at least quarterly during which there will be evaluations of infection control practices, waste management procedures, proper record keeping, and use of standard operating procedures for injection safety.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to the USG Nigeria target of preventing 1,145,545 new HIV infections through the prevention of medical transmission of HIV. Planned training courses and the provision of safe injection commodities and PPE will reduce occupational hazards and exposure of health workers and ancillary staff.

LINKS TO OTHER ACTIVITIES

AIDSR relief activities in injection safety relate to activities in ARV services (6678.08), PMTCT (6485.08), laboratory services (6680.08), basic care and support (5368.08), TB/HIV (5399.08), OVC (5416.08), blood safety (5392.08), and SI (5359.08) to ensure that healthcare providers and ancillary staff under all these programs adhere to the principles of injection safety.

POPULATIONS BEING TARGETED

This activity will mainly target healthcare providers including doctors, laboratory workers, nurses, pharmacists. Ancillary staff, who may not have direct patient contact but handle or manage biohazardous materials, will also be targeted.

KEY LEGISLATIVE ISSUES ADDRESSED

Through the increased knowledge gained by healthcare workers and laypersons via IEC/BCC these activities will result in a reduction in unnecessary demand for injection and better care of PLWHA.

EMPHASIS AREAS

This activity has an emphasis on training on universal safety precautions and SI.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6820

Related Activity: 12991, 12992, 12993, 12994,
12995, 12997, 12998, 12999,
13000, 13002, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25270	6820.25270.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$75,000
6820	6820.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	240	False

Coverage Areas

Anambra

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Nassarawa

Plateau

Abia

Adamawa

Ebonyi

Enugu

Imo

Kogi

Ondo

Taraba

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$14,240,500

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Data from the 2005 ANC survey in Nigeria indicated a decrease in HIV prevalence when compared to data from the 2003 survey

(4.4% versus 5.0% respectively). A high prevalence band was noted in the North central zone with spread to contiguous states of the North West, North East and South Eastern zones. However, review of data for specific populations, like sex workers shows an increasing trend for urban (from 1.71 to 30.50 from 1989 to 1996) and outside urban (from 0.37 to 54.7 from 1987 to 1996) areas (UNAIDS, 2004). HIV prevalence in clients with sexually transmitted infections rose from 0.67 to 8.35 between 1992 and 2000 in urban areas, and from 0.49 to 13.65 between 1987 and 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).

The Condoms and Other prevention program has been redesigned based on recommendations from the COP07 prevention TA visit. The USG Nigeria's strategy for C&OP in COP08 are: (1) to develop a comprehensive prevention package of services for persons engaged in high-risk behaviors (PEHRBs); (2) to implement the minimum prevention package of services within the populations and geographic areas that are driving the Nigerian epidemic; (3) to integrate comprehensive prevention programming in care and treatment services; (4) to support evidenced-based programming within the National and USG prevention portfolios.

In COP 08, the USG C&OP program will follow a new direction. Partners receiving C&OP funding will be required to provide a minimum package of services from a pool of established best practices. These best practices include community outreach; structured peer education that includes systematic training curricula, supporting materials, refresher trainings and on-the-job support for peer educators; STI management; interventions addressing vulnerability issues like income generation activities, essential life skills, vocational training/alternative livelihood interventions, especially for young women engaging in informal transactional sex; condom services including education of sex workers on the use of water based lubricants, training in skills relating to condom negotiation and use. Inclusion of messages related to alcohol abuse and its attendant disinhibition effects will feature as a cross cutting message for target populations.

Partners are expected to utilize a minimum of three such interventions which are most appropriate to the specific population being targeted, with mass media efforts acting as reinforcement. The minimum package will increase the likelihood of the intended behavior change outcomes being achieved and serve as a proxy tool for measuring targets reached with OP services. This review has resulted in an increase in cost per target to \$35 for non treatment partners and \$45 for treatment partners (who will provide STI services), but will ensure a higher quality program that emphasizes intensity and appropriate dose of messages and services.

In terms of geographical expansion, services currently in 23 states of the federation will be expanded to cover 32 of the 37 states by end of COP08. This expansion will take cognizance of the USG/Nigeria 5 year country strategy which is responsive to state specific HIV epidemiology. Scale-up of the programming to reach high risk populations in areas with concentrated epidemics will take larger share of overall Other Prevention funding and program effort. Other Prevention programs at the state and community levels will be targeted to "hot spots" within all states to reach sites where high risk behaviors are more likely to occur. The Priorities for Local AIDS Control Efforts (PLACE) method, a new assessment and monitoring tool to identify potentially high transmission areas will guide deployment of services.

In COP08, the OP program will be strengthened to provide priority population groups (female sex workers, Male and Female Out of school youths, Uniformed Service Men, long distance truck drivers, and taxi drivers) with direct access to quality CT services, STI treatment, condom services including messages on consistent and correct use. Also in COP08 OP programming will be expanded to other uniformed services, including the police and the prisons.

In COP08, implementing partners providing care and treatment services will be supported to provide a minimum package prevention services for people living with HIV. Several partners will provide appropriate information on the consistent and correct use and provision of condoms to PLWHA. The majority of costs associated with Prevention with Positives (PwP) will be offset under care and treatment. Details of PwP programs can be found in care and treatment narratives. In addition, prevention services will be integrated into other clinical services, including family planning and reproductive health. STI treatment rather than referrals will be provided in clinical settings for HIV positives and MARPS.

Current work with Female Sex Workers (FSW) will be expanded to non-brothel settings. FSW interventions will include STI management, C&T services, Provision of Condoms and training on condom negotiation skills with appropriate information on use of water-based lubricants. Training of FSW in vocational skills and savings will reduce dependence on commercial sex activity.

Interventions with transport workers will be continued through successful peer education models and condom services in motor parks, selected transport corridors and recreational spots of transport workers. Major transport corridors will be targeted with Mobile and "Moonlight" VCT services provided at truck stops and parks to encourage transport workers to know their status, and receive behavioral counseling on risk reduction. STI treatment services will be provided along these major corridors.

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. The peer education model will be used as a channel to offer appropriate condom messages, provision of essential life skills training and addressing the risks of multiple partnerships, intergenerational and transactional sex. Messages promoting abstinence as the most effective form of prevention will also be given.

In COP07, formal labour force programs with "AB" and appropriate "C" messaging and services was developed to reach men and women in the workplace. This mechanism will be strengthened in COP 08 with emphasis on improving workers' knowledge of safer sex and facilitating access to condoms. Public- private partnerships that provide appropriate prevention services to small and medium enterprise employees will be expanded. These efforts will complement workplace programs which promote fidelity, abstinence and stigma reduction.

The USG continues to collaborate with the UN and other organizations for the provision of condoms. Collaboration with DFID to leverage condoms from their social marketing programs will continue. UNFPA provides female and male condoms through federal and state government machinery; however proper forecasting and quantification for condom supplies nationwide had been a problem which is being addressed by the recently developed 5 year National condom strategy. These mechanisms will be further exploited in COP08 with partners assisted to provide quantifications disaggregated according to male and female condoms.

USG/Nigeria facilitated the development of a two-year National prevention work plan for Nigeria through the National Prevention Technical Working Group (PTWG); and supported the GoN in the development of a National 5 year Condom Strategy Document. In COP 08, USG/Nigeria will further address the need for improved coordination of these National prevention efforts and continue to provide the technical support required to strengthen these systems.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	752
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	33554
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	9066

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2768.08	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 9208.08	Planned Funds: \$1,068,500
Activity System ID: 13024	

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, the International Center for AIDS Care and Treatment Programs at Columbia University (ICAP-CU) supported 10 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 COP08, ICAP-CU programming will expand support to 13 additional hospital facilities; these 25 hospital networks located in 6 states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna, Kogi) will serve as the platform for ICAP-CU prevention activities in the coming year.

ICAP-CU will implement its condom and other prevention (COP) programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities which will also include abstinence and be faithful activities. In COP08 ICAP-CU will implement this activity at both the facility and community levels utilizing a combination of multiple strategies in this implementation, including community outreach campaigns, peer education models, infection control activities, STI management/treatment and workplace activities (specifically Greater Involvement of People with HIV/AIDS, or GIPA). In COP08, ICAP-CU will support risk reduction and safer sex promotion activities among HIV positive clients, partners and their households. The goal of the program is to be focused on the communities targeted and to cover those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received condom/other prevention messaging: (1) on a regular basis and (2) via at least three of the five strategies ICAP-CU will employ (community outreach campaigns, peer education models, infection control activities, STI management/treatment and workplace activities). The target for this intensive COP activity campaign is 23,750 individuals. ICAP-CU will identify a dedicated staff person to oversee their prevention activities.

ICAP-CU will implement the peer education model targeting job peers who are healthcare workers. Healthcare workers at each site will be trained (the exact number will vary based on facility size) using established national peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of prevention messaging, especially focusing on infection control practices in the workplace. Health and allied care providers will be supported to adopt positive attitudes and behaviors including safe practices to reduce their risks of exposure. Facilities will be assisted to implement SOPs for post-exposure prophylaxis should exposure occur.

ICAP-CU 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 linkages to diagnosis and treatment services for both STIs and HIV/AIDS, 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, peer educators, local NGOs and CBOs in each hospital network will be equipped to conduct activities for prevention for HIV positives, partners and households.

In COP08, all ICAP-CU supported treatment sites will integrate prevention counseling and services for people living with HIV into HIV care and treatment clinics (funded under care). Specifically, healthcare providers and lay counselors in care and treatment settings will be trained to deliver prevention messages during routine clinic visits using tools and job aids. In addition family planning counseling and services, identification and treatment of STIs, and prevention counseling will be offered. Other services such as prevention messages, promoting correct and consistent condom use will be promoted. ICAP-CU will use available communication tools and aids to provide this comprehensive package of prevention for positives activities.

To achieve these condom and other prevention objectives, ICAP-CU will also build the capacity of at least 20 local CBOs and support groups to conduct community outreach activities including development workshops on HIV prevention. Through this relationship with the CBOs and support groups ICAP-CU will provide outreach to most at risk populations such as the youth, commercial sex workers, and persons involved in transgenerational transactional sex. Peer educators will be trained to provide one-on-one outreach to these populations. Community outreach through activities such as HCT and condom distribution will also be incorporated. ICAP-CU will distribute at least 400,000 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 and will be distributed via health care facility outlets as well as via community based programming.

Two-hundred and fifty facility and community based health care providers and counselors will be trained on prevention counseling. Training of health care and allied workers at facility and community levels will be conducted to ensure correct counseling and appropriate BCC messages; skills training on disclosure to partners and negotiation of safer sex will be included. Training will be based on a standardized Nigeria-specific prevention for positives curriculum.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity contributes to the COP08 targets by focusing on reaching at least 23,750 HIV positive and at risk individuals by promoting the adoption of positive attitudes and behaviors consistent with the PEPFAR 5-Year Strategy for averting new infections in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in AB (15654.08), Care and Support (5552.08), ARV services (5404.08), HCT (5550.08), OVC (5547.08) and PMTCT (6622.08).

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 will also be 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 including out of

Activity Narrative: school youth, commercial sex workers, and persons involved in transactional/transgenerational sex will also be targeted for prevention messaging.

EMPHASIS AREAS

Areas of emphasis include human capacity development and local organization capacity building.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9208

Related Activity: 13021, 15654, 13023, 13025, 13026, 13027, 13028, 13030, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28545	9208.28545.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$995,000
9208	9208.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	25	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	23,750	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Tuberculosis patients

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Benue

Cross River

Kaduna

Akwa Ibom

Gombe

Kogi

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5267.08

Prime Partner: Centre for Development and Population Activities

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9779.08

Activity System ID: 13013

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$534,000

Activity Narrative: ACTIVITY DESCRIPTION:

Positive Living (PL) activities of HVOP will be implemented in 19 states of FCT, Bauchi, Edo, Kano, Anambra, Adamawa, Cross River, Lagos, Kogi, Benue, Imo, Niger, Taraba, Sokoto, Zamfara, Kebbi, Nassarawa, Katsina and Akwa Ibom. This activity is a key component of PL's strategy and encompasses provision of information and access to correct and consistent condom use, prevention of HIV among discordant couples, promotion of counseling and HIV testing, partner reduction, and mutual faithfulness as methods of risk reduction. PL will reach 15,275 persons, train 2,400 peer educators, distribute 6,000,000 condoms and open 65 service outlets.

HVOP will augment the HBHC component of PL and enhance the capacity of Primary Health Care and other referral facilities in communities to diagnose and treat STIs by providing laboratory equipment such as specimen bottles, reagents, consumables, etc. These facilities will serve as referral centers for diagnosis and treatment of STIs and will be considered as some of the service outlets for HVOP. All HVOP activities will be coupled with information about abstinence as well as the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. PL will build on past achievements by continuing to target long distance truck drivers, migrant workers, out of school youth, Orphans and Vulnerable Children, people living with HIV/AIDS (PHA) and clients of commercial sex workers.

Peer educators (PE) including religious leaders, teachers, persons living with HIV/AIDS and parents (trained in HVAB and HKID) will be trained to act as condom distributors, provide prevention options for people at risk who cannot practice A&B. Such options include support for PLWHA to disclose their sero-status to sexual partners and significant others, proper nutrition and boosting body immunity, prevention of pregnancy among PLWHA, PMTCT and early diagnosis and treatment of STI. PEs will hold discussions in homes, communities and workplaces with their peers focusing on prevention for positives during one-on-one and group discussions in support group meetings using CEDPA's Prevention manual.

Each individual will be reached with a minimum package of three interventions. The package will consist of community-wide AIDS awareness campaigns, targeted AIDS education programs at community level and various institutions, participation in focus groups and peer support groups for people identified as being at high risk of HIV infection, psychosocial support, and 'prevention with positives' programs. Community-wide prevention activities will disseminate messages on prevention and stigma reduction during wedding receptions, naming ceremonies, age grade meetings, rallies, and youth club activities such as celebration of solidarity days. Existing media materials on prevention will be adapted and reproduced for distribution during these events.

Condoms will be made available to all sexually-active individuals and PLWHAs through PL's comprehensive service delivery points at primary health care facilities, workplace programs and community condom distribution points run by PE and other commercial vendors who will be trained. The PE will provide one-on-one counseling; distribute condoms, facilitate support group discussions and act as peer buddies to ensure and maintain behavior change. Mobile populations will be reached through comprehensive activities reinforced by necessary follow-up. Activities will be integrated with an emphasis on MARPs, strengthened linkages, training and on-going support.

Using standardized forms, staff of implementing agencies (IA) multiplier organizations (MO) and Monitoring and Evaluation officer of PL will collect data on a monthly basis, detailing numbers/demographics of clients reached and messages provided. This will provide timely information for effective decision making, particularly the regarding the breadth and depth of HVOP coverage.

POPULATIONS TARGETED:

HVOP will be focused on most at risk populations (MARPs), e.g. long distance truck drivers, migrant workers, out of school youth, PHAs including OVC and clients of commercial sex workers, sexually active men, women, adolescent girls and boys in the general population. Prevention for Positives will target mainly discordant couples. Pregnant positive women will be mobilized and referred for PMTCT services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Condom and Other Prevention activities of PL will contribute to PEPFAR's 5 year strategic plan for Nigeria by reaching selected individuals considered to be at high risk of HIV infection with information and services that enhance their abilities to adopt risk reduction measures. Combined, these activities will contribute to averting new HIV infections. With the number of discordant couples on the increase, PL will promote active participation of PHA in prevention activity to encourage disclosure of sero status and protecting their sexual partners.

LINKS TO OTHER ACTIVITIES:

HVOP activities relate to HVAB (9759.08) as a complementary prevention strategy, to HBHC (9839.08) by potentially decreasing demand for HBC services, to HKID (12378.08) by targeting young people in and out of school, parents and guardians and by increasing awareness of the virus. PL will liaise with DFID and SFH to ensure the provision of condoms. Activities will be linked to other reproductive health activities provided by CEDPA in Bauchi, Kano, and Lagos states. HIV+ pregnant women will be referred to MTCT centers.

EMPHASIS AREAS: Commodities procurement and distribution, particularly of condoms, will be an area of emphasis. Other areas include community mobilization and demand creation for HIV related services and training. The program will address will include increasing gender equity in HIV programs and promoting male norms and behaviors that encourage HIV prevention. Violence and coercion reduction will be addressed through couple counseling for disclosure and collaboration with legal aid clinics.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9779

Related Activity: 13012, 13014, 13016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24876	9779.24876.09	U.S. Agency for International Development	Centre for Development and Population Activities	10593	5267.09	USAID Track 2.0 CEDPA	\$939,500
9779	9779.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13012	9759.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$2,000,000
13014	9839.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$4,126,000
13016	12378.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$700,000

Emphasis Areas

Gender

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

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	65	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,275	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Akwa Ibom

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Kogi

Lagos

Niger

Adamawa

Benue

Imo

Katsina

Kebbi

Nassarawa

Sokoto

Taraba

Zamfara

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 3236.08

Activity System ID: 13037

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$2,553,250

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, the Global HIV/AIDS Initiative Nigeria (GHAIN) will provide other prevention (OP) services to 53,400 most-at-risk persons (MARPs) including transport workers and commercial sex workers by supporting existing and new implementing agencies (IAs) to provide services to MARPs in all project states and expand to additional states inter alia Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States.

To achieve the above target, and also contribute to overall goal of reduction of the incidence and impact of HIV&AIDS in Nigeria, GHAIN will disseminate information about the correct and consistent use of condoms, as well as information about abstinence; and the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. Also, information will be disseminated on 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; the relationship between alcohol and risky behaviours and the knowledge that condoms do not protect against all STIs.

GHAIN's primary OP strategies will be peer education and community dialogue. This combination of approaches will promote the acceptance of project messages, engender change and facilitate community ownership of the project. GHAIN will train a minimum of 165 persons drawn from all project locations with interpersonal communications and counseling (IPCC) as well as community dialogue skills to enable them to conduct IPCC outreach activities and community dialogue sessions. Peer education will equip selected volunteers within MARPS to provide their peers with correct and complete information on HIV/AIDS prevention, treatment, care and support through one-on-one and group counseling activities.

Through the community dialogue sessions, members of target communities will exchange information face-to-face, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and develop solutions to such HIV/AIDS issues as stigma and discrimination, sexual transmission, medical transmission, and prevention of HIV within positive populations. The major output of the community dialogue will be a critical mass of advocates within each community who are well versed in HIV/AIDS and are working towards the reduction and elimination of new HIV cases as well as stigma that fuels the epidemic.

GHAIN's secondary OP strategy in COP08 will be a branded multi-media campaign that will unify all OP messages and provide over-arching communication support to the peer education and community dialogue programs, with a focus on demand creation for HIV/AIDS services. The "Heart to Heart" logo which has gained wide recognition and acceptance as a symbol of quality HIV/AIDS service will remain the logo for the OP multi-media campaign.

In addition, infection control measures will be established in GHAIN comprehensive ART and CT sites to equip health care providers with universal precautions and provide post exposure prophylaxis to them when necessary. STI syndromic management services including training on STI syndromic management, STI counseling for affected individuals and STI treatment services (diagnosis and drugs) will also be provided.

GHAIN will ensure that condoms are available at over 88 sites during COP08, including counseling and testing sites and brothels. GHAIN further hopes to leverage through collaboration with the GFATM program resources to provide condoms at additional CT centers and potential expansion into additional states. This is entirely dependent on GFATM grant being signed to continue during this period, and if the program is implemented according to plan. GHAIN and its IAs will continue to partner with the Society for Family Health (SFH) and United Nations Fund for Population Activities (UNFPA) to obtain and distribute condoms to those most at risk of transmitting or becoming infected with HIV. GHAIN will also explore the possibilities of getting condoms directly from DFID in addition to the USG collaboration with DFID.

Referrals and networks will be strengthened to ensure effective expanded access to clinical services for MARPS, including referral for diagnosis and treatment of sexually transmitted infections (STI); TB (DOTS Center), RH/FP/PMTCT and linking PLHA prevention services to HIV treatment and care services, including counseling and testing. GHAIN OP activities in COP08 will be guided by the national behavior change communication strategy and in line with the decisions of the new Prevention Technical Working Group.

The major beneficiaries of COP08 activities will be road transport workers, commercial sex workers, uniformed personnel and their dependants, other identified high risk groups, People Living with HIV/AIDS (PLHA) and medical personnel.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

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 focus on building the capacity of these implementing agencies to effectively carry out sustainable HIV prevention activities among MARPs, including development and dissemination of strategic behavior communication (SBC) 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 provide support for the integration of appropriate reproductive health messages into the C&OP programs for the uniformed services and their dependants by creating wraparounds to enhance activities initiated using Child Survival/Population Funds.

LINKS TO OTHER ACTIVITIES:

As in all OP programs, activities will continue to be linked to 3.3.09, 3.3.11, 3.3.01, 3.3.06, 3.3.07 and other relevant services available in the community. GHAIN IAs will work with the mobile counseling and testing team of GHAIN to locate and strategically mount services at areas identified to have concentrations of MARPS. People who test positive will be referred for continued care along the continuum of care model. The referral coordinators of GHAIN will take down contact details of such positive clients for the purposes of continued counseling, palliative care and contact tracking for 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.

Activity Narrative:**POPULATIONS BEING TARGETED:**

The beneficiaries for the OP activities will include road transport workers, commercial sex workers (CSW), discordant couples, PLHA, mobile populations, truck drivers, uniform services personnel and their dependants, medical personnel (public and private health care workers), clients/partners of CSW, and out of school youths.

EMPHASIS AREAS:

An emphasis will be on human capacity development and local organization capacity building. GHAIN will continue to strengthen the developed exit/sustainability plan for the implementing agencies, both at the country program level, showing how it will work 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 timeline based on key benchmarks.

OP activities will take into consideration gender issues related to HIV/AIDS programs through providing equal quality prevention services without discrimination in regards to sex, nationality, religion, creed, etc. as well as a concerted effort to increase male involvement in HIV/AIDS activities. Strategic efforts will be made to tailor prevention messages to match the environmental requirement of target audiences. 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 much increased availability of mobile CT will also help reduce stigma and discrimination against people who test positive to HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6707

Related Activity: 13034, 15661, 13038, 13041, 13045

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24892	3236.24892.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$2,295,000
6707	3236.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,290,000
3236	3236.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
15661	15661.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$400,000
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13045	3232.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	88	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	53,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	165	False

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

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Rivers
Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Adamawa
Akwa Ibom
Bauchi
Benue
Enugu
Kogi
Niger
Taraba
Katsina
Kebbi
Nassarawa
Sokoto
Zamfara

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3809.08

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 5656.08

Activity System ID: 13033

Mechanism: HHS/CDC Track 2.0 ECEWS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$267,000

Activity Narrative: ACTIVITY NARRATIVE:

In COP08 ECEWS will provide community outreach to individuals identified as high risk for HIV and direct them to counseling and testing while promoting prevention through activities other than abstinence and be faithful messages. This activity will focus on condom use promotion in most at risk populations and referral to ECEWS supported and/or other local PEPFAR-supported HCT sites. Condoms and other prevention activities will be provided in 25 sites (13 developed under COP07 and 12 developed under COP08) targeting 7,630 most at risk persons (MARPs) which include outpatient and STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers in Akwa Ibom and Cross River states.

ECEWS will implement its condom and other prevention (COP) programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities which will also include abstinence and be faithful activities. In COP08 ECEWS will implement this activity at both the facility and community levels utilizing multiple strategies which include community outreach campaigns, peer education models, condom services and STI management/treatment. Each person will be reached with messages in appropriate dose and intensity to stimulate behavior change delivered on a regular basis and with at least three of the strategies ECEWS will employ. The target for this intensive COP activity campaign is 7,630 individuals.

COP and AB programming will be prioritized to communities identified through a COP07 supported community assessment that mapped out areas of high sexual networking (barracks, parks, markets, gardens, and the presence of brothels). ECEWS will expand its advocacy activities with owners and managers (including chairladies of commercial sex workers) of relevant establishments to enable access to the sex workers and to introduce the peer education program. Using a model tested in Thailand and South Africa, ECEWS will work with the brothel owners to encourage 100% condom use. Free condoms will be given to brothels, and sex workers will be advised to insist on condom use with each client. ECEWS will continue to select peer facilitators from each brothel and train them to provide HIV prevention messages to their peers on a daily basis. The key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Community advocacy with brothel owners will be primarily to support the sex workers in enforcing a "no rubber no show" policy in their establishments. Peer facilitators will be taught participatory monitoring and evaluation to enable them to monitor their progress against collective objectives. In addition, a yearly survey will be conducted on the outcome of the activities. 20 peer facilitators will be trained to reach 1,000 commercial sex workers.

In addition to these 1,000 commercial sex workers, ECEWS will reach clients in STI clinics, uniformed personnel, and out of school youth with COP messages and services, thereby reaching a total of 7,630 MARPs. Community outreach programs will target most at risk individuals with the purpose of preventing geographical spread. As a component of the community based programming, messages shall be communicated through local dramas and singers that are found in the brothel clubs, parks, gardens and barracks. They will be taught the basics of HIV prevention, especially COP and encouraged to weave prevention themes into their songs promoting partner reduction and consistent condom use. Doctors and counselors in STI clinics will be trained to distribute condoms and include condom use promotion in targeted messages to infected individuals. Prevention with positives activities include HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure. For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks and the disease, and provide risk reduction strategies including condom use. ECEWS will incorporate syndromic STI diagnosis and treatment into its prevention portfolio, thereby improving compliance with treatment as referrals are avoided. Training of at least 30 healthcare providers, counselors, and home based care providers will be conducted. In total, 50 individuals will be trained in condoms and other prevention activities.

Condoms will be procured from Society for Family Health (SFH) for all ECEWS sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations from experienced counselors on their proper use. Information Education Communication materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided in all sites at all POS within those sites.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Enlisting ECEWS is in line with the PEPFAR vision to enhance indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in this process to strengthen the health care system and local development partners. These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups.

In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to the various high risk groups that they serve. Furthermore, these activities are in line with the PEPFAR 5 year strategy which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection for these populations with the purpose of preventing geographical spread.

The establishment of ECEWS-supported services in HCT as well as STI management will help facilitate the scale up of the overall program, and increase utilization of these services, expected to result from other prevention outreach initiatives.

LINKS TO OTHER ACTIVITIES:

This activity relates to AB messaging (15656.08), care and support activities (15657.08), and counseling and testing (16907.08). Prevention for positives counseling to include condom use will be an important component of posttest counseling in the STI clinics, and will be incorporated in counseling for persons receiving ARV treatment. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, ECEWS will ensure access to STI treatment.

TARGET POPULATIONS:

Activity Narrative: This activity focuses on discordant couples, GOPD and STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers.

EMPHASIS AREA:

The emphasis areas for this activity include human capacity development in order to build the organizational capacity of HCT centers to provide a full range of prevention strategies including correct and consistent use of condoms to persons attending these centers. In addition, addressing gender equity will also be an emphasis area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6746

Related Activity: 15656, 15657, 15658, 15659, 16907, 15674

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25282	5656.25282.09	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	10725	3809.09	HHS/CDC Track 2.0 ECEWS	\$250,000
6746	5656.07	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	4182	3809.07	Cooperative Agreement	\$0
5656	5656.06	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	5971	5971.06	Cooperative Agreement	\$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000
15657	15657.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$95,000
15658	15658.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$50,000
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
16907	16907.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$275,000
15674	15674.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$15,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	25	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,630	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 544.08

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9216.08

Activity System ID: 13054

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$1,468,500

Activity Narrative: ACTIVITY DESCRIPTION

In COP07, Harvard/APIN+ supported 17 hospital networks in providing HIV/AIDS care and treatment via a multidisciplinary, family-focused approach at the hospital and community level. In COP08, APIN+ programming will expand prevention efforts to 28 comprehensive APIN+ sites in 9 states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe); these hospital networks and their associated satellite sites and communities will serve as the platform for APIN+ prevention activities in the coming year.

APIN+ will implement its condom and other prevention (COP) programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities which will also include abstinence and be faithful activities. In COP08 APIN+ will implement this activity at both the facility and community levels utilizing a combination of multiple strategies in this implementation, including community outreach campaigns, peer education models, infection control activities, and STI management/treatment. The goal of the program is to be focused on the communities targeted and to saturate those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received condom/other prevention messaging: (1) on a regular basis and (2) via at least three of the four strategies APIN+ will employ (community outreach campaigns, peer education models, infection control activities, and STI management/treatment). The target for this intensive COP activity campaign is 32,633 individuals.

In COP 08, all APIN+ supported treatment sites will integrate prevention counseling and services for people living with HIV into HIV care and treatment clinics. Specifically, healthcare providers and lay counselors in care and treatment settings will be trained to deliver prevention messages during routine clinic visits using tools and job aids. Social peers will be utilized from PLWHA support groups. Prevention messages will promote correct and consistent condom use and where appropriate will incorporate AB messaging for a balanced approach. In conjunction with the delivery of prevention information, clients are provided with syndromic management/treatment for STIs, referrals for preventative care and other wrap-around services as necessary. High risk HIV negative individuals tested at STD clinics will be provided prevention messages to reduce their likelihood of acquiring HIV.

Community outreach efforts and PLWHA support groups will be utilized and prevention interventions and information will be included in their activities. These support groups provide key community linkages for PMTCT, palliative care and ART services. Support group activities will include the dissemination of prevention information for HIV-infected individuals (funded under BC&S) as well as community outreach to high risk populations to encourage HCT and healthy behaviors including recommendations for partner notification and condom use. For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks, and risk reduction strategies including HIV testing.

Several APIN+ sites target Most At Risk Populations (MARPs) including outpatient STI patients, border traders, military personnel, fashion designers, young male market agents, and motor mechanics. 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 HCT center, which currently provides prevention messages, condoms and HCT to 150 community members per month. HCT in Victoria Island PHC clinic serves the Kuramo Village community where most residents are sex workers and bar workers, resulting in greater than 60% HIV prevalence in this high risk population. Following the destruction of the Kuramo site in 2006 APIN+ discussions with the Lagos State Government have resulted in the government's agreement to reestablish the HCT clinic in the vicinity of Kuramo village to serve the needs of that population. Prevention activities at these clinics 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 palliative care and evaluation for ART eligibility. An emphasis on high risk men through these community based efforts will also enhance prevention efforts and facilitate access to their partners. This funding will support the implementation of behavioral interventions for MARP at stand-alone HCT centers, the development of educational prevention materials developed by ARFH and HALTAIDS and referral for STD diagnosis and treatment. Where appropriate, APIN+ will build site capacity for STI syndromic management.

APIN+ will implement the peer education model at healthcare facilities as well, targeting job peers who are healthcare workers. Healthcare workers at each site will be trained, especially focusing on infection control practices in the workplace. Health and allied care providers will be supported to adopt positive attitudes and behaviors including safe practices to reduce their risks of exposure. Facilities will be assisted to implement SOPs for post-exposure prophylaxis should exposure occur.

This funding will be also used to support the procurement and distribution of written prevention messages and condoms. 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. Prevention messages will also include information about other STIs. Condoms will be offered to all individuals at all sites and will be provided to APIN+ by the Society for Family Health (SFH).

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 training of 380 individuals in condom promotion, STD prevention and risk reduction.

CONTRIBUTION TO OVERALL PROGRAM AREA

These prevention activities are consistent with PEPFAR's 2008 goals for Nigeria, which aim to support a number of prevention strategies as a comprehensive prevention package. 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.

Activity Narrative:**LINKS TO OTHER ACTIVITIES**

This activity relates to activities in counseling & testing (5424.08), AB (15652.08), care & support (5369.08), TB/HIV (3222.08), ARV services (6715.08), and OVC (5415.08). 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.

Populations Being Targeted

These activities seek to target young people and adults, particularly those from high-risk populations. Prevention messages will also target HIV infected individuals who are receiving ART and care services. Targeting these populations is important to encourage safe sexual practices, HCT and other prevention measures. Health care workers will also be targeted for training on the most effective prevention measures for various risk groups.

Key Legislative Issues Addressed

These activities address gender equity issues by providing equitable access to prevention 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 promote condom use 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. 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 minor emphasis on infrastructure and human resources in order to build the capacity of counselors and providers in a full range of prevention strategies. We also place emphasis on information, education and communication as an essential element of outreach to high-risk populations, and on developing networks for linking these activities to HCT, PMTCT, and other ART activities to serve as a source of prevention information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9216

Related Activity: 13051, 15652, 13053, 13055,
13056, 13057, 13058, 13049,
13060, 13061, 13050, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25217	9216.25217.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$1,140,122
9216	9216.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$635,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	28	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	32,633	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	380	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Benue

Borno

Lagos

Oyo

Plateau

Enugu

Ebonyi

Kaduna

Ogun

Yobe

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HVOP

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Activity ID: 9784.08

Planned Funds: \$250,000

Activity System ID: 13080

Activity Narrative: ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of prevention related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to the Department of Defense (DoD) (#554.08) to strengthen or build their supply chain management capacity within their prevention programs.

In COP08, SCMS will procure commodities used in prevention programs (except condoms) including medical supplies such as products for the management of sexually transmitted infections (STIs) as well as non medical supplies such as promotional materials, for DoD. Through its continuous support to and strengthening of commodity security in PEPFAR prevention programs, SCMS works towards ensuring uninterrupted availability of needed commodities to populations targeted by these programs including adolescents and adults in the general population as well as most at risk populations.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. DOD has allocated \$250,000 for these activities to SCMS.

SCMS will support DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service).

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. DoD's requests for prevention related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will negotiated with DoD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or the distribution mechanism most appropriate for the program needs. SCMS will also assist in the monitoring of stock levels and usage through the deployment of Pipeline databases.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component.

Under this program area, SCMS does not have targets of its own but supports DoD reaching their prevention planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

SCMS' activities will contribute to the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria.

LINKS TO OTHER ACTIVITIES

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

Activity Narrative:

POPULATION BEING TARGETED

Men and women in the military and supporting civilian populations, most at risk populations.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9784**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26055	9784.26055.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$75,000
9784	9784.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$8,000

Table 3.3.05: Activities by Funding Mechanism**Mechanism ID:** 5271.08**Mechanism:** USAID Track 2.0 FS LMS Leader**Prime Partner:** Management Sciences for Health**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Condoms and Other Prevention Activities**Budget Code:** HVOP**Program Area Code:** 05**Activity ID:** 10197.08**Planned Funds:** \$267,000**Activity System ID:** 13071

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to AB (9758.08), SI (15649.08) and the Other Policy/Systems Strengthening (12449.08) Program Areas. During COP08 the Leadership, Management and Sustainability (LMS) Program will continue the activities initiated during COP07.

In COP08 the LMS Program, across its different PEPFAR program areas, will provide institutional and human capacity building to 24 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) and to 200 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. 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 continue to 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. These efforts will also be supportive of and coordinated with LMS work in the OVC, TB HIV, Policy, and SI program areas. Targets for activities that occur in other program areas that overlap with condoms and other prevention are described in the narratives for those other program areas.

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 to ensure sound technical practices, sharing of lessons learned, and integration into the wider USG and GON strategy.

COP07 marked the first year that LMS provided technical assistance to indigenous national and regional multiplier NGOs and FBOs in Nigeria, although LMS and its predecessor project Management & Leadership (M&L) have provided this support in other countries. COP08 funds will be used to provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with the USG 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.

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 has been 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.

EMPHASIS AREAS:

This activity includes an emphasis on local organization capacity development and human capacity development.

Activity Narrative: 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.

TARGET:

Targets will be captured in the Other Policy and Systems Strengthening program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10197

Related Activity: 13070, 15649, 13075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24903	10197.24903.09	U.S. Agency for International Development	Management Sciences for Health	10602	5271.09	USAID Track 2.0 FS LMS Leader	\$244,000
10197	10197.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13070	9758.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$2,750,000
15649	15649.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0
13075	12449.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$1,050,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 632.08

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9210.08

Planned Funds: \$1,735,500

Activity System ID: 13109

Activity Narrative: ACTIVITY DESCRIPTION:

ACTION will provide Condoms & Other Prevention (C&OP) Activities targeting 38,600 most at risk persons (MARPs) and support 60 community based condom outlets in locations frequented by MARPs such as bars, brothels and truck stops in addition to the hospital based outlets co-located at HCT/ART clinics. Sites are located in states chosen consistent with the National ARV Scale-Up Plan with the goal of universal access. They include: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, and Sokoto.

ACTION will build on COP07 successes to expand prevention services and linkages to wraparound services (e.g., family planning). At the health care facility level this will complement prevention with positives (PwP) activities described and supported under BC&S programming. Prevention services will take place in community settings including: skills development centers, prisons, truck stops, markets, and OVC centers targeting out-of-school youth. ACTION will complement mobile HCT with prevention services by supporting NGOs to establish HCT/OP sites at locales where transactional and intergenerational sex are common using five mobile HCT vans based out of ACTION regional offices. Under COP06, the HIV Sero-prevalence among clients tested in a mobile setting was 19.1% and 27.5% in the first quarter of COP07. ACTION will expand prevention programs in collaboration with experienced CBOs and peer educators along the Benin-Lagos transport corridor, targeting truck drivers and those who engage in transactional sex at overnight motor parks, increasing the targeted truck stops from 3 to 6. This will be based on a successful Mombasa-Kampala corridor model developed in Kenya-Uganda. A Sero-prevalence exceeding 20% is anticipated. Under COP07, ACTION provided HCT services at Kuje, Keffi & Suleja prisons and will build on that experience to add prevention services for the incarcerated testing HIV- and will increase the number of prison sites served. This will be done in collaboration with and in support of the HIV/AIDS unit of the GON Ministry of Internal Affairs. ACTION will work with a CBO experienced in dealing with prison populations to determine feasibility of providing ARV and other services while maintaining prisoners' confidentiality. ACTION also targets out-of-school youth via community centers and organized activities supported through OVC programming. C&OP will be balanced with AB prevention messaging and will be offered to youth in these settings.

ACTION will implement its C&OP activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached through a balanced portfolio of prevention activities which will also include abstinence and be faithful messages. In COP08 ACTION will implement this activity at the community level utilizing a combination of strategies, including community outreach campaigns, peer education models, and STI screening/management/treatment. Peer education strategies will focus on Greater Involvement of People with HIV/AIDS (GIPA). The goal of the program is to cover target communities with messages conveyed in multiple fora. Utilizing this methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received condom/other prevention messaging: (1) on a regular basis and (2) via the three key strategies ACTION will employ (community outreach campaigns, peer education models, STI screening/management/treatment). The target for this activity is 38,600 individuals. ACTION will employ a dedicated staff person to oversee these prevention activities.

ACTION will enhance services for MARPs testing HIV- by coupling post test counseling with targeted behavior change interventions that address individual risk. Individual counseling will include abstinence/mutual faithfulness messages, promotion/instruction regarding correct and consistent condom use, information education communication (IEC) materials and linkages to family planning services. Community outreach through collaboration with PLWHA support groups will ensure that IEC materials and counseling messages are culturally acceptable. Group counseling will be carried out in supportive settings to discuss and promote HIV prevention behaviors including avoidance of STIs, recognition and seeking early treatment for STI symptoms, and reduction of alcohol/illicit drug use. Condom promotion and distribution will be coupled with prevention information about abstinence and mutual faithfulness, behavioral change communication, and risk reduction education using peer educators. Sixty stationary condom distribution points at locales frequented by MARPs (such as bars serving truck drivers) will be established and maintained along with 78 situated within ART facilities making a total of 138 outlets.

Building on the model piloted in COP07, mobile HCT vans will be utilized for the provision of syndromic STI services in conjunction with HCT services targeting truck stops and night spots frequented by MARPs. This service will be provided by Community Health Extension Workers (CHEWs) following standard SOPs for syndromic STI management and will include treatment for syphilis, gonorrhea, and Chlamydia. Program staff will work with sites to ensure appropriate linkage/referrals to STI care.

PwP strategies targeting HIV+ persons will be included in this package of services for MARPs using approaches developed during COP07 and materials developed through USG Nigeria. ACTION will support risk reduction and safer sex promotion activities among HIV positive clients, partners and their households. The comprehensive package of prevention interventions will include provider and counselor delivered prevention messages, family planning counseling, STI management and treatment, and testing of partners and children. Lay counselors and peer educators will be mobilized for more in-depth counseling on key prevention issues such as: sexual risk reduction, disclosure, adherence, reduction of alcohol consumption and partner testing. Condoms and information on proper condom use will be available to all patients attending ACTION supported ARV clinics. Other components of the comprehensive package of prevention interventions are further described under the basic care and support program area.

Site/regional level trainings for CHEWS in STI syndromic management will be carried out by ACTION program staff. Peer educators and PLWHAs will be trained by ACTION program staff and CBO subcontractors using a curriculum developed by SFH focusing on truck stop and commercial sex settings as well as a manual on Interpersonal Communications jointly developed by ACTION and SFH. General training will include risk stratification, disclosure and couple counseling, proper condom use and syndromic STI management training for health care workers. The direct training target is 380 persons.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

As high risk and "bridge" populations contribute to HIV transmission, this activity will support the Nigerian Federal Ministry of Health (FMOH) and EP goal of reducing new infections and thus decreasing the overall disease burden of HIV in Nigeria by enhancing HCT with targeted prevention messages and interventions. Targeted efforts to promote correct and consistent condom use and STI management for MARPs can

Activity Narrative: reduce the risk of HIV infection.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in AB (15651.08), care and support (3259.08), ARV services (3255.08), OVC (5417.08), HCT (5426.08) and SI (3253.08). A challenge of this program is to successfully link those identified as HIV positive with services. The populations being targeted often do not access services via traditional treatment venues. The program will create a means of strengthening these linkages and will identify through the hub and spoke model innovative strategies for creating access to treatment in convenient venues. Targeting MARPs will help to identify persons who need referral into care, ARV services and prevention for positives counseling which will be an important component of posttest counseling of HIV+ persons as part of HCT services and the basic package of care. Balanced prevention messages targeting behavior change will complement HCT for all irrespective of HIV status. OVCs will be taught family life and sex negotiation skills.

POPULATIONS BEING TARGETED:

This activity focuses on MARPs such as commercial sex workers and their clients, prisoners, out-of-school youth, and mobile populations such as truck drivers. The prison population presents special challenges in this regard because of potential for stigmatization in a dangerous environment. Doctors, nurses, other health care workers in the public sector as well as PLWHA and peer educators are targeted for training.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development as training as nearly all supported personnel are technical experts who focus on this at the central and site level. Community development through linkages with CBOs and PLWHA support groups is also emphasized.

This activity also addresses the issue of stigma and discrimination since HIV counseling reduces stigma associated with HIV status through education.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9210

Related Activity: 13106, 16299, 15651, 13108,
13110, 13111, 13112, 13113,
13115, 13116, 13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25241	9210.25241.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$1,530,018
9210	9210.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,117,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	138	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	38,600	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	380	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Anambra
Bauchi
Benue
Cross River
Delta
Edo
Federal Capital Territory (Abuja)
Kogi
Lagos
Nassarawa
Niger
Akwa Ibom
Gombe
Imo
Jigawa
Kaduna
Katsina
Kwara
Ogun
Osun
Plateau
Sokoto

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3682.08

Prime Partner: Society for Family Health-
Nigeria

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 5372.08

Activity System ID: 13097

Mechanism: USAID Track 2.0 SFH

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$3,871,500

Activity Narrative: ACTIVITY NARRATIVE:

Society for Family Health's (SFH) 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 a national level through community mobilization, mass media, and product distribution activities in 27 states of the Federation. SFH worked in 23 states in FY07 and an additional four states including Kogi, Bayelsa, Taraba, and Katsina will be added in 2008. Communities are defined by target groups and for HVOP; these include transport worker (TW), uniformed service men (USM), and Female commercial sex workers (FCSW) communities (brothel and street based). Sites are the geographical areas where these communities can be found. SFH has worked in 181 sites and 537 communities of male and female high risk groups to date. Evidence from the 2005 BSS survey reveals that about 10% of USM and TWs had more than one non marital sexual partner while the average number of clients per day was two and four for street based and brothel based CSWs respectively. Condom use in last non marital sex act was 65% for USM, 59% for TW and 91% for CSW.

Society for Family Health (SFH) will implement the Peer Education Plus (PEP) model earlier developed for high risk groups among these targets. The PEP model is an evidence based 12 month intervention implemented in three phases. The Community Entry phase (mapping, advocacy visits, open community meeting and baseline study); Intensive phase (peer education sessions using target specific manuals, drama, IEC materials and product distribution); and the Exit phase (building of CBO capacity to take over program implementation). The 'plus' includes non- peer education components such as drama, IEC/audio visual materials, condom and condom lubricant distribution, and provision of HIV counseling and testing services and treatment for STIs. The key messages are partner reduction (concurrent or serial), consistent condom use in all sex acts, prompt and complete treatment of all STIs.

Evaluation of interventions conducted in 2006 revealed that consistent condom use of condoms among CSWs was maintained at 98%; social support for enforcing the "no condom no sex policy" in intervention brothels increased from 51% in 2005 to 68% in 2006; among transport workers, condom use with non spousal partners increased from 60% in 2005 to 70% in 2006. More importantly there was an increase in accepting attitudes to PLWHAs in the intervention sites based on the UNAIDS stigma index, this increased from 8.4% in 2004 to 11% in 2006. In FY 07, SFH stopped direct implementation and began working through Civil Society Organizations (CSOs) domiciled in these sites to implement the community mobilization activities. Subsequently, 19 CSO partners were engaged through a participatory and capacity building process to implement PEP in new communities in which are 15 brothel based CSW, 18 TW, and 15 USM communities. In FY08, SFH will add 40 new sites and at least 10 communities per target group. These will be managed by existing and new CSO partners. Integral to SFH's sustainability plan is the mentoring of CSO partners to enable them access funds directly from USAID or other donor agencies. SFH will therefore provide program and financial management training, and other institutional capacity building for the CSO partners. SFH will also continue to engage with the Nigerian Prison services with the view to provide prevention, counseling and testing and referral for treatment to prison staff and inmates.

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. PLACE was implemented in 3 states in FY07 and this will be scaled up to 12 states. This component of the program will target street based sex workers and their clients with partner reduction, alcohol reduction, condom use and know your HIV status messages. Messages will also seek to promote the positive role men can play in the health and well-being of their partners, families, and communities. PLACE also ensures product accessibility and availability at high risk sites (SFH provides socially marketed condoms for the HIV and reproductive health programs through its DFID funded project). Moonlight counseling and testing services will also be provided.

Activities aimed at changing male social norms will be implemented in places such as barracks, transport parks, workplaces, and old community sites through community outreaches and inter-personal communication activities which emphasize fidelity as a norm. On the whole, for HVOP, SFH expects to train 2376 persons to reach 110,614 persons at 90 sites with partner reduction and condom use messages. IPC activities along the Maiduguri – Port Harcourt Transport Corridor will continue and additional marshals will be trained within large parks for more effective coverage.

In order to provide complementarities to the Global Fund workplace initiatives and promote organizational program practices that support constructive male involvement, SFH will also support the development of workplace prevention initiatives as HIV affects people in the most economically productive phase of their lives. Using the national HIV workplace manual, SFH will train 120 peer educators who will reach 2400 staff directly (and 3600 family members indirectly) in 12 companies in four states of the federation. SFH also proposes to promote the GIPA principle by placing four qualified persons in these organizations. This will be an initial pilot which may be scaled up in subsequent years. In addition to the primary work schedule, the GIPA staff will also assist in training peer educators and act as prevention champions within their respective organizations and the host community.

Prevention activities among PLWHAs will continue in FY08 in accordance with national guidelines for secondary prevention among discordant couples, prevention of re-infection, prevention of opportunistic infections and the provision and use of the Basic care kits. Four PLWHA per SFH region will be trained as IPC conductors who will in turn facilitate monthly sessions at support group meetings reaching 6400 persons. These IPC conductors will also conduct community mobilization activities aimed at stigma and discrimination reduction around SFH intervention sites.

This component will also complement HVOP messages among student in tertiary institutions. Nigeria has over 181 institutions of higher learning and less than a tenth have institutionalized HIV prevention programs. SFH will continue to deepen activities in the 21 selected universities while 5 new universities will be added in FY08. SFH will support the anti AIDS clubs to conduct outreach programs that provide a comprehensive prevention package of activities such as risk reduction messages, knowledge of HIV status, gender related violence and rape, transgenerational and transactional 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, program monitoring, and the development of target specific IEC materials. Quantitative surveys will be conducted towards the end of the

Activity Narrative: program to evaluate impact by comparing people with no exposure, low exposure and high exposure.

SFH will provide HCT services and support training of partner clinic staff in the syndromic management and treatment of STIs. Persons with STIs from the intervention sites will be referred to these centers for appropriate treatment. Those testing positive to HIV 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), prevention of 1,145,545 new HIV infections (through behavior change communications among core transmitters)

TARGET POPULATION:

This activity targets both street-based and brothel-based FSWs and their clients, transport workers, uniformed servicemen, male and female out-of-school youth, and PLWHAs.

LINKS TO OTHER ACTIVITIES:

This component is linked to HVAB (5316.08), HVCT (5423.08), OHPS (5299.08), HKID (6497.08), and TBHIV (12364.08) program areas. SFH will continue to reinforce partner reduction messages, promote HIV counseling, and testing, create awareness about the links between TB and HIV and referral to ARV services.

EMPHASIS AREAS:

This activity places an emphasis on capacity building for community based organizations in addition to workplace programs. In addition, this activity will address gender equity in programming and stigma and discrimination against PLWHA.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6735

Related Activity: 13096, 13098, 13099, 13100, 13101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24930	5372.24930.09	U.S. Agency for International Development	Society for Family Health-Nigeria	10611	3682.09	USAID Track 2.0 SFH	\$4,325,000
6735	5372.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$2,600,000
5372	5372.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13096	5316.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$7,000,000
13098	12364.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$200,000
13099	6497.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,750,000
13100	5423.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$300,000
13101	5299.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$490,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	90	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	110,614	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,376	False

Target Populations

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Abia
Bauchi
Benue
Borno
Cross River
Edo
Enugu
Federal Capital Territory (Abuja)
Kaduna
Kano
Lagos
Nassarawa
Oyo
Plateau
Rivers
Sokoto
Adamawa
Bayelsa
Ekiti
Ogun
Ondo
Akwa Ibom
Gombe
Imo
Katsina
Kebbi
Kogi
Taraba

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1561.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 5370.08

Activity System ID: 13136

Mechanism: HHS/CDC Track 2.0 Agency Funding

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$50,000

Activity Narrative: ACTIVITY DESCRIPTION:
This Condoms and Other Prevention activity relates directly to all Nigeria Condoms and Other Prevention COP08 activities as part of the USG technical oversight role.

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has one full time staff position for HIV Sexual Transmission, which was approved in COP07. This 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. Additional focus will be to integrate programming for prevention for HIV positives as an added component of Basic Care and Support. The budget includes funding for 75% of one FSN salary, funding for required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member will be supervised by a Senior Prevention Manager funded under HHS/CDC M&S.

The HHS/CDC HIV Sexual Transmission Specialist staff position will work in coordination with the USAID and DoD prevention staff to provide program monitoring and quality assurance to HHS supported implementing partners including: University of Maryland-ACTION (#9210.08), Harvard SPH-APIN (#9216.08), Columbia University-ICAP (#9208.08), ECEWS (#5656.08), Africare (#15667.08), IFESH (#15664.08) and multiple partners to be determined by RFA awards in COP08 (#12969.08). The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#3236.08), Population Council (#15662.08) Society for Family Health (#5372.08), and CEDPA (#9779.08) and new APS awards (#9782.08). USAID and CDC Condoms and Other Prevention staff will provide assistance as needed to the U.S. Department of Defense program (#5362.08) with the Nigerian Ministry of Defense.

HHS/CDC, DoD and USAID prevention staff will also 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 national prevention guidelines. The staff member under this activity will provide monitoring and support to 15-16 implementing partners working in over 200 clinical sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6787

Related Activity: 13132, 13133, 13134, 13135,
13137, 13138, 13139, 13140,
13141, 13142, 13143, 13144,
13145

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25972	5370.25972.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$51,696
6787	5370.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$27,500
5370	5370.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$10,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 554.08	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 5362.08	Planned Funds: \$400,000

Activity Narrative: ACTIVITY DESCRIPTION:

Epidemiologic evidence indicates that throughout the world men and women in the military are amongst the most susceptible sub-populations to Sexually Transmitted Infections (STIs), including HIV. In many African countries, uniformed services report HIV prevalence rates higher than national averages. In Cameroun, Nigeria's neighbor to the east, an HIV rate of 6.2% was reported in the military compared to 2% in the general populations in 1993. In Malawi, 25% to 50% of army officers are already HIV positive.

HIV prevalence figures are unavailable in the public domain for Nigeria's over 150,000 strong armed forces, since force world wide HIV testing has not been published; however Nigeria is Africa's largest contributor of troops including military observers and civilian police to UN peace keeping missions.

The military community is also considered a high-risk environment for HIV transmission. This is based on a range of factors which include; danger and risk associated with the profession; personnel tend to young, single and sexually active; personnel are highly mobile and stay away from families/home communities for extended periods; influenced by peers rather than social convention; inclined to feel invincible and take more risks and have ready cash than other males where they are deployed and hence surrounded by opportunities for casual and commercial sex.

It is based on this evidence, that the U.S. Department of Defense (DOD) in partnership with the Nigerian Military provides prevention, care and treatment to its service members and the civilian communities surrounding military barracks and posts (constituting approximately 75% of the Military's patient load). With COP08 funding, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free access to prevention services in 14 military facilities and communities.

With COP08 funding, the program will expand to six new sites. The criteria used for expansion site selection were established in coordination with the NMOD. Criteria include military strategic importance, geographical coverage and the HIV/AIDS related needs of the military communities.

In addition, to these site expansions, DoD will ensure that every individual reached through this COP strategy, will be provided with a minimum of three interventions; which will include: community awareness, peer education, access to condom commodities/ services and training, which will also be integrated with existing workplace and vulnerability programmes,

The planned activities, which will implemented to achieve these strategies include: Strengthen the DOD-NMOD partnership with the Armed Forces Programme on AIDS Control (AFPAC), an existing structure which coordinates prevention services for Nigerian Armed Forces. The DOD will support AFPAC in the training of 400 peer educators and 50 Trainer-of-Trainers on HIV/AIDS prevention through condoms and high-risk behavior reduction; this also includes AB education (funding other AB). All prevention messaging will include promotion of HCT and referrals will be provided to the nearest military site. An estimated total of 4,000 military and civilian personnel will be reached by peer educators with programming on condom education and high-risk behavior reduction.

DOD will partner with AFPAC to improve and reproduce Information, Education and Communication (IEC) materials to encourage and reinforce correct and consistent use of condoms among military personnel. Materials will be vetted through DOD and the USG Prevention Technical Working Group prior to reproduction. These materials will be expected to reach 100,000 people whom will include both military and civilians. However, these individuals are not counted towards DOD's OP targets since distribution of materials may not be sufficient to consider a target "reached."

In collaboration with AFPAC and the Society for Family Health, the DOD-NMOD will help to strengthen male condom distribution to the sites and within sites. In COP08, targeted condom service outlets will expand to a total of 20 sites. The DOD, in collaboration with the Ministry of Health, will supply 20,000 female condoms to all sites. Through prior prevention activities in COP06 and COP07, female military and civilian personnel exhibited strong demand for female-initiated prevention strategies which included female condoms. In partnership with the Ministry of Health and AFPAC, DOD-NMOD will also provide information, training and skills to approximately 2,000 total persons (100 persons each site) on male and female condom use at 20 sites. A total of 10,000 across the 20 sites will be reached and have access to male and female condom related information, training and skills.

In addition to working with AFPAC, DOD-NMOD will strengthen the capacity of existing groups, such as the NMOD Officers' Wives Clubs (OWCs), to conduct awareness and education activities regarding correct and consistent condom use, as well as risk-reduction.

The OWCs have unique access to senior military officers, personnel wives and the "Magajia's (women who control the barracks accommodation blocks and mammy markets). The OWCs will implement outreach events within these 20 barracks to reach 5,000 individuals including military/civilian personnel, their families and other civilians located within and around the barracks. The DOD-NMOD will also continue to support indigenous, barrack based organizations to conduct OP activities, such as the Movement Against the Spread of AIDS. These community-based organizations complement programming already occurring at military sites, and often reach harder-to-access populations such as out-of-school youth.

The DOD-NMOD will support 20 AFPAC HIV/AIDS Committees to develop, incorporate and implement condom related activities into their yearly work plans. In addition, these 20 site-based HIV /AIDS Committee will be supported to incorporate condom and male involvement related activities during military officers /rank and file mess social recreation activities to reach 1,000 adult males across the 20 sites.

Another component is to strengthen HIV prevention through STI management within the NMOD. This will include activities to offer high quality STI services, which will include STI training, counseling, diagnosis and treatment, for approximately 3,000 military personnel, dependents and civilians in and around the barracks communities. Diagnosis for Syphilis (*Treponema pallidum*), Gonorrhoea, Chlamydia and Herpes Simplex Virus will be completed and treatment provided (Pen G, ceftriaxone, azithromycin, acyclovir).

ABC prevention messaging and condoms will be provided/offered to all those receiving STI diagnoses and treatment. All individuals diagnosed with STIs will be referred to HCT and highly encouraged to participate

Activity Narrative: in regular testing.

All components will include specific efforts to include People Living with HIV/AIDS in activity planning and implementation. Several PLWHA support group members are already been active in HIV prevention activities within the military barracks; this partnership has helped to reduce stigma and discrimination in the military community.

This will be partnership will be further enhanced by the provision of support to build the capacity of 10 of these PLWHA support groups, especially in the areas of leadership, project design, management and income generating activities/ businesses.

In addition, DOD will support AFPAC and EPIC to implement a micro finance loan program; the program will begin with 50 representatives from the 10 PLWHA support groups; however, these groups will receive on going support to continue providing income generating activities to their members and other interested individuals within and around the military communities.

OP messages will also be provided to all individuals accessing HCT, Care and Support, ARV and PMTCT services at military sites. Male and Female condoms are provided free of charge.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

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 personnel, their dependants and surrounding communities. Thus, this will contribute to the overall aim of prevention new infections in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in MTCT (3248.08), HVCT (3241.08), HVAB (5313.08), HBHC (3247.08), HTXS (3243.08), and OHPS (6504.08).

POPULATIONS BEING TARGETED:

This activity is targeted at the military population, civilian personnel, their dependents and the surround communities, including men and women of reproductive age, health care workers and community- and faith-based organizations.

EMPHASIS AREAS:

This activity has an emphasis on training, gender and local organization capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6804

Related Activity: 13149, 13150, 13153, 13156,
13158, 13161, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6804	5362.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$800,000
5362	5362.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$1,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000
13161	6504.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$250,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	23,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,450	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Cross River

Enugu

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Borno

Delta

Oyo

Plateau

Rivers

Benin

Anambra

Imo

Kano

Niger

Sokoto

Edo

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 555.08

Prime Partner: International Foundation for
Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15664.08

Activity System ID: 15664

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$150,000

Activity Narrative: ACTIVITY NARRATIVE:

IFESH will provide community outreach to individuals identified at high risk for HIV and direct them to counseling and testing while promoting prevention through activities other than abstinence and be faithful messages. This activity will focus on condom use promotion in most at risk populations and referral to IFESH supported and/or other local PEPFAR-supported HCT sites. Condoms and other prevention activities will be provided in 35 sites (20 HCT sites including facility-based, 10 DOTS sites, and five brothels) targeting 4,286 most at risk persons (MARPs) which include GOPD and STI patients, TB patients, PMTCT patients, PLWHA, incarcerated populations, youth, police, transport workers, and commercial sex workers in Rivers and Imo states.

IFESH will implement its condom and other prevention (C&OP) programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities which will also include abstinence and be faithful activities.

In COP08 IFESH will implement this activity at both the facility and community levels utilizing multiple strategies which include community outreach campaigns, peer education models, condom services and STI management/treatment with messages conveyed in multiple fora. Each person will be reached with messages in appropriate dose and intensity to stimulate behavior change delivered on a regular basis and with at least three of the strategies IFESH will employ. The target for this intensive C&OP activity campaign is 4,286 individuals.

C&OP and AB programming will be prioritized to communities that will be identified through a COP08 supported community assessment to map out areas of high sexual networking (barracks, parks, markets, drinking joints, and the presence of brothels). IFESH will initiate community based advocacy activities with owners and managers of relevant establishments to enable access to the sex workers and to introduce a peer education program which encourages 100% condom use. Free condoms will be given to brothels, and sex workers will be advised to insist on condom use with each client. Using the peer education approach, IFESH will select peer facilitators from each brothel and train them to provide HIV prevention messages to their peers on a daily basis. The key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Advocacy with brothel owners will be primarily to support the girls in enforcing a "no rubber no show" policy in their establishments. 10 peer facilitators will be trained to reach 100 commercial sex workers. Peer facilitators will also be taught participatory monitoring and evaluation to enable them to monitor their progress against joint objectives. In addition, a yearly survey will be conducted on the outcome of the activities. In addition to reaching 100 commercial sex workers, IFESH will reach 2,686 clients in clinics, 500 uniformed personnel, and 1000 out of school youth with C&OP messages and services, thereby reaching a total of 4,286 MARPs.

As a component of the community based programming, messages shall be communicated through local dramas and singers that are found in the brothel clubs, parks, drinking joints and barracks. They will be taught the basics of HIV prevention, especially COP and encouraged to weave prevention themes into their songs promoting partner reduction and consistent condom use. In total, 100 of health care workers, peer educators and community volunteers will be trained in COP messaging. Community outreach will target most at risk individuals with the purpose of preventing geographic spread. Doctors and counselors in STI, ANC and postnatal clinics will distribute condoms and conduct prevention with positives advocacy (HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure). For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks behaviors, and risk reduction strategies including condom use.

Condoms will be procured by Society for Family Health (SFH) for all IFESH sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations from experienced counselors on their proper use. Information Education Communication materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided in all sites at all POS within those sites.

CONTRIBUTION TO OVERALL PROGRAM AREA:

IFESH activities are in line with the PEPFAR vision of enhancing indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in the process to strengthen the health care system and the capacity of local development partners. These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups.

In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to the various high risk groups that they serve. Furthermore, these activities are in line with the PEPFAR 5 year strategy which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection for these populations with the purpose of preventing geographical spread.

The continuation of IFESH-supported services in HCT and PMTCT as well as STI management will help facilitate the scale up of the overall program, and increase utilization of these services, expected to result from other prevention and outreach initiatives.

LINKS TO OTHER ACTIVITIES:

This activity relates to Counseling and Testing (#5668.08), PMTCT (#3248.08) Basic Care and Support (#5665.08), AB (#15679.08), TB/HIV (#15665.08), and Strategic Information (#15669.08). Prevention for positives counseling to include condom use will be an important component of posttest counseling in the STI clinics. Prevention for positives counseling will be incorporated in counseling for persons receiving ARV treatment. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, IFESH will ensure access to STI treatment.

POPULATIONS BEING TARGETED:

This activity focuses on discordant couples, GOPD and STI patients, TB patients, PMTCT patients,

Activity Narrative: PLWHA, incarcerated populations, youth, police, and commercial sex workers. Training will also be focused on healthcare workers and counselors.

EMPHASIS AREA:

An emphasis area for this activity is human capacity development in order to build the organizational capacity of HCT service outlets to provide a full range of prevention strategies including correct and consistent use of condoms to persons attending these centers. Other emphasis areas include gender and local organization capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13065, 15679, 13066, 15665, 15678, 13067, 15669

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15679	15679.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$50,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	35	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,286	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Target Populations

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Imo

Rivers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4133.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15667.08

Activity System ID: 15667

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$150,000

Activity Narrative: ACTIVITY NARRATIVE:

In COP08 Africare will provide community outreach to individuals identified as high risk for HIV and direct them to counseling and testing while promoting prevention through activities other than abstinence and be faithful messages. This activity will focus on condom use promotion in most at risk populations and referral to Africare supported and/or other local HCT sites. Condoms and other prevention activities will be provided in 23 sites (13 facility-based sites, 4 stand alone HCT sites, 4 workplaces, and 2 brothels). The activities will target 4,286 most at risk persons (MARPs) which include clients/patients at health care facilities, TB patients, PLWHA, incarcerated populations, youth, police, transport workers, oil workers, and commercial sex workers in Rivers and Lagos states.

Africare will implement its condom and other prevention (COP) programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities which will also include abstinence and be faithful activities. In COP08 Africare will implement this activity at both the facility and community levels utilizing a combination of multiple strategies in this implementation. Strategies to be employed in this program include community outreaches, peer education models, and workplace programming drawn for the recommended minimum package. Each target counted will be those individuals reached on a regular basis and via at least three strategies that Africare will employ.

Community outreach will target most at risk individuals with the purpose of preventing geographical spread. Trained health care workers, counselors and peer educators will be encouraged to provide education on condom use and to distribute condoms to infected individuals. For HIV negative individuals, trained health care workers, counselors and peer educators will provide education on HIV/AIDS transmission, risks, and risk reduction strategies including condom use. Prevention with positives will be included in care services and will involve activities such as HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure.

The first year of funding will include an inventory and review of condom and other prevention activities that are currently being implemented in the communities where Africare is working, providing Africare with the knowledge of current gaps to address and available strengths for linkages. These activities will include condom distribution, education on condom use, and referral/provision of STI diagnosis and treatment through syndromic management. As a component of the community outreach strategy, Africare will support drama presentations and conduct road shows on a regular basis in the targeted communities. This strategy will be closely linked to the peer education model strategy as community groups will be organized (ex., Motor Park HIV/AIDS Committee) and will help guide the development of community events. Peer educators will also work one-on-one with community members to provide education on condom use and to distribute condoms. In the prison community where Africare is working, it will raise the sensitive issue of sexual activity in the prison setting with prison authorities and discuss possible avenues of addressing this.

Africare's condoms and other prevention workplace strategy will focus on oil workers and brothel-based commercial sex workers. In these populations Africare will introduce a prevention education program which encourages 100% condom use. Free condoms will be given to brothels, and sex workers will be advised to insist on condom use with each client. Using peer education approach, Africare will select peer facilitators from each brothel and train them to provide HIV prevention messages to their peers on a daily basis. The key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Advocacy with brothel owners will be to support the women in enforcing a 100% condom use policy in their establishments. Workplace strategies focused on oil workers will also include training of peer educators to promote condom use. In addition, Africare will work with oil company management to identify strategic centralized mechanisms to reach their employees with COP messaging and condom distribution. Oil workers will be reached not only through their workplace activities but also through the brothel based activities as this population utilizes brothels.

Africare will train 100 peer educators, community group members, health care workers, counselors and volunteers in appropriate provision of condom and other prevention services. Peer educators and community group members will be trained on the use of advocacy tool kits that provide IEC materials, condoms and job aids. They will also be taught participatory monitoring and evaluation to enable them to monitor their progress against project objectives. Health care workers, counselors and home based care volunteers will be trained on condom use and syndromic STI diagnosis and treatment.

Condoms will be procured from Society for Family Health (SFH) for all Africare sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations on their proper use. Information Education Communication materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided through the community groups, peer groups, and in all Africare-supported health care sites.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Africare's activities in condoms and other prevention are in line with the PEPFAR vision of enhancing indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in this process to strengthen the health care system and local development partners.

These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups.

In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to the various high risk groups that they serve. Furthermore, these activities are in line with the PEPFAR 5 year strategy which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection for these populations with the purpose of preventing geographical spread.

The continuation of Africare-supported services in HCT, care and support, and TB/HIV as well as STI management will help facilitate the scale up of the overall program and increase utilization of these

Activity Narrative: services.

LINKS TO OTHER ACTIVITIES:

This activity relates to Counseling and Testing (#6642.08), Orphans and Vulnerable Children (15666.08), Basic Care and Support (#6493.08), AB (#15680.08), TB/HIV (#9879.08), and Strategic Information (#15668.08). Prevention for positives counseling to include condom use will be an important component of posttest counseling in the STI clinics and in follow up care and support activities. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, Africare will ensure access to STI treatment.

POPULATIONS BEING TARGETED:

The focus population for this activity will be out of school youths, HCT clients, TB DOTS patients, oil workers, commercial sex workers, and transport workers. It will also target community leaders, brothel owners and oil company management.

KEY LEGISLATIVE ISSUES ADDRESSED:

Project activities will increase gender equity in women, particularly commercial sex workers. Stigma and discrimination of PLWHA is also high in project areas. Activities will support mobilization and information messaging targeted at reducing stigma and discrimination in project communities of PLWHA.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development and local organization capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12985, 12986, 15666, 12987,
15668, 15680

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15680	15680.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$50,000
12985	6493.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$170,000
12986	9879.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$337,500
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
12987	6642.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$410,000
15668	15668.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	23	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,286	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Target Populations

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Lagos

Rivers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5268.08

Prime Partner: Winrock International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9783.08

Activity System ID: 13174

Mechanism: USAID Track 2.0 Winrock AIM

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$350,000

Activity Narrative: ACTIVITY NARRATIVE:

This activity relates to activities in abstinence and be-faithful (9766.08) and palliative care (9841.08). The Winrock AIM project will continue to strengthen CBO/FBO capacity to facilitate behavior change amongst Commercial Sex Workers and their clients and members of the project communities in the 15 PEPFAR/Nigeria states Lagos, Oyo, Edo, Anambra, Imo, Cross River, Benue, Nassarawa, FCT, Niger, Plateau, Bauchi, Kano, Adamawa and Borno. Behavior change activities will focus primarily on Commercial Sex Workers and their clients through the following three prevention strategies:

Commercial Sex Workers (CSWs): This is the primary target audience for behavior change activities under this activity for the AIM Project. AIM will reach this group with a minimum intervention package of 1) peer education, 2) community outreach and 3) addressing vulnerability issues. First AIM will use the Peer Education Model by identifying 75 former CSWs (five per state) who will be trained as peer educators to encourage and sustain behavior change amongst the CSWs. CSWs will be trained on interpersonal communication and empowered as positive peers. The CSWs will be trained to have the knowledge and skills to promote accurate information on ways of preventing HIV transmission, benefits of partner reduction, correct and consistent condom usage and alternative sources of income to their peers.

Secondly, as part of community outreach AIM partners will establish linkages with USG treatment-implementing partners who provide HCT services and encourage CSWs to access counseling and testing services in the communities. The AIM project will receive condoms from USAID. These condoms will be distributed through 45 condom outlets and, by focal persons and peer educators in brothels and other appropriate service outlets. Peer educators will work with brothel owners to facilitate condom demonstrations to CSWs and their clients. Three hundred (300) CSWs and their clients will be reached per state for a total of 10,000 individuals in 15 states.

Thirdly, to address vulnerability issues the AIM project will support income generating activities to promote alternatives to transactional sex for 375 CSWs (25 per state). Under this program, CSWs will receive business development and vocational training. In addition, the CSWs will receive small in-kind grants (worth \$200 -\$250) designed to create an alternate income to transactional sex. AIM partners will encourage CSWs to adopt the cooperative model with income-generating activities as a peer support strategy to keep them out of transactional sex. Other activities, such as life skills training and gender issues, will be conducted in order to build the CSWs self esteem and sustain behavior change.

AIM will collaborate with other PEPFAR partners, GON programs to provide the CSWs access to STI management.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The prevention component of AIM will specifically address the 2007 Prevention Technical Assessment's recommendation to develop 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. The combination of strategies is expected to increase risk-perceptions of CSWs and their clients, promote condom use and increase ability to negotiate safer sex by CSWs and their clients. Increased condom use will contribute to the overall PEPFAR goal of reducing new infections.

LINKS TO OTHER ACTIVITIES:

AIM will link its activities with other PEPFAR partners' activities to ensure strong referrals, comprehensive prevention, care and treatment services. In addition, AIM will utilize condoms provided by USAID for effective distribution to communities where projects are located.

POPULATIONS BEING TARGETED:

Commercial sex workers and their clients are the populations being targeted. The activity promotes alternatives for women already engaged in transactional sex work.

EMPHASIS AREAS:

Emphasis areas include human capacity development. Other emphasis areas include increasing women's access to income and productive resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9783

Related Activity: 13173, 13175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24961	9783.24961.09	U.S. Agency for International Development	Winrock International	10615	5268.09	USAID Track 2.0 Winrock AIM	\$522,500
9783	9783.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13173	9766.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$1,000,000
13175	9841.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$330,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	75	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

Target Populations

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Adamawa
Anambra
Bauchi
Benue
Borno
Cross River
Edo
Federal Capital Territory (Abuja)
Imo
Kano
Lagos
Nassarawa
Niger
Oyo
Plateau

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 554.08	Mechanism: DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 9786.08	Planned Funds: \$75,000
Activity System ID: 13164	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents funding for a contracted Nigerian program officer for activities in the area of prevention through Condoms and Other Prevention (OP) activities. The program officer spends 50% of her efforts in AB and the other 50% of her time in Other Prevention. The budget includes one FSN salary at 50% effort, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a Technical Assistance visit for one week of in-country support by a seasoned prevention expert from the U.S. Department of Navy HIV Prevention Program and/or one of the U.S. Military HIV Research Program's PEPFAR Programs in Uganda, Kenya or Tanzania.

The prevention program officer will work as a member of the USG Prevention Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Prevention Working Group. The prevention program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site prevention programs. The prevention program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines. The prevention officer will also continue to support the GON in developing and implementing national prevention guidelines (e.g., National Condom Strategy).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9786

Related Activity: 13162, 13163, 16942, 16939,
16940, 16941, 13165, 13166,
13167, 13168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26201	9786.26201.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$71,940
9786	9786.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3691.08	Mechanism: USAID Track 2.0 Pop Council
Prime Partner: Population Council	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 15662.08	Planned Funds: \$350,000
Activity System ID: 15662	

Activity Narrative: ACTIVITY DESCRIPTION:

This project increases demand for, improves quality of, and creates linkages to the following services: ARV, HCT, and PMTCT through Condom and Other Prevention activities including condom messaging and distribution, STI syndromic management training and referral, male involvement in HIV prevention, and promotion and referral by community advocates (CAs) through safe spaces youth clubs (SSYC).

While sero-prevalence in Nigeria is lowest in the Muslim North, the recipe for a rapidly expanding epidemic exists in this area due to high pockets of HIV and high prevalence of STIs. Four of the eight project states register the highest rates in the country including Benue (10.0%), Nasarawa (6.7%), FCT (6.3) and Niger (5.3%). Rates of syphilis in Niger (15.3%), Katsina, (7.5%), and Taraba (6.3%) States far exceed the national prevalence of 0.5%, while knowledge of STI prevention is lowest in these same areas (NARHS 2003).

Several factors contribute to the potential for the epidemic to expand rapidly in the North: low literacy among women; low perceived personal risk; polygamy with high rates of divorce and re-marriage; high fertility; and, low status of women and corresponding lack of control of household expenditures for health and education. Further, modern health facilities are generally mistrusted and there is a pervasive belief that early marriage protects girls from HIV. Over half of North West girls aged 15-24 are married by age 15, higher in rural areas where roughly two-thirds are married by age 15. Eighty one percent are married by age 18. The majority of girls in the North experience first sex in the context of marriage, with only 5 percent of girls in North West and 11 percent of girls in North East reporting sex before marriage (Erulkar, A. et al. (2007) Population Council).

The HIV Prevention for Vulnerable Girls Project contributes to the Emergency Plan Five-Year Strategy by reducing exposure to HIV among young women by delaying onset of sexual activity through abstinence, delaying marriage, increasing fidelity and promoting condom use among male partners of married adolescents. The project targets semi-rural, rural, and urban pre-marital, married, and post-married adolescent girls who are vulnerable to exposure for HIV and STIs by virtue of their marital status and underserved by current programming. Secondary targets include male partners of adolescent girls who are the primary vectors of exposure to HIV and STIs, including future and current husbands of married adolescents. Other target population groups include the husbands and parents, religious leaders, women and community leaders who are major influencers of the primary target group. Finally, the project targets MARPs including mobile and migrant men, transport workers, STI clients, and uniformed services.

The project operates in eight states: Adamawa, Bauchi, Benue, Borno, FCT, Kano, Nasarawa and Niger. Sub-awards granted to partner multiplier national NGOs include AHIP, FOMWAN, IET, and AfrHP. Adolescent Health and Information Projects (AHIP) conducts advocacy training for adolescents. Federation of Muslim Women's Association/Nigeria (FOMWAN) and Islamic Education Trust (IET) provide training to community/religious leaders, parents, and husbands at community advocacy meetings. Trained religious leaders include messages in Friday/Sunday sermons while messages are conveyed to youth in Islamiya schools. African Health Project (AfrHP) provides technical support for greater male involvement to prevent inter-generational sex, coercive sex, and STI prevention and treatment.

Key program elements carried out in COP07 included training through Days of Dialogue (DoD) and other advocacy training, community-level advocacy sessions conducted by a trained network of over 180 community advocates (CAs), and HIV counseling, particularly pre-marriage counseling, and referral to community-based service delivery points for HCT, ARV, and PMTCT. In COP07, over 150,000 AB contacts have been made, plus 225 community advocates trained. In COP08, the intervention strategy will change to conform with new strategic guidance of reaching each individual with a minimum of three strategic interventions in appropriate dosage and intensity of messages and services for a more highly targeted set of beneficiaries.

As per OGAC TA recommendations, COP08 focuses on male involvement to prevent inter-generational sex, coercive sex, and STI prevention and treatment. A fourth multiplier organization, the African Health Project (AfrHP), was added in COP07. In COP08, AfrHP will introduce and support enhanced male involvement activities with strong linkage to AB program. Under the OP program area, AfrHP will facilitate partners to develop appropriate condom messages for MARPs, particularly for husbands of adolescent girls. AfrHP will support of a referral voucher system by validating the referrals, mapping of service delivery points (STI, HCT, ARV, PMTCT, OVC, MCH, RH, and PwP). Further, AfrHP will develop and support community-based condom services and messaging for married and married discordant couples, train and support STI syndromic management in three clinics. Clinic support will include training for healthcare providers and lay counselors to deliver prevention messages during routine clinic visits using tools and job-aids.

The HVOP/Condom prevention package for each participant will consist of: 1) community awareness campaigns through small group discussions; interpersonal communications; and community dialogues, 2) peer education through the safe spaces youth clubs (SSYC) model consisting of a series of 14 modules using led by trained peer mentors, 3) community outreaches for counseling and testing, balanced ABC and condom messaging, direct distribution and through condom service outlets; 4) reducing vulnerability in adolescent girls through social support, life skills training, savings mobilization, income generation, and conditional cash transfers, 5) training and support to public sector health clinics to provide syndromic management of STIs, introduction of prevention messaging for STI services, 6) and mass media activities using radio spots/jingles and phone-in radio discussion slots to stimulate public dialogue and debate on early marriage, vulnerability of young girls, protective practices of men, and risk reduction through AB. HVSI will be supported through a PHE to identify the barriers to use of the female condom in military and non-military communities.

LINKS TO OTHER ACTIVITIES:

This project is linked to ART, HCT, and PMTCT.

POPULATION BEING TARGETED:

Population targeted are men both as gatekeepers to reach young girls with information and resources to prevent HIV, but also as MARPs who place married young girls at risk for HIV. MARPs include mobile men, male transport workers, women engaging in transactional sex, negative partners in discordant couples, STI clinic attendees, and uniformed services.

Activity Narrative:**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.

Community advocacy activities will be conducted specifically targeting young girls during- and post-marriage, men engaged in extra-marital relations, and MARPs including male transport workers, women engaged in transactional sex, discordant couples, STI clinic attendees, and uniformed services. The Safe Space Youth Clubs (SSYC) will provide one platform for condom distribution, referral for HCT and STI treatment. SSYCs will cover communities where each of the 140 CAs is based. Condom distribution at the community level through the SSYCs and condom outlets will total 438,840 male condoms and 120,960 female condoms. Condom distribution outlets will be established in each community where CAs are present, with each conducting monthly 2 community dialogues with community leaders, influential gatekeepers, and targeted MARPs. A total of 3360 community outreach activities will take place in COP08. A total of 10,080 participants will benefit from these community sessions. A third of all participants will be MARPs.

Each of the 140 CAs will be retrained in peer counseling techniques, half of whom will receive HCT training. Referral by CAs will result in a third of all targeted individuals receiving HIV and/or STI prevention, care, support, or treatment services in COP08.

12 sub-grantee staff will receive in-service training for project related activities in finance and project management. 1 sub-grantee will apply for a NPI APS by the end of COP08. The three established sub-awards will total \$55,000 per year, with the fourth sub-award to AfrHP for \$25,000. At the end of COP08, AfrHP will submit an NPI proposal to compete independently for funding by PEPFAR.

EMPHASIS AREAS:

Emphasis areas include male involvement and human capacity development. Additional emphasis areas include gender equity, human capacity development, and local organization capacity building. HVSI will be supported through a PHE to identify the barriers to use of the female condom in military and non-military communities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	140	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,080	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	140	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Religious Leaders

Coverage Areas

Adamawa

Bauchi

Benue

Borno

Federal Capital Territory (Abuja)

Kano

Nassarawa

Niger

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9692.08

Mechanism: N/A

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 22512.08

Planned Funds: \$50,000

Activity System ID: 22512

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9406.08

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 21706.08

Planned Funds: \$350,000

Activity System ID: 21706

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$30,760,968

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$571,346
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The USG Nigeria Basic Care and Support (BC&S) program involves all facility-based and home/community-based activities for HIV-infected adults and their families (note that the care of children is covered through OVC programming). The program is aimed at extending and optimizing the quality of life of people living with HIV/AIDS (PLWHA) throughout the continuum of illness by providing clinical, psychological, spiritual, social, and prevention services. USG-Nigeria will strengthen gender equity in HIV/AIDS care and support programming while emphasizing male, family and community involvement in care initiatives to ensure sustainability.

In Nigeria it is estimated that over 3 million people are infected with HIV. The Nigerian PEPFAR 5-year goal for BC&S is to reach 1,750,000 people infected and affected by HIV/AIDS with these necessary services. USG-Nigeria is the sole donor supporting provision of BC&S in Nigeria. By the end of June 2007, USG-Nigeria provided care services (excluding TB) to 118,332 PLWHA. In COP07 USG/Nigeria partners will provide care and support services to 284,990 PLWHA in 22 States and FCT. In COP08, a total of 1,198,266 individuals (399,422 PLWHA and 798,844 PABA) in 34 states and FCT will be provided with BC&S services.

In COP08 USG-Nigeria will build on strategies utilized in COP07 and will introduce new strategies to improve upon the breadth and quality of BC&S services provided. One strategy emphasized in COP08 is the integration of syndromic management of

Sexually Transmitted Infections (STI) into specific clinical care activities which will play a role as a significant prevention activity for HIV negative individuals (funded under prevention) as well as for HIV positive persons and their partners. A second strategy for the PEPFAR Nigeria program is to continue to strengthen community and home-based care services. Patient assessments conducted at the community and home level are provided through community clinics and mobile outreach clinical services then linked back to higher level tertiary or secondary facilities when additional care is required. This approach will increase the integration of community and facility care services for more comprehensive support of PLWHA, will ensure access to a full array of palliative care services at the community level, and will develop formal affiliations/linkages between facilities and primary health care centers and community based organizations for HCT, lab monitoring, care and support services. A third strategy that will be pursued is the ongoing collaboration with the Government of Nigeria (GON) to standardize training that will feed into the expansion of quality BC&S services at the grassroots level. Collaborations with the GON and other stakeholders will also focus on advocacy to reduce stigma and discrimination which will lead to an increased demand for services and will facilitate access to these services. Lastly, in COP08 USG-Nigeria has adopted the more robust OGAC definition for BC&S targets to be inclusive of persons affected by HIV/AIDS (PABA) and not only limited to PLWHA. As a result there is a substantial increase in the expected targets for COP08. The inclusion of PABA in the targeted population is reflective of services that IPs provide in their family centered approaches to care.

The USG-Nigeria BC&S program is based on the National and OGAC palliative care guidance. Recent TA visits commended the USG-Nigeria BC&S package as very robust, and USG Nigeria will continue to provide the COP07 package in addition to new services for COP08. The total package includes laboratory services, clinical services, and home based services. Twenty percent of basic care and support funding will be needed for laboratory monitoring. Supported laboratory services include tests for OIs, pregnancy tests if indicated, and CD4 counts, hematology, and chemistry tests for non-ART PLWHA. Universal screening for Hepatitis B and malaria, if indicated, is also supported for all HIV+ persons. In COP08 the laboratory service will be expanded to integrate STI diagnostics, where appropriate. Thirty percent of basic care and support funding will be needed for clinical services including OI prevention, OI treatment, and pain management. The program provides TMP/SMX prophylaxis for all those with absolute CD4 count <350 cells/ml³. A standard formula is adopted by all clinical sites to treat common OIs, pain, STIs and malaria. Fifty percent of basic care and support funding will be utilized for Home-Based Care (HBC) services and training. HBC services are provided mainly at community and home levels by outreach workers from clinical facilities, community volunteers, PLWHA support group members and family caregivers. HBC includes: medical care (basic nursing care, assessment of signs and symptoms including pain and TB screening with referrals, medications such as paracetamol and multivitamins), nutritional assessment, personal hygiene education (proper disposal of feces, hand washing), water purification, counseling and referrals. HBC training is provided to service providers and caregivers. Trained HBC providers are equipped with HBC kits containing ORS, waterguard, cotton wool, bleach, latex gloves, soap, Vaseline, gentian violet solution, calamine lotion, pain relief tablets, multivitamins, and anti-diarrheals. Medically trained HBC personnel receive additional medical materials in their HBC kits, such as scissors, forceps, bandages, anti-malarials, and HCT test kits. PLWHA are provided with basic personal prevention kits (ITN, condoms, soap, safe water kit) that are distributed and replenished by the HBC providers.

In addition to the above commodities and services, psychosocial support is provided to all PLWHA and PABA. This includes comprehensive ongoing counseling (spiritual, preventive, crisis management, depression, bereavement, adherence, business advice, disclosure and couple counseling), facilitation of access to support groups, transportation, micro-credit, stigma and discrimination reduction, referrals for legal aid and housing (usually leveraged). All PLWHA receiving care will also receive prevention with positives (PwP) services. PwP activities include IEC materials on prevention of HIV transmission, family planning counseling and referrals, risk reduction counseling, family HCT, ARV adherence counseling, and provision of the basic prevention care kit noted above. The family-centered HCT approach which will be emphasized in HBC and community services will serve to reach more children and partners of PLWHA and to actively refer/link to OVC services. This will increase the number of OVC and HIV+ children that are accessing quality OVC services through community-based case finding to complement facility-based case finding.

Geographic distances and communications are still significant barriers in identifying and managing HIV clients. USG will work with all IPs to establish a plan to dedicate resources for facilitating linkages between communities and facilities and for regular contact with community volunteers to carry out HBC interventions. In COP08 USG network coordinators will further strengthen networks of care through geographic mapping, defining referral protocols within and across partners, and promoting activities that rely on efficient and effective leveraging of services across sites and other providers. USG is addressing supply chain management weaknesses through system strengthening provided by various partners as well as piloting a unified procurement system through SCMS.

In COP08 the USG will continue to provide technical assistance to the FMOH and the National Primary Health Care Agency to scale up HIV/AIDS treatment and care services in primary health care (PHC) facilities. Strengthening of PHC at the local government area (LGA) level will facilitate the operationalization of the National Palliative Care Action Plan as well as strengthen the health care and support networks. Likewise a USG-supported partner will continue to provide similar guidance and technical support to a large number of faith-based institutions providing primary care at the community level. USG-Nigeria will continue to support the GON to coordinate and harmonize BC&S training to ensure provision of high quality standardized services. USG will ensure quality control through HIVQUAL and other program management and M&E tools including field assessment/site visits.

In COP08 the USG team will continue to work with GON on key policy issues including universal access to care, access to adequate pain relief at the community and facility level, decentralization of opioid administration from secondary and tertiary facilities, development of a legal framework to address stigma and discrimination including workforce practices, and expansion of BC&S into all LGAs. Stigma continues to be a serious hindrance to enrollment and retention in care. The USG team will continue advocating for HIV/AIDS stigma and discrimination legislation in the country. USG will continue collaborating with GON and other stakeholders to provide standardized training of medical and non-medical providers to provide care and support. Partnerships with the GON as well as with Global Fund to leverage and integrate resources to expand sustainable treatment, care and support capacity in communities are being enhanced. USG-Nigeria is also identifying and strengthening linkages with other funded programs and wraparound activities.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	474
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1198266
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	7527

Custom Targets:

Number of HIV positive clients receiving basic care and support (subset of total BC&S) 399422

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9409.08	Mechanism: N/A
Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 21707.08	Planned Funds: \$26,372
Activity System ID: 21707	

Activity Narrative: The Network on Ethics/Human Rights Law HIV/AIDS - Prevention, Support and Care (NELA), working in concert with the Federation of Muslim Women's Associations in Nigeria (FOMWAN), the Society for Women on AIDS Africa Nigeria (SWAAN) and the Civil Society Network on HIV/AIDS in Nigeria (CiSHAN), comprises an indigenous NGO, with technical and financial management experience and leadership in the development of community based organizational capacity for HIV/AIDS action. Working together, the NELA program will provide expanded community level prevention, care and treatment services to people infected and affected by HIV/AIDS including OVC and to reduce the rate of HIV transmission among youths, couples and general population.

The program particularly aims to increase coverage and enhance the quality of civil society responses to HIV/AIDS at community levels; prevent HIV transmission among young people and couples; improve the quality of life of people living with HIV, their families and communities; and to provide comprehensive and compassionate care and prevention services for AIDS orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9692.08	Mechanism: N/A
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 22513.08	Planned Funds: \$100,000
Activity System ID: 22513	

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9404.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 21689.08

Planned Funds: \$200,000

Activity System ID: 21689

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9401.08

Mechanism: N/A

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 21688.08

Planned Funds: \$40,000

Activity System ID: 21688

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9399.08

Mechanism: N/A

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 21673.08

Planned Funds: \$115,000

Activity System ID: 21673

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3809.08

Mechanism: HHS/CDC Track 2.0 ECEWS

Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 15657.08

Planned Funds: \$95,000

Activity System ID: 15657

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ECEWS will provide palliative care to 2,200 HIV+ adults/adolescents and 4,400 HIV- PABAs for a total of 6,600 adults reached with care services. This will be provided in 24 sites (10 HCT sites, 4 TBHIV sites and 10 community based sites) in 2 states (Akwa Ibom and Cross River). Care and support activities will be integrated into the TB/HIV and HCT sites. The care services available to all HIV+ adults includes: prevention with positives services, symptomatic assessment for TB and linkage with DOTS, access to laboratory services (including CD4 count, chemistry, hematology) 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, and access to community home based care services. A standard formulary will be provided to sites on prophylaxis and treatment of common opportunistic infections. The function of PLWHA support groups will be strengthened by a PLWHA ECEWS program officer with a counseling background who will work with support groups to improve education and support programs and strengthen linkages from the point of service to communities.

ECEWS will provide a minimum of 3 services that will be a mix of clinical services (laboratory, OI prophylaxis & management, home based care, nutritional assessment/therapy) and other services in the psychosocial, spiritual or preventive services domains to all PLWHA. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (cotrimoxazole), and 50% Home Based Care (HBC) and including pain management, psychosocial support, and end of life care. All HIV positive clients will receive CD4 counts at least every 6 months. Cotrimoxazole prophylaxis will be provided according to National guidelines. ECEWS will support integration of syndromic management of STIs and risk reduction interventions into care. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

Home based care will be implemented by a supervising community home based care nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. All home based care staff will be trained on counseling and testing to enable them carry out HCT services in homes of HIV+ clients. ECEWS will work with the sites and with local CBOs/FBOs to provide determine manpower needs for home based care providers, and extension workers will be preferentially recruited from the PLWHA support group membership. Basic care packages containing ITN, water guard, water vessel, soap, ORS, condoms and IEC materials will be distributed to PLWHAs and PABAs through facility based support groups, community based support groups, and home based care volunteers. Standardized HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet, etc.) will be carried by each trained HBC provider for use on home visits. 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. ECEWS will develop effective referral mechanisms to secondary and tertiary health care facilities for routine laboratory monitoring of clients and referral into ART when needed.

Training will be essential for the program success and will target nurses, community health extension workers, counselors and PLWHA/community volunteers. Training will be carried out by ECEWS program staff at the site level to maximize coverage. The total training target is 48 and will focus on the community and home based aspects of care including linkages with facility based care. ECEWS will collaborate with the USG care teams and with other IPs so that a standard training curricula is utilized and standard provider manuals are distributed.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing basic care and support services for HIV+ adults. The services will be 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.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT (#15660.08), Condoms and Other Prevention (#13033.08), AB (#15656.08) Strategic Information (#15674.08), OVC (#15659.08), and TB/HIV (#15658.08). HCT 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 ECEWS staff work with sites to ensure coordination systems are in place. Home based care programs will be implemented through partnerships with indigenous NGOs, CBOs, FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services.

TARGET POPULATIONS:

Services are offered to adults living with HIV/AIDS. Sites have been chosen to maximize linkage with national TB DOTS program 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.

EMPHASIS AREAS:

The emphasis area for this activity is human capacity development for sustainability as a key focus and local organizational capacity development.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15656, 13033, 15658, 15659, 15660, 15674, 16907

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000
13033	5656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$267,000
15658	15658.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$50,000
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
16907	16907.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$275,000
15674	15674.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$15,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$7,040

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	48	False

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7144.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15642.08

Activity System ID: 15642

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$1,400,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to OVC (15644.08) and TB/HIV (15643.08) ARV treatment (15647.08), and Prevention (15641.08) Program Areas. In COP 08 the LMS project will continue the activities initiated in project-supported comprehensive care and treatment secondary health care facilities and their feeder primary health care facilities in Kogi and Niger states during COP07. An additional 10 comprehensive care and treatment sites [secondary health care facilities] will be selected in COP08. The target for the number of individuals provided with HIV-related palliative care, including persons affected by AIDS, as well as HIV-infected individuals is 22,200. The number of HIV+ persons in this group is estimated at 7400. (See ART Services narrative).

Basic Care and Support will focus on four priority aspects of palliative care: (1) medicines (30%): cotrimoxazole prophylaxis for all HIV positive adults with CD4 counts of less than 350 and others in line with the national clinical guidelines; treatment for OIs, malaria, STIS (using syndromic management protocols) and other AIDS related conditions. (The national guidelines advocate for cotrimoxazole prophylaxis for primary and secondary prevention.) (2) Laboratory services 20% – including general blood tests (FBC, ESR, renal and hepatic function tests), CD4 counts and OI diagnosis with tests for STIs, malaria, gastro-intestinal and urinary infections for HIV positive patients. (3) Community /home-based care (15%) and training (35%) – which will be implemented through local NGOs, FBOs, CBOs and associations of people living with HIV, with additional potential for some health facility outreach through the mobile VCT clinics. The project palliative care advisor and project state staff including the care managers will work with local organizations to identify their staff and volunteers who will be trained to provide community/home-based care. Community /home-based care providers and support groups will provide basic nursing care; mental health and psychosocial care; spiritual care; nutrition and locally raised financial support for families in dire need; health, hygiene and sanitation education; prevention for positives; and support for treatment adherence in the home. (4) Human capacity development for palliative care through training, equipping and supporting a wide range of non-traditional service providers including family members, faith based congregations and people living with HIV to provide basic care and support services in the community and home.

Forty (40) clinicians in medical outpatient and inpatient wards will receive training and supportive supervision in prevention, diagnosis and management of OIs and management of distressing symptoms including pain, and in recognition of and referral for signs & symptoms of TB. Wider basic care and support including end of life care, the importance of mental health care, psycho-social and spiritual support, and the holistic needs of patients and families for economic strengthening, as well as legal protection for property and inheritance rights will be emphasized in all the trainings for health facility clinical staff as well as for community/home-based care volunteers. All clinical trainings will conform to the national clinical guidelines and OGAC guidelines for palliative care and draw on existing materials and training resources in use in Nigeria. Care coordinators and managers will be trained in holistic patient care and support, and care managers will work to identify local NGOs, FBOs and CBOs providing care and support services for people living with HIV and their families, to facilitate referrals of patients and families in need to the relevant resources in the community, e.g., for legal and financial support.

The project will ensure supplies of medicines for treatment of STIs and prophylaxis and treatment of OIs. Laboratories at comprehensive care and treatment sites will be strengthened to ensure capacity to diagnose STIs and other OIs.

In COP08, project staff (including the palliative care advisors, palliative care specialists, care managers and care coordinators) will identify local NGOs, including CBOs, FBOs and associations of persons living with HIV that have assets and provide services in the community, and will form a community network of providers of basic care and support in the community, including home-based end of life care. Project care managers and care coordinators, with the consent of persons who are diagnosed as HIV positive, will ensure their clients are referred to the appropriate providers in their local network of community and home-based providers. Training will be based on the national palliative guidelines—which are currently under revision—and other existing curricula that government, IP's and others use in Nigeria, and will conform to NASCP approved harmonized curricula as they are published.

Monitoring and evaluation of basic care and support activities will be accomplished several ways. Data for monitoring the PEPFAR specific indicators will come from: (1) the LMS internal quarterly reporting system which collects data on the achievement of outputs and outcomes as defined in the work plan and (2) data collected at the facility level using the federal MOH standard tools and aggregated by project staff at the state level on the number of clients served. Special attention will be given to data quality through training of health facility staff and inclusion of data quality monitoring in all supervisory visits.

LMS partner, Axios Foundation, will ensure that their patient management monitoring software (PMM) is in place with the necessary resources to support the system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities will contribute 22,200 persons towards the PEPFAR target of 1,350,000 receiving basic care and support in COP08. LMS will strengthen the capacity of facility and community based resources to provide on-going basic care and support from diagnosis, management and treatment STIs, OIs and other HIV-related conditions for HIV positive clients and wider basic care and support for adults living with HIV and their families and others in the community affected by AIDS. LMS will achieve this through expanded training of service providers, introduction of training for local NGOs, CBOs, FBOs and associations of PLHA, and community and family members in holistic care and support, improved diagnostic capabilities, strengthened, prophylaxis and treatment of opportunistic infections (for PLHA) and implementation of community/home based care.

LINKS TO OTHER ACTIVITIES:

This activity links to prevention, TB/HIV, OVC, ARV treatment, and prevention activities. Activities will improve the care and treatment of people living with and affected by HIV by linking medical, psychosocial, legal, financial, and spiritual resources at the facility, community and community and home levels.

POPULATIONS BEING TARGETED:

This activity focuses on meeting the needs of HIV positive adults and their families, and communities served

Activity Narrative: by the LMS project; and building the capacities of a wider constituency of providers of community and home-based care, and support services.

EMPHASIS AREAS:

Great emphasis (35%) is placed on training to build the capacities of a wide range of non-traditional health care service providers including family, friends, faith-based congregations and people living with HIV to provide community and home-based care (15%). An emphasis will also be placed on local organization capacity building.

These activities and this program area address the larger issue of not just "quantity" of life (increasing life expectancy) but "quality" of life for patients and their friends and families. LMS will advocate for more community involvement of care of PLHA and for the administration of opiate pain relief by nurses as well as doctors to inform policy for enhanced practice. LMS will also advocate for harmonization of training curricula for HBC in Nigeria.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 15643, 15644, 15647

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
15644	15644.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22,200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kogi

Niger

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5268.08

Prime Partner: Winrock International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 9841.08

Activity System ID: 13175

Mechanism: USAID Track 2.0 Winrock AIM

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$330,000

Activity Narrative: ACTIVITY DESCRIPTION:

Winrock International's Capacity Building for AIDS Impact Mitigation Project under the USAID APS Civil Society Organizations/Faith Based Organizations (CSOs/FBOs) Network to Provide HIV/AIDS Prevention, Care and Support Services has begun second year of activities under COP 07 funding. This is a submission for COP 08.

In COP 08 AIM will work with existing USG supportive clients to strengthen and improve the quality of life of 500 People Living With HIV/AIDS (PLWHA) and 1,000 People Affected by AIDS (PABA). AIM is currently working in seven states (Lagos, Oyo, Edo, Anambra, FCT, Kano, and Bauchi). AIM will work in 8 new states (Imo, Cross River, Benue, Nassarawa, Niger, Plateau, Adamawa and Borno) to cover the 15 PEPFAR states. AIM will work with existing USG partners and identify sites as the need arises.

The AIM Project will provide services through the following strategies:

Economic strengthening – To mitigate the impact of HIV and AIDS on PLWHA and PABAs AIM will contribute to their economic empowerment. Experience has shown that the families that will benefit most from our economic strengthening usually have low literacy levels and this has a negative impact on business management. AIM will train 800 selected PLWHAs and PABAs in basic business management skills. To identify viable trades, market assessments will be conducted within communities where project sites are located. AIM will award in-kind grants ranging from \$50-\$150 to 500 PLWHA as start up capital for IGAs. Project beneficiaries, in particular young men above 17 years of age, will be linked to existing business owners for mentoring. Experience from previous programming indicates that the preferred model for IGA varies in Nigeria by geopolitical zones. AIM will promote appropriate business models for the varied interests of beneficiaries across the country. AIM is aware of the inadequacy of the start up capital and therefore has an ongoing undertaking with Oceanic Bank for PLWHAs and PABAs to compliment the AIM principal investment. PLWHAs and PABAs who have attained and sustained an increased income over time and exhibited entrepreneurial abilities will be identified and linked to the Bank's micro-credit program.

Psychosocial and spiritual support – Experience has shown the need for basic counseling skills for all service providers to address the psychosocial and spiritual needs of PLWHAs and PABAs. To be able to provide stopgap measures to handle the psychosocial and spiritual needs of our beneficiaries, AIM will train sixty master trainers. Staff and partner staff will be trained on areas focused on key aspects of psychosocial and spiritual. The training will focus on HIV transmission and prevention, counseling (self-esteem, crisis prevention, adherence), and other aspects of living positively (good nutrition, exercise, and treatment adherence) will also be addressed. AIM will also promote reduction of stigma and discrimination and encourage greater involvement of PLWHA in the community and workplace.

Comprehensive prevention package - AIM's integrated services will refer all PLWHAs and PABAs to existing PEPFAR or GON programs to access the Basic Prevention and Care Package comprising of an insecticide treated mosquito net, water guard and a water vessel. AIM will ensure all beneficiaries are linked to other USG agencies, GON for treatment, psychosocial support and other social services. The AIM HBC component will actively leverage interventions to supplement the meager resources available.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This program activity will contribute to the PEPFAR goal of mitigating the impact through provision of care and support to people living with HIV/AIDS. It will also contribute to the reduction of women's vulnerability and reduction of stigma. This activity will also contribute to the alleviation of poverty in the country.

LINKS TO OTHER ACTIVITIES:

AIM will develop a system networking PLWHA and PABA to other USG supported activities such as HCT, HBC, treatment, OVC, AB, condoms and other prevention, TB-HIV, PMTCT. AIM will collaborate with the Nigerian government via the National Directorate of Employment and the Small and Medium Enterprises Development Agency to provide expertise and skills to project beneficiaries.

TARGET POPULATIONS:

PLWHAs, PABAs, their families and communities will benefit from this comprehensive and integrated intervention.

EMPHASIS AREAS:

The socio-economic strengthening and capacity building through CBO/FBO capacity and grant awards is the major emphasis area of the HBHC. As a stopgap measure basic psychosocial and spiritual support will be offered to our beneficiaries.

Program activities will help to address issues related to stigma, discrimination, socioeconomic status and gender, especially increasing women's access to income and productive resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9841

Related Activity: 13173, 13174, 13176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24962	9841.24962.09	U.S. Agency for International Development	Winrock International	10615	5268.09	USAID Track 2.0 Winrock AIM	\$300,000
9841	9841.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$330,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13173	9766.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$1,000,000
13174	9783.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$350,000
13176	9882.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$2,000,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	860	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Adamawa
Anambra
Bauchi
Benue
Borno
Cross River
Edo
Federal Capital Territory (Abuja)
Imo
Kano
Lagos
Nassarawa
Niger
Oyo
Plateau

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7215.08	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 16931.08	Planned Funds: \$29,957
Activity System ID: 16931	
Activity Narrative: ACTIVITY DESCRIPTION: The USAID Agency HBHC ICASS budget for FY08 is estimated at \$29,957 to provide necessary ICASS supports for the staff of one USAID personnel under the HBHC program area.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity: 16928, 16929, 16930, 16932, 16933, 16934, 16935, 16936, 16937, 16922, 15675	

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 554.08 **Mechanism:** DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Palliative Care: Basic Health Care and Support
Budget Code: HBHC **Program Area Code:** 06
Activity ID: 16942.08 **Planned Funds:** \$100,000

Activity System ID: 16942

Activity Narrative: ACTIVITY DESCRIPTION:
This activity represents funding for one contracted Nigerian health care provider for activities in Basic Care and Support. A new emphasis in DOD in COP08 is to provide additional attention to psychosocial, spiritual, and other non-clinical support and aspects of care. Funding will also support extra-country technical support of BCS. The budget includes partial salaries for two FSNs, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support to provide TA on basic care and support, continuing medical education and mentorship. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the implementation of the program by non-PEPFAR remunerated staff. Support to and development of local support groups and encouragement of military members, staff and family members to participate in community efforts to care for HIV+ patients will enable COP08 emphasis as previously described.

Both program officers will work as members of the USG Care Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group. The program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site Care and Support Programs. The program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13162, 13163, 13164, 16939,
16940, 16941, 13165, 13166,
13167, 13168

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3247.08

Activity System ID: 13153

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$375,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity will directly link with activities in AB (5313.08), Condoms and Other Prevention (5362.08), PMTCT (3246.08), HCT (3241.08), ARV Services (3243.08), Lab (3244.08) and TB/HIV (3240.08).

The Nigerian Military provides prevention, care and treatment, including BHC, to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free access to basic care and support services in the following 14 military facilities and communities: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), Nigerian Air Force Hospital (Jos), Nigerian Naval Hospital (Calabar), Naval Medical Centre (Warri), Nigerian Army Hospital (Port Harcourt), 45 Nigerian Air Force Hospital (Makurdi), Military Hospital (Benin), 2 Division Nigerian Army Hospital (Ibadan), Military Hospital (Maiduguri) and 3 Division Hospital (Jos).

In COP08, the program will expand to six new sites. These include: Brigade Medical Center Sokoto, Armed Forces Specialist Hospital Kano, 34 FAB Medical Center Owerri, Ministry of Defence Clinic, Military Cantonment Onitsha, and Headquarters Nigerian Army CAS Medical Reception Station Kontangora. All 20 sites also provide HIV prevention, care and treatment services. Services will be provided to 12,577 HIV+ adults and support services to an additional 25,154 persons affected by AIDS (PABAs)

In line with National guidelines and protocols, the DOD-NMOD will support the provision of palliative care services to 12,577 PLWHA and their families in the communities in and around the military sites providing ART. A component of this program will be supporting 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 ART clinics. While efforts will be strengthened to provide services to individuals in the community who cannot access ART services, a strong component of these efforts will be linking with CBOs and FBOs since HBCs are limited in number at sites. 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 pediatric care and implementation of a preventive-care-package.

The DOD will support the provision of comprehensive clinical care, including OI include syndromic treatment of STIs and malaria (e.g., ceftriaxone, azithromycin, acyclovir, penicillin G), diagnosis and treatment as well as pain and symptom management, through the full course of infection at all 20 hospitals. This will be accomplished by: strengthening institutional and health worker capacity with ongoing, in-service training, providing initial training to 72 (5 per new site; 3 per existing site) 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; and strengthening laboratory diagnostic facilities and pharmacy capacity (see DOD lab and ARV Drug submission) through refurbishments, equipment, training and QA/QC programming. Facility based care will be complemented using a network model through trained volunteers, nurses, health workers, PLWHAs and family members working together both in the facilities as well as following up patients at home. Insect treated nets, water guards, IEC materials, and condoms will be provided, as well as cotrimoxazole for patients as clinically appropriate.

Laboratory services provided will include CD4 ascertainment, liver function tests, hepatitis screening and management of abnormalities as appropriate. All patients will be screened for TB and malaria; prophylaxis, treatment, and linkages to wraparound or other program areas will be provided as appropriate.

In COP07, 44 Nigerian Army Reference Hospital Kaduna was provided with funding to refurbish a hall for a vocational and economic empowerment center. Support was also provided for the training of PLWHAs on soap making, knitting and tailoring to provide the foundation for sustainable income generation activities. This activity focuses its efforts on young, HIV+ women. In COP08, this training activity will be expanded to additional sites that have space to accommodate a vocational center. PLWHAs who were trained at 44 will serve as trainers for other sites. Support will also be provided to purchase a stock of necessary materials (e.g., soap making materials, weaving materials/equipment).

Another component of this activity is to strengthen spiritual and social services provided to those living with HIV/AIDS in the military barracks. In COP08, DOD will continue to provide support for Imams and Priests to provide spiritual support and/or counseling for PLWHAs and people affected by HIV/AIDS (PABAs). This includes counseling related to a patient's fears, life views, crises, adherence and bereavement. Health care providers will provide linkages and information to reach military Imams and Priests, as well as collaborating PLWHA support groups, during clinical care sessions.

In COP08, the DOD's "prevention for positives" program will be expanded to all 20 military sites. Providers at each site will provide prevention messaging to include partner reduction and/or mutual fidelity, correct and consistent condom use for PLWHAs, disclosure and partner testing. Condoms will be provided free of charge. Providers will counsel clients on their disclosure of HIV status and partner/family notification with an emphasis on client safety. Partner referrals for CT (individual and/or couple) will be provided. Also, referrals to community-based and barracks-based support groups will be provided to HIV+ clients. Linkages to support groups and services will also be enhanced by counselors who are members of PLWHA support groups. Referrals to family planning services will be provided as appropriate, as well as access to pregnancy testing when needed. HBC kits for PLWHA will include preventative items such as ITN, water guard, water vessels, soap, ORS, and condoms will be provided.

As part of the overall facility based care and treatment, health care workers who have been trained and have been supporting care and 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 which was developed over 2006-2007. Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by DOD-NMOD and appropriate partners, are essential components of this program. This will be achieved through coordination by a newly hired Palliative Care Physician and quarterly site visits.

Activity Narrative: This activity 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. Supply Chain Management System will be utilized to the highest degree possible to acquire consumables and equipment. Greater than 50% of DOD's program funding for BCS will be placed in SCMS this funding cycle.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The expansion of care and support to an additional 6 communities, supporting 14 existing communities and maintaining links with other partners will provide increased access of such services to currently underserved communities and contribute towards the overall 2-7-10 PEPFAR palliative care targets and the 5-year USG plan for Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity will directly link with activities (#3246.08, #5313.08, #5388.08, #5362.08, #16943.08), HIV/AIDS/TB treatment and care services (#3240.08, #5409.08, #3241.08), Treatment and Laboratory Infrastructure (#3243.08, #3242.08, #3244.08) and SI (#3245.08).

POPULATIONS BEING TARGETED:

This activity targets military/civilian personnel, their dependents and the general population surrounding the 20 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.

EMPHASIS AREAS:

The emphasis will be on community involvement, training, links with other sectors, food/nutrition, community development, network development, quality assurance and quality improvement. Targeted community involvement will address gender issues by increasing the uptake of care and support services by women. Community level training and involvement will reduce stigma and discrimination associated with HIV status.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6802

Related Activity: 13149, 13150, 13152, 13154, 13156, 13158, 13159, 13160, 13151, 16943, 13155, 13157

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25194	3247.25194.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$972,000
6802	3247.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$851,600
3247	3247.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$380,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
16943	16943.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$45,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13157	3242.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$325,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	37,731	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	72	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Lagos
Federal Capital Territory (Abuja)
Kaduna
Plateau
Benue
Borno
Cross River
Delta
Enugu
Oyo
Rivers
Benin
Anambra
Imo
Kano
Niger
Sokoto

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1532.08

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5364.08

Planned Funds: \$406,111

Activity System ID: 13124

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” costs of a full-time third-country national technical advisor for Basic Care and Support. This is a continuing position.

The Care and Support 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 HBHC working group. As USAID has the technical lead for the HBHC program area within the USG team, this last responsibility is key to ensuring a harmonized, consistent and relevant technical approach across USG Agencies and amongst all partners implementing care and support programs.

The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6778

Related Activity: 13121, 13122, 13123, 13125, 13126, 16938, 13127, 13128, 13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24939	5364.24939.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$471,318
6778	5364.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$325,000
5364	5364.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$370,157

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1561.08

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5365.08

Planned Funds: \$75,000

Activity System ID: 13137

Activity Narrative: ACTIVITY DESCRIPTION:
This HBHC activity relates directly to all HHS Nigeria Basic Care and Support COP08 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 partial FSN salaries shared with OVC or ARV Services, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

These HHS/CDC BC&S staff positions will work in coordination with the USAID BC&S staff (#5364.08) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#3259.08), Harvard SPH-APIN (#5369.08), Columbia University-ICAP (#5552.08), Catholic Relief Services-AIDSRelief (#5368.05), Africare (#6493.08), ECEWS (#15657.08), IFESH (#5665.08) and a partner to be determined by an RFA (#12970.08). The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#3237.08), Catholic Relief Services-7 Dioceses (#5366.08), CEDPA (#9839.08), Winrock International (#9841.08) and LMS Associate (#15642.08). USAID and CDC Basic Care and Support staff will provide assistance as needed to the U.S. Department of Defense (#3247.08) program with the Nigerian Ministry of Defense through the joint TWG process.

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 150 clinical sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6786

Related Activity: 13132, 13133, 13134, 13135, 13136, 13138, 13139, 13140, 13141, 13142, 13143, 13144, 13145, 13146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25974	5365.25974.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$43,874
25973	5365.25973.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$150,690
6786	5365.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$210,000
5365	5365.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$34,474

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 632.08

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3259.08

Planned Funds: \$5,346,000

Activity System ID: 13110

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, ACTION provided comprehensive care and support services to 51,405 PLWHA through 24 sites. In COP08, ACTION will expand this service provision to 87,725 HIV+ adults and support services to an additional 175,450 persons affected by AIDS (PABAs) at 78 tertiary, secondary and primary health center points of service within 28 hub and spoke model care networks in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). \$600,000 in COP07 HBHC funds are for use against COP08 Care and Support targets as per the COP07 reprogramming exercise in July 2007. These funds were reduced from the COP08 funding and redirected to the COP08 RFA accordingly.

In COP 08, ACTION will continue to provide lab services (CD4, hematology, blood chemistry, LFT, OI and pregnancy testing if indicated), OI prophylaxis and treatment, nutritional assessment, pain management, psychological, social, spiritual and home based care (HBC) to all PLWHA enrolled into care. ACTION will provide at least one clinical service (laboratory, OI prophylaxis/management, HBC, nutritional assessment/therapy) plus at least two other services in the domains of psychosocial, spiritual or preventive services to all PLWHA. The laboratory services will be provided at least every 6 months with CD4 count to monitor for change in status. Access to appropriate TB diagnostics and linkages with DOTS programs described under TB/HIV are also provided. Care providers, including volunteers, are trained in screening for signs and symptoms of TB such as chronic cough, weight loss, night sweats, etc. and clients with such symptoms or signs are referred for diagnostic services. Screening for hepatitis B and malaria is supported for all HIV+ persons if indicated. The nutritional status of PLWHA will be assessed at the initial clinical contact and at follow-up visits. If diagnosed with malnutrition micronutrients will be offered and referrals/linkages to wraparound services providing nutritional therapy will be given. All PLWHA will be provided with a preventive care package including ITN, water guard, water vessel, soap, ORS sachets, condoms and IEC materials on self care and prevention of common OIs. Prevention with positive services provided to PLWHA include condoms and information on use, counseling on reduction of high risk behaviors, abstinence messages, discordant couple counseling and syndromic management of STIs. A standard formulary is provided to sites to treat common opportunistic infections and malaria.

PLWHA and PABAs will be afforded linkages to psychosocial support through participation in PLWHA support groups and individual counseling operational at all points of service. The function of PLWHA support groups is strengthened by an ACTION program officer with a counseling background who works with the support groups to improve their programs and to ensure linkages between points of service and communities. Community based and home based (HBC) patient assessments that tie in with community clinic and mobile outreach clinical services are being expanded to bring a broader and more integrated approach to BCS in order to better support patients at the community and home level and support retention in care.

Services to be provided to PABAs at the clinic and community levels include: promotion of HCT; HIV prevention education including balanced ABC services as appropriate; psychosocial support through on-site counselors; and participation in support groups designed for family members focusing on prevention of transmission, stigma/discrimination reduction, and serving as a treatment partner to support adherence. Support groups will also provide linkages to spiritual support services through the active involvement of spiritual leaders in the community. It is anticipated that many PABAs will be accessed in the community rather than clinic setting through the community HBC program which will provide HCT access, linkages to HIV care and other services, and peer support to PABAs as well as facilitation of home care to PLWHA by PABAs.

Community HBC will be provided in each of the 78 network catchment areas ACTION supports. This is implemented by a supervising community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home based approach to these other programs and ensuring family engagement in HBC. In addition to HBC for those requiring classic "palliative care" interventions, HBC providers support ART adherence in the home setting through education and addressing adherence barriers. HBC providers focus on linkage to services, ensuring that clients in need of hospital care are able to access this care and linking family members to OVC, PMTCT, community immunization, family planning, and TB DOTS services. ACTION will continue to utilize different models depending upon the site preference including supplementing site staffing with dedicated HBC staff or developing an agreement with a local NGO/CBO/FBO to provide this service. Extension workers will be preferentially recruited from PLWHA support group memberships. These activities will be linked to the patient's medical care source as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

Training essential for program success will target nurses, community health extension workers (CHEWs), counselors and PLWHA/community volunteers and is carried out by ACTION program staff at the site level to maximize coverage. When feasible, training will be coordinated with IMAI curriculum for PHC staff and will be harmonized to avoid redundancy. For healthcare workers, care and support training will be coordinated with safe injection training. The total training target is 468. Standard training curricula for healthcare workers and community volunteers have been developed by ACTION and include specific modules on pediatric home based care. ACTION is participating in the National harmonization process to ensure standardization of training. A quality control program focuses on assessment of knowledge at the time of training and post-training, monitoring of metrics from HIVQUAL and from M&E indicators and conducting field assessments. The ACTION training department analyzes these data to upgrade training materials and to provide retraining where indicators demonstrate a gap in knowledge and implementation.

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 services to all HIV+ adults and PABAs. 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.

LINKS TO OTHER ACTIVITIES:

As part of ACTION's integrated treatment to care model, a more seamless integration of services at all

Activity Narrative: levels of the care system is being implemented, and BC&S plays a critical role in this linkage process. Using the Hub-and-Spoke model in site selection also leverages resources and improves referrals between tertiary, secondary and primary health care facilities. This activity is linked to HCT (5426.08), condoms and other prevention (9210.08), ARV services (3255.08), OVC (5417.08), TB/HIV (3254.08), lab (3256.08), and SI (3253.08). HCT targeting most at risk populations is established proximate to BC&S points of service. All patients are monitored and linked to ARV therapy when indicated. 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 and PLWHA support groups. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services.

POPULATIONS BEING TARGETED:

Populations targeted include persons in prostitution, TB patients OVC and pregnant women. Services are offered to adults living with HIV/AIDS and PABAs. Sites have been chosen to maximize linkages with national TB DOTS sites and to 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 PLWHA are targeted for training.

EMPHASIS AREAS:

Emphasis areas include human capacity building as capacity development for sustainability is a key focus. Local organization capacity building and TB-related wraparound programs are another focus.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6770

Related Activity: 13106, 16299, 15651, 13107,
13108, 13109, 13111, 13112,
13113, 13114, 13115, 16915,
13116, 13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25242	3259.25242.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$7,434,239
6770	3259.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$4,249,931
3259	3259.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,923,750

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * TB

Food Support

Estimated PEPFAR dollars spent on food \$175,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	78	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	263,175	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	468	False

Indirect Targets

Target Populations

Special populations

Tuberculosis patients

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

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 ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 9842.08

Activity System ID: 13081

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$1,212,245

Activity Narrative: ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of basic health care and support related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure, for three IPs and DoD, commodities used to extend and optimize the quality of life of HIV infected adults and their families. This encompasses commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB), other HIV/AIDS related complications, including malaria, and for the management of sexually transmitted infections (STIs). Example of such commodities are pharmaceuticals (OI drugs, pain killers, opioids), insecticide treated nets, laboratory equipment and consumables, and therapeutic food. SCMS will also procure other medical and non medical supplies used in basic health care and support services, including home-based care.

Through its continuous support to and strengthening of commodity security in PEPFAR care programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of people living with HIV/AIDS and the general population through their families.

In COP08, SCMS will procure palliative drugs, care and support commodities and provide requested technical assistance for three IPs and DoD, each of which has allocated specific funds to SCMS for these services: DOD (#554.08), \$400,000; CRS AidsRelief (#3688.08), \$147,245; Columbia University/ICAP (#2768.08), \$250,000; and University of Maryland (#632.08), \$415,000. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for basic health care and support related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be negotiated with each IP (including DoD); SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or the distribution mechanism most appropriate for the program needs. SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their care planned targets.

Activity Narrative: Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their HVCT planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal provide care to 10 million individuals worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of providing care and support to 1,750,000 HIV affected individuals, including 1,350,000 on palliative care, thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA

Human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9842

Related Activity: 13077, 13078, 14085, 13079, 13080, 13082, 13083, 13084, 13085, 13086, 13087, 13088, 13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26056	9842.26056.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$742,460
9842	9842.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$156,469

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 544.08

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5369.08

Planned Funds: \$5,065,000

Activity System ID: 13055

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 APIN+ will expand its provision of basic care and support services from 24 sites under COP07 to 36 sites in 9 states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). All 36 APIN+ supported sites will identify HIV-infected persons not only through the traditional approach of HCT in the PMTCT, HCT, TB and ART centers but also through provider initiated HCT and opt out HCT in an open access approach to ensure that HCT is available to all clients utilizing a facility. These 36 sites include 11 tertiary teaching hospitals, 25 secondary hospitals and 2 primary health care clinics. 28 of these sites provide comprehensive ART services while 8 additional PMTCT sites also provide ART to infected children identified through the PMTCT program. All HIV-infected individuals are clinically pre-assessed for eligibility for ART services. Palliative care services are consistent with the Nigerian Palliative Care Guidelines. Facility-based palliative care services will be provided to approximately 16,900 ART ineligible PLWHA and 53,600 ART eligible PLWHA for a total of 70,500 PLWHA clients. People Affected By HIV/AIDS (PABAs) will be reached through the community and home based care (HBC) of the PLWHA clients; therefore, it is expected that a total of 211,500 people will access services (70,500 PLWHA and 141,000 PABA). A network model of care will be used for service delivery. APIN+ will provide at least one clinical service (laboratory, OI prophylaxis & management, HBC) and at least two other services in the psychosocial, spiritual or preventive domains to all PLWHA served.

Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will also provide direction to the APIN+ care and support scale-up planning for Plateau state. In connection with APIN+'s role in the LGA coverage plan for Plateau state, scale up of palliative care services will occur in 12 LGAs where APIN+ currently supports sites and in 5 additional LGAs. This will ensure that adult and pediatric patients identified through associated PMTCT and TB/HIV activities in these 17 LGAs will be provided with care services at 25 secondary health facilities with referral networks to 2 primary health facilities.

APIN+ will ensure that 50% of BC&S funding is directed to HBC activities. The program will identify, collaborate with and strengthen the capacities of support groups, including AIDS Alliance, and CBOs to deliver palliative care services, including the provision of community and HBC services such as domestic support, management of minor ailments, pain management, referral services, and counseling services. Supported sites will provide a range of facility and HBC services, including prevention for positives (balanced ABC messaging as appropriate), clinical care, prophylaxis and management of OIs, lab support, adherence counseling, psychosocial and spiritual support, and active linkages between hospitals, health centers, and communities. Through counselors and clinicians, APIN+ will provide referrals for TB, family planning, safe motherhood, wraparound services and child survival programs as appropriate. As medical needs of patients are identified, they will be provided with clinical care services by clinicians or referred for specialty care as necessary. HIV-infected individuals will be provided with cotrimoxazole prophylaxis according to national guidelines. Diagnostics for common OIs may include: *Candida albicans*, protozoal infections, and gastrointestinal parasites. CD4 count is performed at least every 6 months for all PLWHAs.

Activities that focus on prevention with positives (PWP) include HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages, and IEC materials on disclosure. APIN+ will support integration of syndromic management of STIs and risk reduction interventions into care. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. These activities are provided through individual counseling and outreach by site PLWHA support groups. All PLWHA will be provided with a basic care package including clean water kits, ITN, and IEC materials on PWP. Pain management assessments will also be conducted by clinicians and HBC providers and analgesics will be provided. Commodities distributed as a part of the palliative care services are procured centrally through the APIN+ Abuja program office and central medical stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP08, APIN+ will collaborate with SCMS for the procurement and distribution of specified OI drugs.

Facility-based and community-based HBC teams partner to provide a continuum of HBC services depending on client needs. When ART patients miss scheduled clinic visits, or bed ridden clients are reported by the community HBC team, the ART site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The team will provide basic medical assessments of signs and symptoms, basic nursing care, nutritional assessments and psychosocial support and make appropriate referrals. An HBC kit (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet, etc.) will be used by HBC teams and, when needed, visiting teams will provide refills of cotrimoxazole, paracetamol, additional clean water kits and additional bed nets to patients and their families.

APIN+ partners with PLWHA support groups and CBOs to mobilize communities provide psychosocial support to PLWHAs and their families, provide ART adherence counseling, and assist with patient follow-up and HBC activities. APIN+ will build the capacity of these groups to develop innovative means of interacting and supporting HIV infected populations and PABAs. Site HBC activities will be supervised by a hospital team.

A total of 700 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 and provide an integrated, comprehensive health care package to patients. During COP08, APIN+ will place special focus on scaling-up pediatric palliative care services through the initiation of training efforts in this area and the establishment of linkages for these services related to the identification of HIV-infected babies through PMTCT activities.

In connection with SI activities, APIN+ will utilize data collected in this area for monitoring and evaluation. APIN+ will also develop and implement QA/QC protocols and develop a quality improvement program which evaluates health system processes and patient outcomes in order to enhance quality of care.

CONTRIBUTION TO OVERALL PROGRAM AREA

Harvard will contribute to the COP08 palliative care goal by providing basic palliative care services in 36 health facilities. Palliative care services will be provided to 70,500 PLWHA and 141,000 PABA for a total of

Activity Narrative: 211,500 people served. The program will contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families. These activities are consistent with the PEPFAR 5-year strategy as 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 TB/HIV (3222.08), PMTCT (3227.08), ART Services (6715.08), OVC (5415.08), AB (15652.08) and COP (9216.08). Linkages between sites will be developed for referral networks and capacity building in this area; improved outreach to the community will allow for different levels of medical intervention as needed. APIN+ will facilitate linkages with other organizations providing livelihood development programs for PLWHA and PABAs. Identified OVC-headed households will be linked to OVC programs. The program will also link to other USG IPs, the private sector and the GON.

POPULATIONS BEING TARGETED:

This activity targets all HIV infected patients who seek treatment and care at the 36 Harvard APIN+ sites participating in this program. In addition, PABAs are targeted for services. A total of 700 individuals will be trained in palliative care.

EMPHASIS AREAS:

This activity focuses on community mobilization and the development of networks through palliative care and outreach initiatives. Additionally, this program focuses on logistics, commodity procurement for treatment and care modalities, training, and information, education and communication. 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 and encourage men to contribute to care and support in the families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6719

Related Activity: 15652, 13054, 13056, 13057, 13049, 13050, 13004, 13051

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25218	5369.25218.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$4,521,262
6719	5369.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$4,070,100
5369	5369.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$2,573,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	36	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	211,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	700	False

Indirect Targets

PLWHA support groups at 11 APIN+ 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. Additionally, in COP07, we produced 4 video documentary modules which serve as a counseling tool for drug adherence and "living positively." These modules are used by counselors and PLWHA support groups to conduct outreach to PLWHA.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Tuberculosis patients

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Borno
Lagos
Oyo
Plateau
Benue
Kaduna
Enugu
Yobe

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 555.08

Prime Partner: International Foundation for
Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5665.08

Activity System ID: 13066

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$150,000

Activity Narrative: ACTIVITY DESCRIPTION:

Under COP08 funding, IFESH will provide basic care and support services to individuals identified as HIV+ from HCT, TB/HIV and PMTCT programs. Care and support services will also be provided to family members/household members of PLWHA. Services will be provided through 30 sites (where HCT, TB/HIV and PMTCT services are provided) located in Rivers and Imo states. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. This activity provides a critical component of the complete HIV related care package by offering initial care and support to HIV-infected individuals. Under COP08 activities IFESH will provide basic care and support services to 3,500 PLWHA. In addition, IFESH estimates that 7,000 People Affected by HIV/AIDS (PABAs) will be reached, giving a total of 10,500 adults reached with care and support services.

Following National Palliative Care Guidance and USG PC policy, HIV positive persons identified through mobile/community HCT, PMTCT and DOTS 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. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (i.e., cotrimoxazole), and 50% Home Based Care. Other activities will focus on prevention with HIV positives including referral for HCT of family members and sex partners, counseling for discordant couples, provider delivered prevention messages and IEC materials on disclosure. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

IFESH will facilitate support group activities to combat denial, stigma and discrimination. Funds will support the recruitment of a Care & Support program specialist to monitor program activities in the field. Community home based care will be provided in the catchment 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. Standardized HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet, etc.) will be provided to each trained HBC provider for use when visiting clients. PLWHAs will be provided with prevention care package containing water treatment solution, water vessel, Insecticide Treated Nets (ITNs), soap, condoms, and prevention for positives IEC materials. All identified HIV positive persons will be linked to treatment facilities with comprehensive HIV/AIDS related services for baseline laboratory investigations and for referral for ART where indicated. Laboratory monitoring (CD4 counts, hematology, blood chemistry, and malaria smears) will be supported from this funding. This activity will be linked to the primary prevention, PMTCT and HCT 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 to use standard training curricula and standard provider manuals will be used during training activities. There will be training of new healthcare workers 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 60 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, antiretroviral therapy education, stigma reduction, and risk reduction through other prevention activities.

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 care services for HIV+ adults and PABAs. 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 is linked to VCT (5668.08), PMTCT (3248.08), condoms and other prevention (15664.08), AB (15679.08), and TB/HIV (15665.08). 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, and FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services. Women will be linked to Income Generating Activities (IGAs) where available.

POPULATIONS BEING TARGETED:

Targeted populations include MARPs, TB patients and People Living with HIV/AIDS. 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, and health care workers. Sites have been chosen to maximize linkage with USG supported facilities providing comprehensive HIV treatment services and to 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.

EMPHASIS AREAS:

Emphasis areas include human capacity development, local organization capacity building, SI and TB wraparound programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6747

Related Activity: 13065, 15679, 15664, 15665,
15678, 13067, 15669

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25230	5665.25230.09	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	10720	555.09	HHS/CDC Track 2.0 IFESH	\$245,000
6747	5665.07	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	4172	555.07	Cooperative Agreement	\$200,000
5665	5665.06	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	2774	555.06	Cooperative Agreement	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15679	15679.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$50,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Tuberculosis patients

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Imo

Rivers

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3237.08

Activity System ID: 13038

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$3,843,000

Activity Narrative: ACTIVITY DESCRIPTION:

Global HIV/AIDS Initiative Nigeria (GHAIN) will provide palliative care (PC) services to 93,600 living with (PLWHAs), or affected by HIV/AIDS (PABAs) by supporting 45 existing comprehensive antiretroviral therapy (ART) sites, establishing 15 new sites and increasing coverage by going to additional states inter alia Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States.

In Country Operational Plan 08 (COP08), 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 learnt, funding priorities and the present partner guidance, GHAIN will focus on facility based approaches to PC service delivery and collaborate, through linkages and referrals, with other implementing partners responsible for the community-based components of care as appropriate.

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 and management of signs and symptoms (including pain), prevention of malaria and opportunistic infections (OIs), PC medications, nutritional support; psychological care including adherence counseling, pain control; non-ART laboratory services; referral support for clinical care and ART, and non medical support.

GHAIN will collaborate primarily with the Positive Living project implemented by the Center for Education and Population Activities (CEDPA) to provide home based care (HBC) and other support services for all its clients. GHAIN will refer all clients requiring HBC to the positive living project implemented by CEDPA to ensure the holistic continuum of care without duplication of services. Special attention will be given to strengthening the communication between the health facilities/ health workers and CEDPA's home based care givers to ensure uninterrupted service along the continuum of care. GHAIN will strengthen support groups, integrated into the health facilities providing services. Where CEDPA is unable to support the community based care component, GHAIN will liaise with other organizations as appropriate and available, or if funding permits, implement this component through direct support to community partners.

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 home based care services, thus, ensuring a working continuum of care without duplication of services. GHAIN will organize monthly talks during the support group meetings. Topics may include inter alia: nutrition, adherence, prevention for positives. A total of 200 people will be trained to provide facility based PC.

Burn out, or compassion fatigue, among care givers at all levels in health facilities and in the community is not unusual because of the high amount of stress involved. GHAIN will institute facility based support networks where they do not already exist for on-going support and peer counseling. Health care workers at each facility will meet at minimum on a monthly basis in order to share experiences, motivate each other and discuss ways of managing stress, difficult situations, and addressing other issues.

In the rural Local Government Areas (LGA) of Cross River State and urban LGAs in Kano State where GHAIN has established comprehensive HIV/AIDS services, GHAIN will also be responsible for the provision of holistic palliative care (addressing the emotional, spiritual, physical and social needs). In addition to the activities listed above, GHAIN will train 45 support group members to provide home based care services. Home based care kits will be distributed to support group members.

GHAIN will conduct advocacy for and referral to inter alia, educational and legal support, economic strengthening and shelter. In addition, GHAIN will carry out stigma and discrimination reduction activities. Spiritual support will be provided through linkages to religious leaders. In line with GHAIN's continued support of the UNGASS MIPA principle we will ensure that PLWHA participate actively in the planning of meetings and other care and support activities as appropriate.

Howard University will continue to work with the Pharmaceutical Society of Nigeria (PSN), and other pharmacy professional bodies to 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 towards reaching 93,600 HIV+ individuals with clinal basic care and support 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. GHAIN will establish effective synergy with GFATM Round 5 grant to improve HIV/AIDS Programming.

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:

The GHAIN PC in the focal states relates to activities in 3.3.10, 3.3.07, 3.3.08 and 3.3.01.

GHAIN will concentrate its PC activities in the health facility while CEDPA takes the community home based care services. The facilities will identify one staff person 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 act as linkages for those persons

Activity Narrative: who test positive to HIV (including pregnant women) to care and support services as well as providing management for OIs and for contact tracking clients on ARV drugs who are lost to follow-up. These linkages will assist in maximizing the support opportunities provided by PEPFAR funding.

TARGET POPULATIONS:

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.

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.

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 the Partners for Development to source micro-credit facilities for the indigent clients, and with other USG implementing partners to wrap around 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 family planning, child health and nutrition.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6708

Related Activity: 13034, 13039, 13040, 13041, 13042

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24893	3237.24893.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$7,529,300
6708	3237.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$3,013,750
3237	3237.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$3,005,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13042	3233.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	93,600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	245	False

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

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Akwa Ibom
Enugu
Kogi
Niger
Katsina
Kebbi
Nassarawa
Sokoto
Zamfara

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5267.08

Prime Partner: Centre for Development and
Population Activities

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 9839.08

Activity System ID: 13014

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$4,126,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity also relates to HVAB (3.3.02), HVOP (3.3.05), HVTB (3.3.07), HKID (3.3.08), HVCT (3.3.09), HTXS (3.3.11) and HLAB (3.3.12). The community/home-based services of Positive Living (PL) compliment facility-based palliative care provided at secondary and tertiary level hospitals. In COP 08, HBHC activities will focus on consolidating structures for palliative care delivery and community level referral networks developed in COP 06-07. PL HBC coverage will be offered to all GHAIN clients in "GHAIN states", including six new states (Sokoto, Zamfara, Kebbi, Katsina, Nasarawa, Akwa Ibom) as well as to GHAIN, other USG and GoN clients in 14 COP07 states: Federal Capital Territory (FCT), Lagos, Bauchi, Kano, Edo, Cross River, Anambra, Kogi, Niger, Benue, Imo, Enugu, Taraba and Adamawa. PLHAs (112,060) will be reached (93,600 referred from GHAIN sites and 18,460 from PL's comprehensive sites and self referrals) and 224,120 PABAs (187,200 are from GHAIN sites and 36,920 from PL's comprehensive sites). A total of 336,180 individuals will be reached with community base HBC services by CEDPA but only 242,580 will be attributed to CEDPA since GHAIN is providing clinical basic care to 93,600 to avoid double counting. At least 3,800 home-based care (HBC) volunteers, 240 professional health care providers and 25,271 family members will be trained. PL will maintain partnerships with 58 IAs to provide HBHC services.

PL services will reach clients referred from GHAIN and other USG implementing partners, and directly generated from communities as identified by HBC volunteers and self-referrals. All clients will be assigned to one of three categories and provided appropriate services: 1) those who have just been tested but without major need for medical care will be assisted to access services that promote prevention of opportunistic infections and emphasize the need to protect others; 2) those with opportunistic infections will be provided with home-based care and supported to access medical care and routine medical tests including CD4 count; 3) those on ART will receive intensive adherence counseling, regular home visits for monitoring and referral. All clients will be offered psychological and spiritual counseling. Twenty percent of the total 112,060 clients to be served are estimated to require home-based nursing care and will be served by home-based care (HBC) volunteers trained at the community level. Following the National Palliative Care Guidance and USG PC Policy, PL 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, PHCs and communities; and training of healthcare providers and community volunteers.

Clinical care services will be provided at primary health care facilities (PHC) to compliment care and support services offered at ART centers and general health care facilities and utilize an outreach HBC volunteer program. Staff at various PHC facilities will be introduced to standardized clinical management of AIDS related infections and the cross referral procedures to USG service sites. PL will enhance the capacity of PHC and other referral facilities in communities to diagnose and treat STIs by providing laboratory equipment such as specimen bottles, reagents, and drugs, 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 HBC volunteers and peer educators under PL's HVAB and HVOP programs will send clients for diagnosis and treatment of STIs.

PL will support 24 community-based clinical facilities to handle OI management, basic laboratory and prophylaxis services for PHAs. Of these 4 will be additional to the 20 PHCs supported in COP07. Based on outcomes of needs assessments, PL will facilitate renovation and/or refurbishment of basic laboratories at PHC; provide reagents, STI drugs and essential drugs for treatment and prevention of opportunistic infections and other HIV/AIDS-related complications e.g. malaria and diarrhea. Each new client will receive a self-care kit consisting of ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, and gentian violet (GV). A total of 10,258 kits will be distributed to newly registered clients in COP08. Water guard and other consumable supplies will be purchased and distributed to all clients including those carried over from COP07. HBC volunteers and health care providers will be given home based care kits containing drugs for pain relief; the kits will be replenished to ensure constant supplies needed for first aid. Care coordinators will head the homecare teams in providing home-based nursing care. The HBC volunteers will link PHAs, their families, and community members to HIV/AIDS related services and social welfare services for orphans and vulnerable children (OVC).

To strengthen the HBC volunteer program and improve quality of care, PL will train 3,800 HBC volunteers, 240 professional health care providers mainly nurses and community health extension workers (CHEWS) and family members. If funds allow, refresher trainings will be provided to all care providers trained in COP07. PHAs will be trained to enhance skills in advocacy and public speaking, and supported to disclose sero-status to partners and immediate family members. Trained volunteers will offer psychological and spiritual support to PHA and their families through group and individual counseling. Culturally appropriate methods will be adopted for end-of-life care and bereavement services. PHA will further be supported to promote the philosophy of "prevention for positives" to peers, especially for family members and those in discordant relationships.

Social-economic support enhanced by seed grants and vocational training, income-generating activities, linkages to social and legal protection, and training and support of caregivers will be maintained in Kano and Benue and extended to Bauchi and Imo states. Priority will be given to households headed by children, the elderly, and PHAs who lack regular sources of income. Seed grants will be provided to small groups of PHAs and their families to invest in small-scale businesses and revolving funds for health care. PL will support PHA in their communities and improve the economic capacities of additional 40 groups of PHA and 800 families.

Using standardized forms, M+E Officers collect data monthly, detailing numbers/demographics of clients reached and services provided. This provides timely information for effective decision making, particularly regarding the breadth and depth of HBHC coverage. HBHC M+E activities develop sustainable capacity at IAs and MOs to collect relevant data. Direct M+E expenditures by PL, MOs and IAs will total \$ 328,071.

POPULATIONS TARGETED:

The primary beneficiaries for PL palliative care services are PHA and their families. Community members, professional health care workers, CHEWs and caregivers of PHA will be trained. Since women form most of PL's beneficiaries, extra effort will be taken to reach out to men as community leaders and partners of PHA to increase male involvement in palliative care.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The planned community/home-based palliative care interventions will contribute to the overall PEPFAR care and support goal by reaching 112,060 PHA and 224,120 PABAs with basic care and support services. PL will work with stakeholders at all levels, to strengthen community systems for the provision of quality care to PHA and their families; build community capacity to deliver palliative care by training a total of 4,040 community resource persons and improve the economic capacities of 1,500 PHA.

LINKS TO OTHER ACTIVITIES:

PL will consolidate linkages, with GHAIN and other USG partners providing palliative care at healthcare facilities, to ensure that all PHA receive community/home-based care services. Care coordinators will be placed in facilities providing ART, VCT, PMTCT and pediatric palliative care services to register all those patients who may require HBC services and offer information on follow-up support for PHA. Planning and review meetings will be held regularly with partners to maintain effective referral. PL will collaborate with Howard University to train community pharmacists and health care providers including community health extension workers and patent medicine vendors. Activities will be linked to HVAB (3.3.02), HVOP (3.3.05), HVTB (3.3.07), HKID (3.3.08), HVCT (3.3.09) through training PHAs on various aspects of HIV prevention and control Of OIs.

EMPHASIS AREAS:

PL will advocate for reduced stigma and discrimination at all levels, increasing acceptance of PHA within communities. Interventions will increase gender sensitivity in programming by targeting vulnerable young girls and women, and promote male involvement in care and support. PL will contribute to development of legal frameworks that uphold the rights of PHA.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9839

Related Activity: 13038, 13015, 13016, 13012, 13013

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24877	9839.24877.09	U.S. Agency for International Development	Centre for Development and Population Activities	10593	5267.09	USAID Track 2.0 CEDPA	\$805,000
9839	9839.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$3,513,750

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13012	9759.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$2,000,000
13013	9779.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$534,000
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13015	12373.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$482,000
13016	12378.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$700,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	82	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	242,580	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4,040	False

Target Populations

General population

Adults (25 and over)

Men

Other

People Living with HIV / AIDS

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 Mechansim

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5552.08

Activity System ID: 13025

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$3,050,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, ICAP-CU supported 12 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 COP08, ICAP-CU will expand support to 13 new comprehensive health facilities in Akwa Ibom, Benue, Cross River, Gombe, Kaduna, and Kogi states, and to 25 non-facility based outlets for a total of 50 outlets in 6 states (Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi). Palliative care services will be provided to an estimated 136,500 clients including 45,500 HIV+ patients.

In COP08, ICAP-CU will enable health facilities to provide clinical palliative care (PC) by supporting: training; clinical, laboratory and pharmacy services; systems management; procurement of drugs and supplies; and the expansion of support groups and peer health educator programs. ICAP-CU will also prioritize the expansion and decentralization of palliative care services to the primary health center (PHC) and community levels and will rapidly expand HCT services to family members via home-based care (HBC) programs. Building on the network of care model, ICAP-CU will scale up palliative care to PHCs by identifying at least 4 PHCs around each secondary hospital that can provide PC to stable patients. ICAP-CU will also enable the decentralization of existing facility-based support groups, facilitating their expansion into surrounding communities to promote acceptance and ownership, reduce stigma, and increase sustainability.

Following National Palliative Care Guidance and USG PC policy, ICAP-CU-supported sites will provide a basic package of care services, including prevention for positives (balanced ABC messaging as appropriate), 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. ICAP-CU will provide at least one clinical service (laboratory, OI prophylaxis & management, HBC, nutritional assessment/therapy) plus at least two other services in the domains of psychosocial, spiritual or preventive services to all PLWHA. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (cotrimoxazole), and 50% Home Based Care (including 10% pain management, psychosocial support, and end of life care). Patient education to promote positive living, self-care, and support adherence will be provided. Other activities will focus on prevention with HIV positives including referral for HCT of family members and sex partners, counseling for discordant couples, provider delivered prevention messages and IEC materials on disclosure. ICAP-CU will support integration of syndromic management of STIs and risk reduction interventions into care. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

Linkages to wraparound services including income generation and other programs such as safe motherhood and child survival activities will be facilitated. Therapeutic feeding using approved selection and exit criteria will be provided via referrals where possible and directly when no alternatives exist. Facilities and communities will be supported to establish innovative food banks, and linkages with wraparound programs and existing microfinance opportunities will be prioritized. At the community level, services will be subcontracted to non governmental, community and faith based organizations. Trained HBC providers, including PLWHA, will be supported to deliver PC services to stable patients and family members at home.

Home Based Care (HBC) programs will be expanded, including the provision of services such as domestic support, management of minor ailments (e.g., the preparation and use of oral dehydration solution, ORS, for diarrhea), 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 standardized HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet, etc.) to each trained HBC provider for use when visiting clients. Basic care packages containing ITN, water guard, water vessel, soap, ORS, condoms and IEC materials will be distributed to PLWHAs and PABAs through facility and community based support groups. At the facility level, ICAP-CU 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. As expansion of ARV drug services is prioritized to rural areas, ICAP-CU will strengthen existing referral channels and support network coordinating mechanisms. Pharmacy and logistics management procedures will be assessed and be part of the site development plan. PC commodities will be procured using existing supply mechanisms including the SCMS and the Society for Family Health (SFH).

ICAP-CU will also train and retrain health care providers, including continuing medical education activities and clinical mentoring for adult and pediatric care including opportunistic infection (OI) prevention and treatment, pain management, and management of other clinical conditions. ICAP-CU, in collaboration with GON, IHV/ACTION-University of Maryland and other implementing partners, will develop a HIV/AIDS pediatric care training manual. ICAP-CU clinical advisors will enhance adult and pediatric care and treatment by providing ongoing site-level mentoring and supportive supervision of facility-based staff. Job aids and patient education materials will be provided to support and enhance provider skills. Peer Health Educator programs will reduce stigma, enhance adherence, facilitate linkages and educate communities about available services. ICAP-CU will also establish quality patient appointment and defaulter 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 ICAP-CU network coordinators. In order to improve access to services, HIV positive clients will be supported to access health care facilities via community-based transportation support.

ICAP-CU will work with sub-grantees including: Fantsuam Foundation, Tulsi Chanrai Foundation, GAWON Foundation, Catholic Action Committee Against AIDS, Rekindle Hope, Grassroots HIV/AIDS Counselors, Association for Reproductive and Family Health, and HARTL Trust.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By training at least 450 care providers including PLWHA, ICAP-CU 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 COP08 targets by reaching at least 136,500 persons affected by HIV/AIDS including 45,500 HIV positive persons including women and children and their households. By actively involving PLWHA and CBOs in program development and implementation ICAP-CU will facilitate strong linkages and referral networks.

Activity Narrative:**LINKS TO OTHER ACTIVITIES:**

This activity links to activities in ART services (5404.08), 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 carefully monitored (via clinical and laboratory monitoring), and will receive OI prophylaxis and other preventive services where indicated. OVC (5547.08) will be integrated into HBC activities and all clients will be encouraged to bring their household members to access HCT services. Women who become pregnant will be referred to PMTCT (6622.08). All care clients will receive AB (15654.08) and COP (9208.08) messaging as appropriate. Partnerships 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. HIV positive persons in the general population will be reached through CBOs and support groups. Persons Affected By HIV/AIDS (PABAs) will also be targeted and enrolled into care under the ICAP-CU family-centered approach as will pregnant women, OVC and TB patients. Facility based care providers and CBOs/FBOs will be trained to provide quality services and facilitate the establishment/strengthening of referral networks.

EMPHASIS AREAS:

Areas of emphasis will include human capacity development, local organization capacity building and SI.

This activity will facilitate equitable access to care and support especially to vulnerable groups of women and children. ICAP-CU will advocate for men's involvement in care in the community and for improved inheritance rights for women and children. This activity will foster necessary policy changes and a favorable environment for orphans and vulnerable children programming. ICAP-CU will also advocate for stigma and discrimination reduction at the community level.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6697

Related Activity: 13021, 15654, 13022, 13023,
13024, 13026, 13027, 13028,
13029, 13030, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28546	5552.28546.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$3,511,600
6697	5552.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$1,270,000
5552	5552.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$626,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13029	5493.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$9,393,931
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$133,615

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	136,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	450	False

Indirect Targets

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5368.08

Activity System ID: 12997

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$2,797,655

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07 AIDSRelief (AR) is providing adult care and support services through 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites in 14 states of Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In COP08 AR will provide a comprehensive package of palliative care services to 42,070 PLWHA and 84,140 People Affected By HIV/AIDS (PABAs) for a total of 126,210 people accessing care and support services. These services will be provided through 30 LPTFs and 20 satellite clinics in 16 states to give total of 50 service outlets in Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In setting COP08 targets, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

The package of services provided to each PLWHA includes a minimum of one clinical service and two supportive services delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national palliative care policies and guidelines. This includes: laboratory services; OI prophylaxis/diagnosis/treatment, diagnosis and treatment; pain management; nutritional assessment/therapy; psychosocial support; spiritual support; and prevention for positives.

AR will ensure that all LPTFs have the capacity to: provide PLWHAs with a preventive care package made up of ITN, water guard, water vessel, soap, ORS sachet, and IEC materials on self care and common OI prevention. All PLWHA will have CD4 counts and other necessary lab analyses performed at least every 6 months to monitor ART effectiveness/side effects for those on ART and to identify eligibility status for those not on ART. All AR sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. All PLWHAs' nutritional status will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding.

AR will collaborate with faith-based organizations (FBOs) and 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, New Life Support in Anambra and other CBOs attached to AR LPTFs in the 16 states. These FBOs and CBOs may be subgrantees of AR and/or other PEPFAR IPs. Through these partnerships care clients will receive a comprehensive package of community and home based care services.

In COP08 AR will continue to strengthen institutional and health worker capacity through the training of 110 persons to provide care services at the facility and community levels. Doctors, pharmacists, nurses, counselors, and community health extension workers will receive training that will allow them to provide comprehensive care. AR will also 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 community volunteer trainings. Information, education and communication materials will be provided to enhance these trainings.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. AR will hire an additional three CQI staff who will be supervised by the CQI specialist. The 4 CQI specialists will be responsible for spearheading CQI activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. Monitoring and evaluation of the AIDSRelief basic care and support program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. Each of these activities will highlight opportunities for improvement of facility, community, and home based care practices.

Sustainability lies at the heart of the AR program. AIDSRelief has developed a Sustainability Plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the Government of Nigeria (GON) to ensure coordination and information sharing, thus promoting long-term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems. In collaboration with the CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN). These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AR's expansion of adult basic care and support activities, including effective linkages with HBC providers, will contribute to increased access of such services to underserved rural communities. By providing services to 42,070 Adult PLWHA and 84,140 PABAs, AR 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 AR comprehensive HIV and AIDS services by providing the supportive services for all adult PLWHA including those on ART.

LINKS TO OTHER ACTIVITIES:

AR activities in adult basic care and support are linked to HCT (5425.08), ARV services (6678.08), PMTCT (6485.08), ARV drugs (9889.08), laboratory (6680.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08) to ensure that PLWHA and their family members have access to a continuum of services. AR will work with other CBOs and FBOs including the CRS 7-D program for the provision of HBC including psychosocial support for our clients. AR will work with the Catholic Church and other faith-based networks

Activity Narrative: for the provision of psychosocial support to PLWHA and PABAs. The CBOs and FBOs will be funded to provide community and home based services for AR clients. AR will work with the GON and the USG in the harmonization of basic palliative care services and in the standardization of training manuals for community volunteers and providers. AR will facilitate linkages between the LPTFs and other organizations providing livelihood development program for PLWHA and caregivers/PABAs requiring such services so as to improve the quality of life of PLWHA and their families. Identified child or adolescent headed households will be linked to with OVC programs and other programs which will meet the needs of the household.

POPULATIONS BEING TARGETED:

AR targets PLWHA, including PMTCT clients, and PABAs predominantly located in rural and previously underserved areas. This activity also targets CBOs and FBOs for capacity building and targets care providers (healthcare professionals, community volunteers) for training.

EMPHASIS AREAS

Emphasis areas are human capacity development including training and task shifting, local organization capacity building for community mobilization and participation, development of networks/linkages/referral systems, and quality assurance/ quality improvement. In addition, adult basic care and support activities AR will ensure gender equity in access to these services for both male and female PLWHA. AR 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6675

Related Activity: 12991, 12992, 12993, 12994, 15655, 12995, 12996, 12998, 12999, 13000, 13001, 13002, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25271	5368.25271.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$3,541,200
6675	5368.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,630,000
5368	5368.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$917,526

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$255,691

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	126,210	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	110	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Kaduna

Kogi

Nassarawa

Abia

Adamawa

Ebonyi

Imo

Ondo

Taraba

Edo

Enugu

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3689.08

Prime Partner: Catholic Relief Services

Mechanism: USAID Track 2.0 CRS 7D

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5366.08

Planned Funds: \$610,000

Activity System ID: 13007

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to the provision of BC&S services to 13,000 People Living with HIV/AIDS (PLWHA) and 26,000 People Affected by HIV/AIDS (PABAs) in 13 arch/dioceses (service outlets or sites) in 8 states of Nigeria. CRS 7D BC&S will provide basic health care services in 65 (5/site) stand-alone and mobile Primary Health Care (PHC) facilities and client households. The 7D BC&S has been receiving a maintenance budget for the past three years, and significant demands are being made on the project due to changes in BC&S guidelines, the type of services required and expansion of service sites.

As these demands increased over time, the 7D Palliative Care budget has remained constant. In order to maintain the current volume and quality of services, 7D will work with fewer PHC facilities and conduct less training than originally planned and focus on providing more complete, better quality services in the sites that it retains. The program will piggyback on activities of other program within 7D, SUN and AIDS Relief (AR) for delivery of BC&S services to all those that require them.

In COP08, BC&S targets remain unchanged from COP07 at 13,000 PLWHA. In response to new guidance from the USG team in COP08, 7D will start capturing the PABAs that are being provided with services and plans to reach 26,000 PABAs. Sites will increase from 10 in CO P07 to 13 in COP08 due to the split of Shendam diocese from Jos archdiocese. Two more dioceses are expected to be split from Makurdi diocese.

CRS 7D will support each site in developing relationships with 5 PHC facilities to provide basic clinical services including: Basic laboratory monitoring for OIs, urinary and stool analyses, STI and malaria. 7D will provide basic OI preventive (CPT) and management. Management of OI will include treating basic OIs including malaria and syndromic management of STIs. LFT, hemoglobin estimates, CD4 count and other advanced HIV disease laboratory diagnostic tests will be done at AidsRelief (AR), and other USG supported sites.

For HBC services, CRS 7D will support Parish AIDS Volunteers (PAVs) and Support Groups of People Living with HIV/AIDS (SGP+) in the sites to provide non-clinical BC&S Services. Under prevention with positives, CRS 7D will provide a basic preventive care package including, provision of ITN, water guard, water vessels, soap, abstinence and faithfulness messages, counseling for discordant couples, referrals and correct information about other prevention methods.

Under psychological care, 7D will provide psychosocial and spiritual counseling for PLWHA and PABAs, facilitate SGP+ and adherence counseling. Counseling will address prevention, mental health, disclosure, crisis, bereavement and adherence to all medication including ART, INH and CPT.

Under social support, microfinance will be provided to PLWHA and PABAs. With the CRS cost share, food supplements will continue to be provided through SGP+s in the sites. Nutrition and health education emphasizing personal hygiene and proper disposal of waste will continue to be provided.

Under spiritual care, 7D will be sensitive to the culture and rituals of the individuals and communities it interacts with. With the 7D stigma and discrimination curriculum, 7D will train more clergy, traditional and spiritual leaders on how to provide non-stigmatizing care.

7D, SUN and AR will implement the recommendations of the technical assistance mission on program integration conducted by CRS and AR in May, 2007. 7D will work very closely with SUN and AR in planning and providing holistic services to PLWHAs and families with infected individuals or OVCs. Mechanisms will be developed that allow the flow of human, material and financial resources among the programs for effective leverage of each program's comparative advantage. Coherently planning centrally and implementation in project sites will ensure seamless integration for service beneficiaries.

AR and 7D ART and PMTCT sites will also provide palliative care for HIV+ pregnant women, PLWHA and OVC with back and forth linkages among the 3 programs for ART, health, educational, social support and other services.

Through integrated activities among the three programs, PAVs and SGP+ will be given information that will increase their capacity to provide care, support and prevention services in households, communities and PHC facilities. 400 PAVs and SGP+ members will be trained. Each PHC facility is expected to reach 200 with BC&S services. 7D will engage SGP+ and PAVs in capacity building that will promote linkages between SGP+, PAVs and PHC facilities for optimal utilization of health facilities and community resources. Service directories will be placed in strategic places such as SGP+ meeting places and HCT centers.

Staff capacity enhancement will focus on volunteer recruitments and motivation. Motivation such as stipends for health care workers in short term work will be given to PAVs and SGP+. Site hiring practices will be encouraged to draw from experienced PAVs and SGP+. Other motivation will include recognition awards for reaching service milestones. Transport re-imbursments, bicycles for providers, HBC Kits and other necessary tools will be given to volunteers. CRS will hire 1 HBC and 1 Community Development specialist to support PAVs, SGP+ and PHCs.

One PAV or SGP+ member will be assigned to a PHC center to triage with the PHC facilities and PLWHA and SGP+ to facilitate access to clinical services. S/he will work with Diocesan Action Committee on AIDS (DACA) staff to develop effective patient follow-up and referral mechanisms that bridge the health facility-community gap. 7D will leverage 7 D PMTCT and AR sites in the provision of advanced clinical services.

Organizational development support including administration and financial accounting will also be given to PHC, SGP+ and dioceses to position them for effective participation in BC&S service delivery. Transportation and health care costs for caregivers and clients requiring specialized care not obtainable in immediate PHC will also be incorporated.

Given the diversity of the package of services PLWHA receive from different IPs, double counting of services will be highly probable. To avoid this, 7D in collaboration with other USG providers will develop a tracking mechanism that follows the different services from AR and other USG supported IPs.

Activity Narrative: Indirect targets will include: zonal trainings on BC&S for LGA staff and periodic site visits by arch/diocesan staff for supportive supervision at the LGA health facility level. Ten LGA staff will be trained in BC&S. Each of these will train 10 others. Through these trainings it is expected that each of the 10 LGA facilities will provide BC&S to 50 people giving a total of 500 people reached indirectly. For every 1 PLWHA reached 2 PABAs will be reached. Therefore 1000 PABAs will benefit from the indirect programming. Diocesan (Site) staff will support BC&S services in 7 states and the FCT (Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, and Edo States) in a total of 13 sites). All this will be achieved by piggy backing on trainings and resources from other program areas such as PMTCT, AB and HCT.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These BC&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 BC&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.

LINKS TO OTHER ACTIVITIES:

BC&S relates to other HIV/AIDS activities to ensure continuity of care for all persons accessing BC&S through the 7D. This activity links with Prevention of Mother to Child Transmission (PMTCT) (#5448.08), Voluntary Counseling and Testing (#5422.08), Abstinence & Be Faithful (#5312.08) and OVC (5407.08) and SI activities (#9913.08) being undertaken by CRS 7D. Given the increased integration of CRS programming, there will also be close links to the activities across program areas being undertaken by CRS AidsRelief, especially their ART activities (#6678.08).

POPULATIONS BEING TARGETED:

The populations to be served include children and youth, PLWHA and their families, caregivers and widows/widowers within the 13 Arch/dioceses, LGA staff, clergy and lay people and health workers. Through linkages with other program areas (PMTCT, VCT, ART), recently diagnosed HIV positive adults (including TB-HIV) in these communities in need of BC&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 covers training of 130 Health Care Staff and 400 care givers/care providers.

EMPHASIS AREAS:

The emphases of the BC&S Program activities are local organization capacity development, training, developing networks, linkages and referral systems. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6686

Related Activity: 12994, 13005, 13006, 15655, 12995, 12997, 12998, 13010, 12999, 13000, 13008, 12991, 13001, 13002, 12992, 12993, 13003, 13009

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24870	5366.24870.09	U.S. Agency for International Development	Catholic Relief Services	10591	3689.09	USAID Track 2.0 CRS 7D TBD	\$1,400,000
6686	5366.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$610,000
5366	5366.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
13005	5348.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$1,200,000
13006	5312.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$2,000,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13010	5407.08	6367	3713.08	USAID Track 2.0 CRS OVC	Catholic Relief Services	\$2,500,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13008	5422.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$365,000
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13009	9913.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	13	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	39,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Benue

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4133.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 6493.08

Activity System ID: 12985

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$170,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP 08, Africare will continue care and support services which commenced in COP05 in two states, Lagos and Rivers, and were provided through 15 service outlets in COP07. In COP08 Africare will increase its provision of care and support activities to 21 sites (4 community based sites, and 17 facility based sites) and will expand into Bayelsa state. TB/HIV services will be available onsite at 12 of the 17 health facilities. Through community outreach care activities, services are also provided at identified primary health facilities 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 at least 5 CBOs and FBOs (Rhema Care Partners, Lazarus Care Mission International, Initiative for African Youth Development, Daughters of Charity and Society for Women and AIDS in Africa, Nigeria) that specialize in community health services. Using National Palliative Care Guidelines and guidance from the USG technical working group Africare will provide quality care services to 2,390 PLWHA and to 4,780 PABAs for a total of 7,170 clients receiving care services.

Care and support services will be offered to ensure that 20% effort is laboratory (CD4 counts, hematology, chemistry), 30% is OI management with prophylaxis/treatment, and 50% is Home Based Care (HBC). Africare will use its partnerships with 5 organizations (FBOs/CBOs) to link PLWHA identified through community mobilization and HCT with psychosocial services, basic clinical follow-up and HBC. Africare will provide at least one clinical service (laboratory, OI prophylaxis & management, HBC, nutritional assessment/therapy) and at least two other services in the psychosocial, spiritual or preventive domains to all PLWHA depending on their needs. Africare's care and support services in COP08 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 support (transportation, communication and referrals); and patient training and education in self-care. All PLWHAs are provided with cotrimoxazole upon initial HIV diagnosis and maintained on it pending the initial CD4 count result. Each PLWHA will receive a preventive care package of water guard, water vessel, ITN, multivitamins, soap, condoms, and prevention IEC materials. IEC materials will be reproduced in local languages on ABC messaging and basic infection control. Activities on prevention with positives include HCT of family members and sex partners, counseling for discordant couples, prevention messages on disclosure, and prevention education on abstinence/be faithful and condoms as appropriate. Africare will also support integration of syndromic management of STIs and risk reduction interventions into care for HIV-infected clients. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. Patient education to promote positive living, self-care, and support adherence will be provided. Support group activities also include training on proper nutrition with food demonstrations and education on economic empowerment activities.

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. PLWHAs are visited by home based care volunteers on at least a monthly basis. Those that are identified as needing additional medical assistance receive either immediate referral to a medical facility or follow-up visits by a home based care medical provider. Home based care volunteers will have Home Based Care kits containing items such as ORS, water guard, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, and genitain violet for use when visiting clients. HBC kits outfitted for health care workers will also contain additional items such as aprons, bandages, analgesics, antidiarrheals, and antimalarials. Referral for advanced laboratory diagnostics and clinical management is made to USG or GON supported facilities. With the integration of TB/HIV program activities into HCT activities, HIV+ clients will be screened and referred for TB diagnosis and/or treatment.

Through the partnerships Africare develops with CBOs/FBOs a full complement of trained counselors, nurses, and PLWHA support group members will be mobilized. USG/GON palliative care and HBC curricula will be adapted to train 34 volunteers, HBC workers and health care workers. The capacity of mobile counselors will be built to do symptomatic screening for STIs, TB and other OIs in homes and make referrals for advanced management of TB and OIs. 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 care and support component will contribute to the PEPFAR care and support overall goal of mitigating the impact of HIV on 1,750,000 individuals infected and affected by HIV and AIDS through compassionate care of 2,150 PLWHA and 3,000 PABAs. This activity will also contribute to the sustainability of the program through capacity building of 5 partner institutions and 30 health care providers and promoting community involvement. Fifteen service outlets will be targeted for provision of HIV related palliative care services. The integrated approach will encourage increased use of HCT 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 of the country. The networks and linkages established with CBOs/FBOs, state and local authorities will ensure the continuum of care in the communities.

LINKS TO OTHER ACTIVITIES:

Africare's Palliative Care activity is related to Counseling and Testing (6642.08) as the entry point to care and support, as well as AB (15680.08), condoms and other prevention (15667.08), OVC (15666.08), SI (15668.08) and TB/HIV (9879.08). All served HIV+ clients needing advanced care will be referred to USG supported, GON and private ART sites. Clients will also have access to Africare's TB/HIV program and prevention activities. Households with HIV positive children, orphaned children, and/or vulnerable children will be linked to Africare's OVC program. Networks and linkages are established with CBOs/FBOs, state and local authorities through this program. It will avail PLWHAs a complete package from the point of testing through treatment and between the project sites/health facilities to their homes.

POPULATIONS BEING TARGETED:

Activity Narrative: Africare's care and support 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.

COVERAGE AREAS:

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. These states include Rivers and Lagos states.

EMPHASIS AREAS:

Emphasis areas include in-service training that contributes to human capacity development. Emphasis areas also include: commodity procurement, community mobilization, development of networks/linkages/referral systems, training and quality assurance. Project activities will also increase gender equity in programming through HIV care and support targeting adults, especially women of child bearing age and men who do not routinely present to health care facilities. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6672

Related Activity: 15667, 12986, 15666, 12987, 15668, 15680

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25292	6493.25292.09	HHS/Centers for Disease Control & Prevention	Africare	10726	4133.09	HHS/CDC Track 2.0 Africare	\$315,000
6672	6493.07	HHS/Centers for Disease Control & Prevention	Africare	4161	4133.07	Cooperative Agreement	\$375,000
6493	6493.06	HHS/Centers for Disease Control & Prevention	Africare	4133	4133.06	Cooperative Agreement	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15680	15680.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$50,000
15667	15667.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$150,000
12986	9879.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$337,500
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
12987	6642.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$410,000
15668	15668.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$40,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	21	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,170	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	34	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Lagos

Rivers

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$18,959,839

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Nigeria is ranked 4th among the 22 highest TB burden countries in the world. HIV prevalence among TB patients in Nigeria is estimated at 27%. At this co-infection rate, an estimated 800,000 persons have both HIV and TB in Nigeria. The World Health Organization (WHO) estimates the incidence of all types of TB in Nigeria to be 290/100,000 population and the incidence of smear positive cases 125/100,000 population. It is estimated that 1.7% of new TB cases are multi-drug-resistant (WHO Global Report, 2006).

USG Nigeria's strategy for COP08 TB/HIV services will be to build on COP07 activities and increase collaboration with Government of Nigeria (GON) through the National Tuberculosis and Leprosy Control Program (NTBLCP), the National AIDS/STDs Control Program (NASCP), the Global Fund to fight HIV/AIDS, TB and Malaria (GF) and WHO. The areas of strategic focus during COP08 are: (1) to strategically expand TB/HIV service coverage across the country and to dramatically increase service provision outlets in states designated as 'LGA Coverage' states for TB/HIV; (2) to provide HIV counseling and testing (HCT) to all TB patients and suspects at the point of first clinical contact and to ensure adequate TB screening, diagnosis, and treatment for all HIV infected individuals at PEPFAR supported facilities; (3) to improve the capacity for HCT and TB diagnosis including MDR TB; (4) to ensure TB quality assurance/control through training, quality AFB sputum microscopy, TB culture and x-ray services; (5) to increase access to TB treatment by supporting anti-TB drug and commodity procurement/logistics and community TB/HIV activities in Nigeria; (6) to standardize and improve the processes of TB infection control at all PEPFAR supported sites including patient flow and hospital waste management; and (7) to ensure proper management of pediatric TB/HIV patients through improved case finding and provision of pediatric formulations.

The USG TB/HIV supported program has rapidly scaled up from 68 initial sites in COP05 to 319 sites in 21 states and the FCT at the end of COP07. By the end of COP08, USG will support a total of 371 TB/HIV service provision outlets in 36 states and the Federal Capital Territory (FCT). From the inception of PEPFAR (COP05 to COP07) a total of 2,787 health workers have been trained or received orientation in TB/HIV. This will increase to 4,651 health workers by the end of COP08. At the commencement of the TB/HIV program in COP05, a target of 10,000 HIV positive patients were to receive TB treatment. The growth of the program is evident by the COP08 target of 43,051 HIV positive patients receiving treatment for TB. Currently 22,850 HIV positive patients have received TB treatment with USG support. Through USG support, TB/HIV intervention in Nigeria has significantly improved. In COP06 alone, compared with national statistics, USG has contributed to the TB treatment of an estimated 12,729 co-infected TB/HIV patients, (approximately 17% of all registered TB patients) in the country. Similarly, 66% of all registered TB patients in six USG-supported states (42 pilot sites) have received HIV counseling and testing. In COP08, 36,904 TB patients will receive HCT in DOTS centers.

In spite of the above achievements, TB/HIV service coverage and training remains limited nationwide. Case detection rates for TB remains low at 30.3%, infrastructure for TB services is often dilapidated, laboratory and x-ray diagnostic services are weak, and there is minimal community awareness of TB/HIV co-infection. Despite the influx of new funds from GF, substantial gaps remain in TB and TB/HIV services. Nigeria receives anti-TB drugs through the WHO Global Drug Fund (GDF); however, weak drug and commodity logistic systems have resulted in stock-outs in health facilities. From COP05 to COP07, the TB/HIV program implementation in Nigeria faced challenges such as weak collaboration between NTBLCP and NASCP; weak supplies and logistics system for TB drugs, reagents and commodities; inadequate TB funding resulting in ineffective diagnostic and treatment facilities; low TB program coverage and case finding of only 33%; an ambiguous diagnostic algorithm for pediatric TB; and inadequate infection control activities.

USG-Nigeria will strengthen its collaboration with GON, WHO, GFATM, USAID TB-fund, CIDA, ILEP partners and other donors to address ongoing challenges in TB/HIV implementation. The USG will continue facilitating the Technical Advisory Committee (TAC) of the GF, the national TB planning group, and the national TB/HIV working group as well as participate in the joint monitoring of TB/HIV activities in coordination with other donors and stakeholders. The growing improvement in the GON's commitment to joint TB/HIV programming will also help immensely in ensuring sustainability of the program.

There will be continued expansion of TB/HIV services in COP08. This will be achieved through the regular annual COP expansion in 36 states and the FCT in COP08, and through an accelerated LGA Coverage strategy for TB/HIV and PMTCT in six states with a comprehensive package of TB/HIV services. This new strategy will ensure that at least one facility in each LGA will provide TB diagnostic and treatment services, HIV counseling and testing of all TB patients/suspects, and referral linkages to ART and care and support sites. These model LGAs will form the basis for replication nationwide in subsequent years. Integrated management of adult infections (IMAI) guidelines will be used to ensure a comprehensive package of care at the primary level in all PEPFAR-supported sites.

USG Nigeria will continue with its priority objective of integrating HCT into DOTS services. In COP08, the focus is to improve

diagnosis of HIV among TB clinic clientele (patients and suspects) at first contact with the health worker by scaling up HCT in DOTS centers. The objective of this strategy is to fully integrate HIV testing into the TB diagnostic algorithm and increase detection of HIV + patients and co-infected patients at TB DOTS centers. The USG will support TB laboratory upgrades through renovation of infrastructure and purchase of equipment, training of laboratorians on quality assurance and control activities, provision of national guidelines and SOPs to all USG-supported sites as well as regular supervision of sites. X-ray services will be strengthened to improve diagnosis of smear negative TB cases. The USG will support the provision of services for the detection and management of MDR-TB including a National TB Drug Resistance and HIV survey.

The USG in collaboration with the Zaria TB training center will support the development and mentored roll out of standardized training packages for TB/HIV clinical and program management. Specific National guidelines on TB infection control will also be developed. The capacity of all PEPFAR-supported sites will be built using the above guidelines on TB infection control and prevention as well as in TB-patient flow at facilities and hospital waste management to standardize and improve these processes. The Zaria training center will also be used to provide training to laboratorians from sites not directly supported by PEPFAR. This training will include TB culture capacity, HCT, and sputum smear microscopy. This will lead to improved TB diagnostics outside of the PEPFAR program and improved sustainability of the national TB/HIV program.

Pediatric TB/HIV patients have not received adequate coverage in previous years partly because pediatric TB formulations were not readily available in country. In COP08, to ensure their proper management, USG-supported sites will improve case finding and fund sites to ensure improved logistics and provision of pediatric formulations for all co-infected children. The USG will also support the development of a national diagnostic algorithm for pediatric TB, the administration of pediatric anti-TB formulations and the training of healthcare workers in diagnosis and management of pediatric TB/HIV. Other services like nutritional support will be obtained from wraparound programming where available. All identified and supported children will be subsequently linked to community based orphans and vulnerable children (OVC) services for the provision of comprehensive care and support.

All USG partners routinely report data on TB treatment through the national and state TB control programs. In the past, USG has supported the revision of the national recording and reporting format to include TB/HIV data. The joint USG, GON, WHO, ILEP and GFATM supervisory and monitoring visits also helped in improving the quality of TB/HIV data collection and reporting. In COP08, USG will further support improvements in data management through its support of the introduction of electronic TB/HIV register/reporting activities across the country.

Several public health evaluations (PHE) are proposed in COP08. One proposal is to conduct a PHE to provide a better understanding of the barriers facing the establishment and provision of HCT in DOTS centers. Another PHE is a collaboration with WHO and NASCP to explore the use of manual MGIT at sites that link to the national TB referral center. It will evaluate if this enhanced intervention to identify and treat TB/HIV co-infected patients decreases early mortality and determine its effectiveness for expanded culture capacity for TB/HIV co-infected persons. An additional PHE will involve the collaboration of NASCP, NTBLCP and WHO to evaluate a new cost effective MODS technology against the standard automated MGIT system. This will help to determine the optimal screening tool to identify TB/HIV co-infected patients in resource restricted settings.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	371
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	43051
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1864
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	36904

Custom Targets:

Number of HCT clients tested in TB setting and receiving results (includes suspects)	119840
--	--------

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4133.08	Mechanism: HHS/CDC Track 2.0 Africare
Prime Partner: Africare	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 9879.08	Planned Funds: \$337,500
Activity System ID: 12986	

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07 Africare supported eight TB/HIV sites in two states (Lagos and Rivers) in collaboration with the National TB and Leprosy Control Program (NTBLCP). In COP08, activities will be expanded to include four additional TB DOTS sites for a total of 10 supported sites. Africare will continue to offer TB/HIV services in Lagos and Rivers states, and will expand to Bayelsa state. Through its care and support and OVC programs, Africare will provide HIV related palliative care to 7,170 adults and 2,000 children, including PABAs. It is estimated that approximately 850 HIV+ clients attending HIV palliative care services will receive treatment for TB disease. The HCT program will be integrated into the TB/HIV program; that is, clients for TB diagnosis will be referred for HIV testing and vice-versa. The project will provide HCT to 5,000 people presenting to TB DOTS sites, of which it is expected that 500 will ultimately be diagnosed with TB. Through Africare's HCT program newly diagnosed HIV positive clients will be identified. It is expected that 3,000 will receive TB screening. The focus of the program is on ensuring adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS clinics.

In COP07, the project procured necessary laboratory equipment such as microscopes and chambers for sputum smear preparations and trained DOTS staff. In COP08, Africare will employ the same procedures for bringing on the four additional TB DOTS sites. Africare will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables (e.g. sputum containers) as needed. NTBLCP will ensure that drugs and reagents are made available at the sites; Africare will work with sites to identify the etiology of TB drug stock-outs if and when this should occur. This will facilitate improvements to the TB drug logistics system at the local, regional, and national level.

Mobile clinics at the motor parks and other public places will target MARPs such as truck drivers, mobile populations, incarcerated populations, commercial sex workers, and oil workers for HCT and subsequent TB screening in HIV positives. 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 care and support 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. 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. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines.

At the health facility and community levels, infection control education will be emphasized. Nosocomial transmission of TB will be mitigated through attention to principles of TB infection control, including administrative and environmental control measures such as clinic design, good ventilation, appropriate patient triage, staff training, and enforcement of basic hygiene and proper sputum disposal. Patient and staff education on infection control measures will be routinely carried out to ensure program success.

Africare will train its 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 48 care providers will be trained and educated to screen for TB among HIV+ clients. Training of medical staff from Africare and facilities will include x-ray diagnostic skills; and training laboratory staff will include good sputum specimen collection and laboratory AFB sputum smear diagnosis to enhance diagnostic capabilities. Good laboratory practices ensured through the implementation of the national guidelines for External Quality Assessment. 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 and CBOs/FBOs to ensure sustainability after the project close out. All providers will be given manuals/SOPs adapted from existing national guidelines to assist them in service provision. Sites will also be assisted to put in place and/or improve defaulter tracking mechanisms.

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 will assist early diagnosis of TB. The outreach programs will also ensure that services reach the underserved in the communities. This activity will also contribute to the national plan of early diagnosis of TB/HIV and referral/linkages to care.

LINKS TO OTHER ACTIVITIES:

Africare's TB/HIV program is also related to Basic Care and Support (6493.08), Counseling and Testing (6642.08), Other Prevention (15667.08), AB (15680.08), OVC (15666.08), and Strategic Information (15668.08). 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 HCT 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 support. 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. 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.

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 care givers and family members of TB/HIV patients and will provide them with information 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.

Activity Narrative:**EMPHASIS AREAS:**

Activity's 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. Other emphasis areas include renovation, SI and local capacity development.

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 and support group members.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9879

Related Activity: 15667, 12985, 15666, 12987,
15668

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25293	9879.25293.09	HHS/Centers for Disease Control & Prevention	Africare	10726	4133.09	HHS/CDC Track 2.0 Africare	\$50,000
9879	9879.07	HHS/Centers for Disease Control & Prevention	Africare	4161	4133.07	Cooperative Agreement	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15667	15667.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$150,000
12985	6493.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$170,000
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
12987	6642.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$410,000
15668	15668.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$40,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	850	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	48	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	500	False

Target Populations

Special populations

Most at risk populations

Street youth

Tuberculosis patients

Other

People Living with HIV / AIDS

Coverage Areas

Lagos

Rivers

Bayelsa

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3688.08

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5399.08

Planned Funds: \$870,000

Activity System ID: 12998

Activity Narrative: ACTIVITY DESCRIPTION:

AIDS Relief's (AR) strategy for TB/HIV is to ensure that all HIV positive clients in Local Partners Treatment Facilities (LPTFs) are routinely screened for TB while TB patients have access to HIV counseling and testing (HCT). Dually infected clients are offered appropriate care within and outside the LPTF. In COP07, AR is supporting TB DOTS centers at 28 LPTFs and HCT at 28 stand alone TB DOTS centers in 14 states (Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Taraba). In COP08 AR will extend these services to a total of 30 LPTFs and 31 TB DOTS centers in 16 states (those above plus Abia and Imo). In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

AR will implement HCT in existing TB DOTS centers to provide HCT to all TB patients and suspects and will also ensure facility co-location of TB DOTS centers in all supported LPTFs. Referral mechanisms will ensure TB/HIV co-infected clients access AIDSRelief (or other) supported HIV care and treatment services. AR, with other IPs, will implement the PEPFAR-Nigeria LGA coverage strategy in Anambra, ensuring the provision of TB/HIV services in at least one health facility in every local government area (LGA). This is a critical step towards the provision of universal access for TB/HIV services. In line with this plan, HIV testing will be done at an additional 5 functional TB DOTS sites in selected local government areas in Anambra state.

In total, 42,070 HIV positive patients in care at all AR supported sites will be screened for signs of TB and from these 7% (3,024) are expected to be diagnosed with active disease and will be treated for TB. The TB/HIV program will be in collaboration with State and National Tuberculosis and Leprosy control programs (STBLCP and NTBLCP). A total of 8,000 clients will be offered HIV counseling and testing services from the TB DOTS centers; it is expected that 20%, or 1600, will be diagnosed with TB. Laboratory infrastructure will be upgraded and human capacity developed to ensure adequate TB diagnosis for HIV positive patients. AR will provide diagnostic equipment, including microscopes to supported TB DOTS sites. One high yielding LPTF currently serves as a reference site for TB in the South Eastern region of the country. AR will also strengthen the pharmacy services at supported TB DOTS sites to improve forecasting and avoid stock outs and will work with sites to recognize if stock outs are due to facility level or government level TB logistic weaknesses.

Through basic care and support services all TB/HIV patients will be put on cotrimoxazole prophylaxis therapy (CPT). Community health care providers will trace family members of PLWHA accessing TB/HIV services and facilitate their TB screening and appropriate care. This activity will be linked to activities in basic care and support (through community and faith based organizations (CBOs/FBOs) and home based care programs. TB/HIV treatment and care will be provided in a comprehensive approach consistent with GON treatment guidelines and IMAI guidelines.

AR will ensure proper patient triage, specimen collection, waste disposal, proper ventilation and administrative control activities such as active identification of those with TB symptoms and patient segregation. TB infection prevention and control will be accomplished using these work practices, administrative and environmental measures. Patient and staff education will be routinely conducted to ensure program success. AR will develop joint adherence strategies for patients on ARVs and TB DOTS and strengthen the facilities' capacity to meet special needs of PLWHA on both 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 TB/HIV services is preferred to clinic co-location. The national guidelines on infection control on co-located sites will be implemented in all AR supported sites. Patients screened and treated for TB and TB/HIV will be entered into the updated reporting tool provided by the NTBLCP with appropriate linkages of medical records between TB and HIV points of service.

AR will train 72 healthcare workers in the TB/HIV program. Medical records staff will be trained on data collection for suspected and diagnosed TB cases. Healthcare providers will be trained on x-ray diagnosis, clinical management, and care of TB/HIV co-infected patients which will be complemented by onsite preceptorships and mentoring to enhance case finding. Community health workers, treatment support specialists (including PLWHA), and members of Society of People Affected by TB (SOPAT) will be trained to assist with patient adherence to ART and anti-TB drugs. AR will hire 2 additional TB/HIV focal persons and 1 TB laboratory specialist to support the current 2 TB/HIV focal persons for the management of this program area. All AR TB staff will be trained/ retrained to enhance TB diagnostic and management skills.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. AR will hire an additional three CQI staff who will be supervised by the senior CQI specialist. The 4 CQI specialists will be responsible for spearheading CQI activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. AR TB/HIV activities that will be addressed include program level reporting to enhance the effectiveness and efficiency of both paper based and computer based Patient Monitoring and Management (PMM) systems assuring data quality across all LPTFs. Using in-country networks and available technology, AR will build a strong PMM system with added emphasis on harmonization with the Government of Nigeria's (GoN) emerging National PMM system. AR's TB team will work with the AR CQI specialists to conduct formalized site visits at least quarterly during which there will be evaluations of TB/HIV clinic services, TB laboratory services, infection control practices, utilization of National PMM tools and guidelines, proper medical record keeping, patient follow-up and referral coordination. On-site TA/supportive supervision with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program. AIDSRelief has developed a Sustainability Plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment, while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the Government of Nigeria (GON) to ensure coordination and information sharing, thus promoting long-term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health

Activity Narrative: management information systems. In collaboration with the CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN). These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

TB/HIV care through collaborative activities with NTBLCP will contribute to the GON's goal for appropriate TB/HIV care. The co-location of TB DOTS centers in all AR supported LPTFs will expand access to quality TB services for HIV infected clients. This improved access will result in higher TB case detection and improved clinical outcomes. The systematic implementation of TB/HIV collaborative activities by AIDSRelief will contribute to Nigeria's 5-Year plan which is expected to result in synergies to decrease TB prevalence rates.

LINK TO OTHER ACTIVITIES:

AR activities in TB/HIV are linked to HCT (5425.08), palliative care (5399.08), ARV services (6678.08), PMTCT (6485.08), ARV drugs (9889.08), laboratory (6680.08), OVC (5416.08), AB (15655.08), and SI (5359.08) to ensure that TB/HIV patients have a continuum of services. This will be in collaboration with the 7-Diocese program of CRS and other FBOs and CBOs. It will be linked to PMTCT to ensure that HIV positive pregnant women are screened for TB, so that those dually infected are treated to reduce the risk of transmission to the baby postpartum and to the community. This will 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 LPTFs. In addition, TB patients and suspects in supported DOTS centers are targeted. Household members of TB/HIV co-infected patients will also be targeted as they are at increased risk of acquiring TB.

EMPHASIS AREAS

This activity has an emphasis on human capacity development through training to meet immediate workforce requirements. Emphasis areas also include wraparound TB programs, renovations, quality assurance, and development of linkages/referral and networks in collaboration with the STBLCP in support of TB/HIV and TB DOTS programs. In addition, 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 are about 60% of the PLWHAs screened for TB at LPTFs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6677

Related Activity: 12991, 12992, 12993, 12994, 12995, 12996, 12997, 12999, 13000, 13001, 13002, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25272	5399.25272.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$450,000
6677	5399.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,033,750
5399	5399.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$331,184

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	61	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,024	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	72	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,600	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Nassarawa

Adamawa

Ebonyi

Enugu

Ondo

Taraba

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 2768.08

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

Prime Partner: Columbia University Mailman
School of Public Health

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5551.08

Planned Funds: \$1,121,750

Activity System ID: 13026

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, ICAP-CU provided TB/HIV services at 12 hospital networks and initiated linkages with 35 DOTS sites in Cross River, Benue and Kaduna States. In COP08, TB/HIV integration activities will be expanded at hospitals and DOTS clinics to provide enhanced TB services at 25 HIV comprehensive care and treatment sites in 6 states (Kaduna, Cross River, Benue, Gombe, Akwa Ibom and Kogi), and HIV services at 35 DOTS sites. Working closely with the national and state level technical TB/HIV working groups, NTBLCP and state/LGA TB control programs, ICAP-CU will provide services to TB/HIV co-infected patients through point of service laboratory support, development of SOPs/guidelines, and strengthening of screening, referrals and linkages both within DOTS sites and between community-level health care facilities and DOTS sites. ICAP-CU, with other implementing partners, will implement the PEPFAR-Nigeria LGA coverage strategy in Kaduna, ensuring the provision of TB/HIV services in at least one health facility in every local government area (LGA). This will enable the states to approach universal access to TB/HIV services in states designated 'LGA Coverage States'.

All TB/HIV co-infected patients will be provided with cotrimoxazole (CTX) prophylaxis and linked to other palliative care services and prevention messaging (including balanced ABC messaging as appropriate). ICAP-CU will support standardized TB screening and case finding in 13,150 HIV infected patients using structured symptom checklists and the National algorithm. ICAP-CU will facilitate access to TB DOTS services for co-infected patients identified through ART clinics and will facilitate access to HIV treatment and care for co-infected patients identified through TB DOTS clinics. It is expected that this will result in the treatment of TB in at least 3,700 HIV positive patients. DOTS facilities will be supported to provide HCT to at least 14,000 clients, of which it is expected that 4,000 will be diagnosed with TB. TB patients will be encouraged to bring contacts for early TB case-finding, preventive therapy (IPT) and HCT. 150 HIV+ patients will be provided with IPT services.

Five ICAP-CU TB/HIV advisors will be provided with formal TB/HIV training to enhance their productivity. A total of 115 ICAP-CU staff and facility-based medical officers will undergo retraining on x-ray diagnostic skills. A total of 95 ICAP-CU staff and facility-based laboratory officers will be retrained on good sputum specimen collection and laboratory AFB sputum smear diagnosis to enhance their diagnostic capabilities. Service provision will also be improved through capacity building of health care providers with the GON and other USG implementing partners and ILEP partners through training programs conducted at TB training laboratories. Across the various TB/HIV training activities it is expected that a minimum of 185 individual trainees will be directly reached in collaboration with NTBLCP. In addition to current practices, ICAP-CU will implement the national guidelines for External Quality Assessment.

Nosocomial transmission of TB will be mitigated through attention to principles of TB infection control, including administrative and environmental control measures such as clinic design, good ventilation, appropriate patient triage, staff training, and enforcement of basic hygiene and proper sputum disposal. Patient and staff education on infection control measures will be routinely carried out to ensure program success. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on infection control will be implemented in all ICAP-CU supported sites. ICAP-CU will support NTBLCP in the development of clinical support tools/job aids, national registers and referral forms for recording/reporting systems, and in the production of IEC materials. ICAP-CU 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 60 DOTS (25 hospital and 35 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. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines. Sites will be assisted to put in place and/or improve defaulter tracking mechanisms. ICAP-CU will also support the state TB programs to put in place functional mechanisms to identify and manage drug resistant TB. Collaboration will continue with GON, other PEPFAR implementing partners, ILEP partners and relevant organizations to rapidly scale-up TB/HIV integration activities at ICAP-CU supported sites. TB/HIV coordinators will facilitate sites' activities in collaboration with state/LGA TB focal persons.

ICAP-CU will also work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported TB/HIV integration sites. ICAP-CU will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables (e.g. sputum containers). To ensure continuous availability of drugs and commodities in supported sites, ICAP-CU will strengthen the logistics management of the states and LGAs in areas of operation.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ICAP-CU will contribute to the overall program goal of enhancing integration of TB/HIV activities by enabling at least 3,700 HIV-infected patients to receive TB treatment. As part of the sustainability plans of the GON and in line with the 5-Year Strategy, at least 185 health care workers will be trained. ICAP-CU will also ensure that GON structures are strengthened and integrated through joint capacity building of SACA, LACA and NTBLCP, states, and LGA TB supervisors for effective program management including joint supportive supervision. ICAP-CU will help provide basic tools and equipment to reactivate non-functional DOTS sites in focus states. ICAP-CU will ensure that activities are implemented with the full participation of other government partners especially GLRA and NLR to promote sustainability and facilitate equity and synergy in line with GON plans.

LINKS TO OTHER ACTIVITIES:

This activity also relates to ART (5404.08), Palliative Care (5552.08), Orphans and Vulnerable Children (5547.08), Voluntary Counseling and Testing (5550.08) and PMTCT (6622.08), AB (15654.08) and COP (9208.08). The focus is on ensuring adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS clinics. Similar services will be made available to OVCs and PMTCT clients. In collaboration with other relevant partners/organizations, ICAP-CU in COP08 will facilitate linkage of clients to other support services such as micro credit and nutritional support.

POPULATIONS BEING TARGETED:

ICAP-CU will support activities to encourage all patients in related communities living with TB to bring family

Activity Narrative: members and household contacts to the clinic, particularly children (five years and younger), to enhance screening, early diagnosis and prompt treatment for positive cases. In collaboration with NTBLCP and other TB supporting partners, ICAP-CU will establish TB/HIV services for clients in prisons located within the ICAP-CU supported LGAs, and facilitate linkages to care and treatment clinics. Health care workers in both public and private sectors will be trained to provide high quality TB/HIV integrated services. Other targeted populations will include OVC, pregnant women and PLWHAs.

EMPHASIS AREAS:

A major area of emphasis is on human capacity development through the 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, screening for TB, and referrals between care and treatment centers and DOTS sites. Other emphasis areas include local organization capacity building, SI and gender.

ICAP-CU will work with the relevant agencies and organizations to enhance policies that will ensure that clients located within ICAP-CU supported sites have access to adequate and integrated TB/HIV services thereby promoting equitable access to care and treatment programs, especially for women, children, underserved and incarcerated populations in all the served states.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6696

Related Activity: 13021, 13023, 13024, 13025, 13027, 13028, 13030, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28547	5551.28547.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$605,000
6696	5551.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$859,075
5551	5551.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$502,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	60	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,700	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	185	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,000	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Rivers

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5267.08

Prime Partner: Centre for Development and
Population Activities

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12373.08

Activity System ID: 13015

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$482,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity also relates to HBHC (9839), HVOP (9779), HVAB (9759), HKID (12378). The TB 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 community and primary health care level.

In collaboration with state TB control programmes, PL will build the capacity of 36 CBOs/FBOs and six NGO/FBO owned primary health facilities to expand community based TB/HIV services to an additional two states making a total of 14 states (Bauchi, FCT, Lagos, Kano, Anambra, Edo, Enugu, Taraba, Adamawa, Niger, Cross River, Imo, Kogi and Benue) in COP 08. All sites will be provided with necessary facilities that will ensure holistic patient care according to IMAI guidelines. These services will provide a network, linking facility-based TB/HIV services provided by GHAIN in secondary facilities with primary and community based services. A total of 6,554 HIV infected clients receiving TB treatment in GHAIN supported sites will have access to community based TB/HIV activities.

The 36 CBOs will contribute to TB/HIV care in the following ways: 1) provide treatment support services through out-patient treatment until cure; 2) provide patient, family and community education on TB/HIV co-infection; 3) complement case finding efforts of traditional facility-based TB treatment programs; 4) increase accountability of local health services to the community; and 5) lobby the state and local authorities for increased commitment to TB/HIV control, including through work practice, administrative and environmental control measures. A total of 30 individuals will be trained to provide treatment for TB to HIV-infected individuals while 1,800 community health workers, home based care volunteers and peer educators will be trained in TB/HIV education, care and support including adherence to TB treatment regimens. Family members (two per PHA) will be given basic skills to provide continuous care and support.

PL will support a total of six community-based clinical facilities to handle TB management and to provide basic laboratory and community services for HIV positive persons. Following assessments, PL will assist health facilities to do basic renovations, to purchase equipment and laboratory reagents, to develop storage space for drugs and commodities and to write up and publish infection control plans. In addition, clinics will be assisted to augment extant quality assurance standards, particularly by implementing Nigerian national guidelines for external quality assessments (double-blinded slide rechecking).

Medical officers from community-based clinical facilities will be trained in X-ray diagnosis of TB while laboratory technicians/scientists will undergo training in sputum smear microscopy. 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 300 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 TB/HIV and increased capacity to provide care and support for dually infected patients.

PL IAs will counsel partners and family members of HIV/TB patients and refer them for TB screening. In the process partners/family members will be linked to appropriate care and support services. TB/HIV activities will be integrated into ongoing palliative care (HBHC #9839) and prevention programs (HVAB and HVOP). HBC volunteers will be trained to recognize TB symptoms and danger signs; to conduct proper referral of PHAs for TB screening and treatment; to provide home-based nursing care, infection control, follow-up and adherence counseling; and to trace clinic defaulters. Care coordinators at CBOs will undergo mandatory clinical TB/HIV training and in supportive supervision. Care coordinators will supervise HBC volunteers, and provide continuing education during volunteer meetings. This activity will incorporate standard operating procedures; training manuals and IEC materials will be adapted and updated. The ELICO maps model will be adopted to help HBC volunteers keep track of individuals and families they visit, and organize follow-up. Project activities will be properly documented at every stage of implementation.

Using standardized forms, M+E officers collect data monthly, detailing numbers/demographics of clients reached and messages provided. This provides timely information for effective decision making, particularly regarding the breadth and depth of TB/HIV coverage. TB/HIV M+E activities will develop sustainable capacity at IAs and MOs to collect relevant data. Direct M+E expenditures by PL, MOs and IAs will total \$ 55,686.

POPULATIONS TARGETED:

Referral for TB/HIV screening will be done for all PHAs who will be enrolled into the care and support program in the four PL states. Their family members will be recommended for screening as well. PHAs infected with TB will be linked to DOTS centers and supported for drug adherence. Healthcare providers at DOTS centers and other PHCs will be facilitated for training and re-training in TB prevention and management. Family and other community members will be provided with information on TB and infection control.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to prevention and control of TB among HIV positive persons. HIV positive persons will be screened for TB by members of their communities and referred for treatment. In a pioneering effort, treatment support will be provided to HIV positive patients on TB treatment to ensure completion of treatment and prevent the onset of drug resistance. Community linkages will strengthen facility based TB/HIV service providers' collaboration.

LINKS TO OTHER ACTIVITIES:

TB/HIV activities will be linked to activities in HVAB (3.3.02) and HVOP (6735, 6707) through community and faith-based organizations and to CEDPA's palliative care program for follow up and psychological and spiritual support. These linkages will ensure that all TB/HIV patients are provided with co-trimoxazole preventive therapy (CPT) and other prophylaxis for opportunistic infections. TB/HIV activities will be linked to HVSI (3.3.13) with improved tools and models for collecting, analyzing and disseminating TB/HIV data, and also to the newly approved NTBLCP tool for reporting. TB/HIV efforts will also support HVCT (3.3.09) activities to ensure that counseling and testing is done for all TB cases; and to MTCT (3.3.01) to ensure that HIV positive pregnant women are screened for TB.

EMPHASIS AREAS:

Activity Narrative: This activity has an emphasis on human capacity development and local organization capacity building. All support activities are undertaken in collaboration with the STBLCP.

This activity will address infection control and gender and age equity by providing TB/HIV information and services at community levels. This will ensure access to TB/HIV services for PHAs who are on ART and other community members – especially women - who may otherwise not know their risk of TB infection. Educative and preventive messages targeted at children (10-14), young people (15-24) and adults will address the importance of TB prevention and care. The thrust will be to ensure that all population cohorts seek TB/HIV services in a timely manner. A secondary activity will be to train community outreach workers to deliver such messages effectively.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12373

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24878	12373.24878.09	U.S. Agency for International Development	Centre for Development and Population Activities	10593	5267.09	USAID Track 2.0 CEDPA	\$90,000
12373	12373.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$482,000

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	6	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	300	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

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 ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3228.08

Activity System ID: 13039

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$2,938,654

Activity Narrative: ACTIVITY DESCRIPTION:

The goal of the TB/HIV component is to support the national effort in reducing TB/HIV associated morbidity and mortality through effective collaboration between TB and HIV programs by expanding joint TB/HIV activities, human and institutional capacity strengthening, and increasing community participation in TB/HIV activities.

Global HIV/AIDS Initiative Nigeria (GHAIN) will implement these activities in close collaboration with the National Tuberculosis and Leprosy Control Program (NTBLCP) and other partners based on the following guiding principles: services will be strengthened 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; people living with HIV/AIDS (PLWHA), tuberculosis (TB) patients, and communities will be involved in TB/HIV program planning and implementation; proper mechanisms for preventing cross infection or re-infection of TB in the health facilities will be put in place.

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. Services will be expanded from the current focus states (FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, Akwa Ibom) to 4 additional states - Katsina, Nasarrawa, Kebbi, Sokoto and Zamfara States. In line with the USG strategy to saturate LGAs with TB/HIV services, GHAIN will establish expand services to an additional four LGAs in Anambra (Nkikoka, Orumba North, Orumba South, and Nnewi South), four in Cross River (Odukpani, Akpabuyo, Etung and Calabar Municipal) and five in Lagos (Amuwo-odofin, Agege, Kosofe, Apapa and Epe).

The introduction TB/HIV collaborative activities at all sites will include introduction of TB control activities into HIV service points through screening for TB at HIV counseling and testing sites, education on TB prevention, treatment adherence and stigma reduction where HIV services are provided. Other activities will include introduction and strengthening of sputum smear microscopy and TB treatment (DOTS); training of health care workers in TB/HIV collaborative activities, infection control and management of drug side effects. Training of HIV/AIDS support groups and community-based organizations (CBOs) on TB control activities; and enhancing community involvement TB/HIV care and support, program communication and social mobilization will also be carried out in the focal states. At TB clinics, TB/HIV services will be strengthened by establishment or integration of HIV services. Activities to be carried out at the TB clinics will include: provision of HIV education at TB service points; promotion & provision of HIV counseling & testing (CT) to TB patients and provision of cotrimoxazole preventive therapy to dually infected patients. Other activities will include 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 strengthening of defaulter tracing and supervision. DOT clinic and TB microscopy laboratories will be strengthened to provide quality services. The TB/HIV sites will be provided with all necessary facilities that will ensure a holistic patient care according to IMAI guidelines. Renovation of dilapidated infrastructure and procurement of commodities/equipment will be done as necessary. National guidelines for external quality assurance will be implemented at all sites.

GHAIN Clinical Officers and facility medical officers will be trained in diagnosis of sputum smear negative TB including the use of x-ray diagnosis and sputum culture. Health workers will also be trained in the management of drug side effects and immune-reconstitution syndrome in addition to the training on all aspects of TB/HIV collaborative activities in accordance with the National TB/HIV training curriculum.

GHAIN will concentrate its services within the health facilities while 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. The exception to this will be in Yakur Local Government Area of Cross River State and Nassarawa LGA in Kano State where GHAIN has established comprehensive HIV/AIDS services.

GHAIN is a member of the National TB/HIV working group and is actively involved in the development of the National TB/HIV strategic framework and guidelines. All National TB/HIV accomplishments can be claimed as indirect targets, while GHAIN will also put systems in place to track the United State Government (USG)/Nigeria custom indicators for TB/HIV services.

GHAIN will support the formation of TB/HIV working groups at the state levels and the development of state specific TB/HIV strategic framework. Similarly infection control policies and guidelines will be supported at the state levels. GHAIN will equally support the national EQA for TB laboratories.

50,000 clients presenting at DOTS centers (TB suspects and patients) will receive HIV counseling and testing, of these 14,400 registered TB patients will receive counseling and testing for HIV while 8,860 HIV-infected clients attending HIV care/treatment services will receive treatment for TB disease. GHAIN will train 497 health workers in TB/HIV screening and diagnosis (emphasizing TB in HIV infected clients). Of all PLWHA receiving ART during the reporting period, 75% will receive routine screening for TB disease at least once using the standard IMAI TB/HIV co-management guidelines.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This project will contribute towards the overall goal of ensuring that all persons evaluated for TB disease will receive HIV counseling and testing as part of "routine care." Those identified as HIV-infected will receive HIV care and treatment, including cotrimoxazole and, if eligible, antiretroviral therapy (ART). All HIV-infected patients receiving HIV services will be routinely screened for TB disease, while ensuring that patients with initially positive TB screen access TB diagnostic services and receive uninterrupted treatment for TB disease using DOTS-based on the national TB control strategy.

The strong monitoring and evaluation (M&E) system established by GHAIN for tracking HIV/TB activities will contribute to strengthening the national M&E system, with clear reporting linkage to the NTBLCP, while building towards the actualization of the above goal. The TB/HIV working group constituted by the Government of Nigeria (GON) will be supported to strengthen linkages and coordination of TB and AIDS control programme in Nigeria. GHAIN will hire staff that will be dedicated to coordinating and supervising its TB/HIV activities, while each focus facility will be asked to designate a particular staff to serve as focal

Activity Narrative: person for TB/HIV activities for the facility.

LINKS TO OTHER ACTIVITIES:

This program relates to activities in 3237.08, 3230.08, 3231.08 and 5420.08. GHAIN will assist the NTBLCP, states and local government areas (LGAs) with implementation of TB/HIV collaborative activities at the national, state, LGA and facility levels. TB services will be co-located in ART comprehensive care and PHC sites where these are non-existent, while HIV services will be co-located in TB sites where GHAIN is working, and the same principle advocated for the other GON sites. Routine C&T will be advocated in all the TB clinics, with adequate linkages strengthened for referral to other services such as ART, prevention of mother to child transmission (PMTCT) and home-based care (HBC). Referral networks will be strengthened to further achieve TB/HIV integration at treatment sites and directly observed therapy (DOT) centers. In addition, GHAIN will strengthen TB screening tools/approaches and M&E systems, including record-keeping, reporting, drug storage and management systems (including security measures).

EMPHASIS AREAS:

The activity focuses on capacity building, which is critical in quality assurance/improvement, infection control and delivery of quality treatment services to clients. Focused efforts will also be placed on strengthening referral networks within the service delivery points to ensure effective integration of TB/HIV. GHAIN will also continue to strengthen its sustainability plan by building the capacity of health facilities implementing TB/HIV programs and customize a specific plan and schedule for each facility.

GHAIN will explore wrap around opportunities to engage key TB initiatives and partners in Nigeria such as Global Fund (GFATM), International Federation of Anti-Leprosy Associations (ILEP), United States Agency for International Development (USAID)/TB-direct funds (non-Emergency Plan) and Canadian International Development Association (CIDA), in order to better leverage funds, reduce redundancy, and expand geographic coverage of TB/HIV implementation. The issues to be addressed include ensuring equity in access to TB/HIV services and stigma and discrimination.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6700

Related Activity: 13038, 13041, 13043, 13044

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24894	3228.24894.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$1,950,000
6700	3228.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,283,000
3228	3228.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,352,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	60	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,860	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	497	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	14,400	False

Target Populations

Special populations

Tuberculosis patients

Other

People Living with HIV / AIDS

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Akwa Ibom
Enugu
Kogi
Niger
Adamawa
Bauchi
Benue
Taraba
Katsina
Kebbi
Nassarawa
Sokoto
Zamfara

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 544.08

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3222.08

Activity System ID: 13056

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$2,175,000

Activity Narrative: ACTIVITY DESCRIPTION:

APIN Plus/Harvard sites will identify HIV infected patients through PMTCT, HCT centers and ART centers and hospitals. These sites constitute a network of delivery points in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe) and include tertiary teaching hospitals (11) and secondary hospitals (24), for a total of 36 TB/HIV service delivery sites in COP08. APIN+, with other implementing partners, will execute the PEPFAR-Nigeria LGA coverage strategy in Plateau and Lagos, ensuring the provision of TB/HIV services in at least one health facility in every local government area (LGA) of these states. This is an essential step toward universal access to TB/HIV services, and will focus on developing programming at the secondary and primary level. All HIV-infected individuals are clinically pre-assessed for eligibility for ART treatment; it is expected that 33,350 HIV positive clients will be screened for TB in COP08. TB screening by sputum examination is conducted according to national guidelines. The 48,500 maintenance patients already on ART will also be monitored for TB. All HIV infected women (5,475) from our 36 PMTCT sites will be assessed for ART eligibility and screened for TB. The TB clinics at 9 of our sites are National TB centers offering the government DOTS program. At all of our associated DOTS clinics, we will implement HCT for 10,000 clients presenting to the DOTS center; it is expected that 5,000 of these will have TB. In all, it is expected that 16,550 TB/HIV HIV/TB co-infected patients will be identified and will receive treatment for TB and be linked to APIN+ ART clinics for evaluation of eligibility for ART and provision of treatment and palliative care.

NIMR is the National Tuberculosis Reference Laboratory and will provide an important resource to other APIN+ sites in strengthening their capacity for TB diagnosis and cross-training of health care workers in TB/HIV. TB services provided at these clinics will be integrated with ART services and HCT in order to promote the development of a comprehensive system of care for individuals with HIV/TB co-infection. This will be part of the 500 health care workers in both HIV and TB clinical and laboratory settings to be trained in COP08. APIN+ TB/HIV program officers and facility staff will be provided with formal TB/HIV training to enhance their productivity, including retraining on x-ray diagnostic skills for clinicians and retraining on good sputum specimen collection and laboratory AFB sputum smear diagnosis for laboratorians. A dedicated TB program officer provides TB expertise to all APIN+ sites and is responsible for training efforts and reporting of TB patients to the NTPLCP.

APIN+ will prevent nosocomial transmission of TB to HIV+ patients 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 TB infection control on co-located sites will be implemented in all sites. Patient and staff education on infection control measures will be routinely carried out to ensure program success. APIN+ will upgrade facilities as needed through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables (e.g. sputum containers).

To date, more than 30% of APIN+ 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. Concurrent ART and TB treatment follows the National guidelines of d4T+3TC+EFV (800mg). All co-infected 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. Five hundred HIV+ patients are estimated to be given IPT. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines.

APIN will also continue to work with GON in providing support for the Federal Public Health Laboratory, which was developed into a national reference lab in COP07. TB diagnostic capacity will include culture, PCR, and sequencing for resistance testing. At NIMR, APIN will provide technical assistance in the implementation of MDR-TB and XDR-TB surveillance activities in Nigeria.

Pursuant to the State LGA coverage plan, APIN+ will work with secondary sites in 17 LGAs of Plateau and Lagos states. Secondary sites will be linked with two tertiary care sites for specialty care and are fed by patient referrals from primary health care centers. To ensure continuous availability of drugs and commodities in supported sites, APIN will partner with the USG PEPFAR team to strengthen logistics management within the states where it works.

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 DOTS sites within their facility. There will be a deliberate attempt to locate HCT in DOTS centers so as to increase detection of co-infected TB/HIV patients. At these facilities, APIN estimates that it will provide clinical treatment for TB to 16,550 patients with HIV/TB co-infection either prior to or during their ART therapy, thus contributing significantly to the 2008 PEPFAR goals. At all APIN+ sites referral to TB DOTS sites that are either co-located or within short proximity will be provided. 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 HCT (5424.08), Care & Support (5369.08), ART Services (6715.08), PMTCT (3227.08) and OVC (5415.08). Through this activity linkages between participating treatment sites and the National Tuberculosis Reference Laboratory will be provided. Additionally, linkages to potential patient populations through outreach initiatives, HCT activities, and ART services will improve utilization of care opportunities created through PEPFAR funding. This activity is 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. A high TB co-infection rate has a major impact on ART management.

POPULATIONS BEING TARGETED:

This activity targets adults and children with HIV and TB co-infection 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. Newly enrolling ART patients will be prescreened for TB in COP08 and TB that develops in patients that are currently on ART therapy will be diagnosed and treated. All HIV infected pregnant women participating in APIN+ PMTCT programs will also be eligible for TB diagnosis and treatment under this

Activity Narrative: program.

EMPHASIS AREAS:

Emphasis areas include local organization capacity building, and health-related wrap around activities.

This activity will increase gender equity by focusing on strategies which seek to reach an equitable number of co-infected men and women. Furthermore, it seeks to provide additional focus on support for pregnant women who have TB/HIV. Through data collection and patient surveillance from this activity, APIN 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6713

Related Activity: 13051, 15652, 13052, 13053,
13054, 13055, 13057, 13058,
13048, 13059, 13049, 13060,
13050, 13061, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25219	3222.25219.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$1,274,659
6713	3222.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$1,903,000
3222	3222.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$764,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	36	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	16,550	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	500	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5,000	False

Target Populations

Special populations

Tuberculosis patients

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Borno

Lagos

Oyo

Plateau

Kaduna

Akwa Ibom

Benue

Enugu

Ebonyi

Ogun

Yobe

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4043.08

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 9878.08

Planned Funds: \$1,478,000

Activity System ID: 13082

Activity Narrative: ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of HIV/TB related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure commodities used for the diagnosis, clinical monitoring, and prevention of tuberculosis (TB) for IPs and DoD. This encompasses laboratory equipment and consumables, and other TB/HIV programs related medical supplies. In addition, SCMS will procure HIV test kits for HIV diagnosis in USG supported TB/HIV sites.

Through its continuous support to and strengthening of commodity security in PEPFAR TB/HIV programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target population of patients from the general population receiving TB/HIV services through traditional TB clinics and hospitals but also through home based care, HIV/AIDS clinics and general medical settings. Technical assistance on the improved supply chain management for TB related commodities will be undertaken in partnership with TBCAP (#12423.08), who will take the lead on this activity.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. The budget is broken out as follows: 1) Provision of HIV test Kits to all PEPFAR TB/HIV programs providing HIV testing in a TB service delivery point (Total: \$1,200,000): Columbia University (CU)/ICAP (#6622.08); Family Health International (FHI)/GHAIN (#3228.08); Harvard University School of Public Health (HSPH)/APIN+ (#3222.08); University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#3254.08); Catholic Relief Services (CRS)/AIDSRelief (#5399.08); The International Foundation for Education and Self-Help (IFESH) (#15665.08); Africare (#9879.08); LMS (#15643.08); Excellence Community Education Welfare Scheme (ECEWS) (#15658.08); USAID's APS (#15671.08); and CDC's RFA (#12971.08). 2) Provision of other TB/HIV related supplies, equipment or technical assistance for for one IP and DoD, each of which has allocated specific funds to SCMS for these services: DoD (#3240.08), \$150,000, and UMD/ACTION (#3254.08), \$128,000.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national TB diagnosis and treatment guidelines, national HCT testing algorithm, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance services for laboratory equipment). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for TB/HIV related commodities will be addressed to and coordinated with SCMS field office directly, in line with guidance from the TB/HIV Technical Working Group.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs and types of supplies; HIV test kits for all IPs will be delivered to the CDC warehouse in Abuja unless otherwise agreed upon. For other supplies and equipments SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS one of the 16 SCMS team member organizations, or will work with the individual IPs to ensure the distribution mechanism most appropriate for their program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance).

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to

Activity Narrative: accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their TB/HIV planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal provide care to 10 millions individuals worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of PEPFAR care programs in Nigeria to reach national targets of providing care and support to 1,750,000 HIV affected individuals, including 1,350,000 on palliative care. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), Blood safety (#14085.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), Orphans and vulnerable children (#9883.08), ARV drugs (#6402.08), ARV services (#9894.08) and Laboratory infrastructure (#12439.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities. SCMS's TB/HIV activities will also be linked to Columbia University (CU)/ICAP (#6622.08); Family Health International (FHI)/GHAIN (#3228.08); Harvard University School of Public Health (HSPH)/APIN+ (#3222.08); University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#3254.08); Catholic Relief Services (CRS)/AIDSR relief (#5399.08); The International Foundation for Education and Self-Help (IFESH) (#15665.08); Africare (#9879.08); LMS (#15643.08); Excellence Community Education Welfare Scheme (ECEWS) (#15658.08); USAID's APS (#15671.08); CDC's RFA (#12971.08), DoD (#3240.08), and UMD/ACTION (#3254.08).

EMPHASIS AREA:

An emphasis will be placed on human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9878

Related Activity: 16296, 13021, 13077, 13078, 14085, 13079, 13080, 13081, 13083, 13084, 13085, 13086, 13087, 13088, 13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26057	9878.26057.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$340,000
9878	9878.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$512,600

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Target Populations

Special populations

Tuberculosis patients

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5271.08

Mechanism: USAID Track 2.0 FS LMS Leader

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12369.08

Planned Funds: \$200,000

Activity System ID: 13072

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to OVC (12414.08), TB/HIV (17023.08), and Other Policy/Systems Strengthening (12449.08) Program Areas. In COP08 the Leadership, Management and Sustainability (LMS) Program will continue the activities initiated during COP 07.

During COP08 LMS will continue its work with the National TB and Leprosy Control Program (NTBLCP) in the Federal Ministry of Health. Activities initiated with COP07 plus-up funds to 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 will be continued and expanded. On-going support will 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 award of a Global Fund TB grant.

In COP08 LMS will continue to 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. 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 organizational structure, financial management, human resource management, management information systems, monitoring and evaluation, quality assurance, strategic and project planning, leadership, and governance systems. Building on its assessment of the NTBLCP's status in management and governance areas, LMS will develop a work plan that is designed to quickly build on areas of strength, eliminate weaknesses, and improve overall 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, and 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 LMS targets for COP08 will be a combined total of ten federal and state organizations, and fifty individuals trained in TB/HIV-related institutional capacity building and capable of assisting additional organizations and individuals to develop and improve their management and institutional capabilities. These targets are captured in the Systems Strengthening program area.

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 manage competing demands of multiple funding agencies.

TARGETS:

Targets are captured in the systems strengthening program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12369

Related Activity: 17023, 13073, 13075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24904	12369.24904.09	U.S. Agency for International Development	Management Sciences for Health	10602	5271.09	USAID Track 2.0 FS LMS Leader	\$275,000
12369	12369.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17023	17023.08	6360	5270.08	USAID Track 2.0 FS Health 20/20	Abt Associates	\$93,000
13073	12414.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$500,000
13075	12449.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$1,050,000

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 632.08	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 3254.08	Planned Funds: \$1,687,300

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07 ACTION supports integrated TB/HIV services at 44 sites and will develop 34 additional sites under COP08 for a total of 78 comprehensive care sites. ACTION, with other implementing partners, will implement the PEPFAR-Nigeria LGA coverage strategy ensuring the provision of TB/HIV services in at least one health facility in every local government area (LGA) of 'LGA Coverage' designated states. This is a critical step toward the states providing universal access to TB/HIV services. Consistent with this strategy and structured under a hub and spoke network model, additional stand alone TB DOTS sites will be supported to provide HCT services for TB patients for a total of 92 sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto) in COP08. \$566,700 in COP07 TB/HIV funds are for use against COP08 TB/HIV targets as per the COP07 reprogramming exercise in July 2007. These funds were reduced from the COP08 funding and redirected to the RFA accordingly.

The integrated management of HIV/TB co-infected patients at ACTION points of service (POS) will remain a major focus. TB screening and diagnosis follows the National algorithm and is in line with National guidelines. At ARV POS, patient record forms have been modified to prompt for TB screening indicators and site level training of health workers is on utilization of symptom history including chronic cough, fever, weight loss, or night sweats to prompt referral for TB evaluation. Chest x-ray is supported for sputum negative patients and for candidates for INH prophylaxis. ACTION has collaborated extensively with the National TB and Leprosy Control Programme (NTBLCP) to conduct a feasibility pilot of INH prophylaxis for HIV-infected patients. Eligible TB/HIV patients will also receive Cotrimoxazole Preventive Therapy (CPT). The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines. In addition, HIVQUAL will be utilized as a clinical quality indicator and improvement strategy at sites. ACTION M&E staff support the National surveillance program by ensuring that sites properly report incident TB cases to FMOH.

Under COP08, ACTION will support HCT for 25,000 clients being evaluated for TB at 92 DOTS points of service. These will include stand alone DOTS centers, linked PMTCT-DOTS services in LGA-coverage states, as well as DOTS centers at comprehensive care sites. Of these, it is expected that 10,000 of those getting HCT will have TB. ACTION will reach a total of 6,128 TB/HIV co-infected patients with TB treatment. Infection control at health centers is a priority to limit nosocomial transmission of TB to HIV+ patients. Basic hygiene, proper sputum disposal, and good cross ventilation at clinics will be promoted. Facility co-location of TB/HIV services is preferred to clinic co-location. National guidelines on infection control for co-located sites will be implemented at all sites.

ACTION has supported the GON in carrying out preparatory HCT trainings for DOTS staff at the National TB and Leprosy Training Centre (NTBLTC) in Zaria under COP07. In COP08, DOTS staff at targeted centers will be trained on the National testing algorithm using the National HCT training curriculum. Training will be conducted by ACTION HCT program staff or ACTION regional HCT master trainers. All clients presenting to DOTS centers will receive HIV pre and posttest counseling with rapid testing carried out using an opt-out approach to provide same day results. Those testing HIV+ will be referred for further evaluation and care to an ARV POS within the network. Regionally based ACTION HCT program officers will ensure referral linkage for DOTS stand alone sites.

ACTION will build on the successes of ongoing collaboration with the NTBLTC in Zaria to strengthen the integration of high quality TB detection, diagnosis, and resistance testing with care delivery in support of the National TB control strategy. Under COP07, ACTION partnered with the GON to train staff from every state in Nigeria in HCT and TB diagnosis. These trainings have been jointly supported by the Global Fund (GF) and the synergy between the two funding streams has been important in capacity development as part of the national TB response in Nigeria. In addition, a QA program for TB smear microscopy based at the NTBLTC has been implemented and includes: joint site visits with the FMOH or relevant state MOH for observation/retraining, selective review of completed smear examinations for external quality assessment, and proficiency testing with "unknown" slides provided by the QA team. The collaboration under COP08 will focus on training in TB culture and sensitivity developed at the NTBLTC and two other ACTION regional training laboratories under COP07. The conventional Bactec culture system is implemented using both the MGIT 960 automated system at referral centers and the complimentary manual BACTEC tube at tertiary and secondary sites. The microscopic observation drug susceptibility (MODS) assay is piloted as a more scalable alternative. In all activities infection control and safety is optimized. Focusing on sustainability, 30 lab scientists from selected ACTION and GF/GON supported sites will be trained in TB culture at NTBLTC in COP08. A minimum of 184 TB DOTS staff from ACTION supported sites and 180 DOTS staff from GON/GF supported sites will be trained in HCT in a TB setting and refresher trained in smear microscopy at the NTBLTC. Twenty-eight senior site physicians will be trained in a TOT focusing on diagnosis and management of TB/HIV co-infection. They will each train a minimum of 20 health care workers at their respective sites for an indirect target of 560. Thus the direct training target is 422. Approximately 200 additional TB DOTS staff funded by other donors such as GLRA and MLR will also be trained.

ACTION will conduct three TB/HIV PHE activities in COP08. The first is collaboration with WHO and NASCP to explore the use of manual MGIT at sites that link to the national TB referral center. It will evaluate if this enhanced intervention to identify and treat TB/HIV co-infected patients decreases early mortality. It will also determine its effectiveness for expanded culture capacity for TB/HIV co-infected persons. In addition, ACTION will collaborate with NASCP, NTBLCP and WHO to evaluate a new cost effective MODS technology against the standard automated MGIT system. The aim is to determine the optimal screening tool to identify TB/HIV co-infected patients in resource restricted settings. The third PHE is also a collaboration with NASCP, NTBLCP, and WHO to identify challenges faced by the clients from HIV/AIDS service delivery sites in accessing TB DOTS services.

ACTION will also work with SCMS in country to procure equipment and supplies. Commodity management of HIV test kits and supplies will be provided by ACTION using the current regional distribution system. ACTION will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables. ACTION will strengthen the pharmacy services at supported TB DOTS sites to improve forecasting and avoid stock outs and will work with sites to recognize if stock outs are due to facility level or government level TB logistics issues.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activity Narrative: Training and support to improve the quality and integration of TB/HIV services are consistent with FMOH and EP priorities. Activities will be carried out collaboratively with FMOH and state MOH to promote sustainability through capacity development and integration into the health sector system. COP08 activities will focus on sustainability of the national training program and the 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:

HCT targets in this section are not included in the testing target in the HCT narrative and those in the HCT narrative do not overlap with these targets. This activity is linked to HCT (5426.08), BC&S (3259.08), OVC (5417.08) and ARV services (3255.08) lab (3256.08), and SI (3253.08). ACTION will expand HIV treatment access to community venues including DOTS centers, an approach that will also strengthen treatment adherence for both TB and HIV and articulate TB and ARV services to promote seamless transition from TB to HIV treatment and care. The collaboration with the NTBLTC will also include training to ensure that HCT is available at all DOTS POS. Linkages to TB diagnosis and treatment is an important component of adult BC&S and OVC services. Linkage to ARV services and proper management of patients requiring ARV and TB medications is a focus.

TARGET POPULATIONS:

Persons at risk, including household members, people who have documented TB, OVC, pregnant women and PLWHA are targeted. Screening of close household members for both HIV and TB will promote a public health strategy reaching populations at risk with diagnosis and services. ARV services are offered to HIV+ infants/children and adults with TB. Doctors, nurses, laboratory workers community outreach workers, GON staff, and DOTS staff are targeted for training in both the public and private sectors.

EMPHASIS AREAS:

Emphasis areas include construction and renovation, human capacity development, local organization capacity building, and TB related wraparound programs. This activity focuses on the issue of wraparound as the activity relies upon non-EP TB funding and promotes linkage with HIV-specific programs to ensure that comprehensive services are available to TB/HIV co-infected persons.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6765

Related Activity: 13105, 13106, 15651, 13107, 13108, 13109, 13110, 13112, 13113, 13114, 13115, 13116, 13117, 13177, 13178

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25243	3254.25243.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$1,722,795
6765	3254.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$3,260,300
3254	3254.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$920,020

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13177	3220.08	6405	634.08	USAID Track 2.0 FS WHO	World Health Organization	\$0
13105	12423.08	6393	6171.08	USAID Track 2.0 FS TB CAP	Tuberculosis Control Assistance Program, KNCV Foundation	\$1,900,000
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	92	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,128	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	422	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	10,000	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

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 Mechansim

Mechanism ID: 3682.08

Prime Partner: Society for Family Health-
Nigeria

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12364.08

Activity System ID: 13098

Mechanism: USAID Track 2.0 SFH

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$200,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to Abstinence, and Be Faithful (5316.08), Condom and other Prevention (5372.08), Policy and Systems Strengthening (5299.08) and Counseling, and Testing (5423.08). 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 and 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 design and produce additional modules for the existing Peer Education Manual which will be piloted in four states (Adamawa, Rivers, Ogun, and Benue) before a national roll out is embarked upon. Twenty peer educators per MARP communities (transport workers, uniform service men, women in prostitution, and male and female out of school youth groups) in these four states will be trained making a total of 320 persons trained. These peer educators will in turn reach 4800 persons directly. This component is linked to peer education activities among high risk persons in HVOP and HVAB.

SFH will continue to support TB awareness creation initiatives through the development of mass media and mid media campaigns. Radio jingles and TV campaigns will be produced in four languages to create awareness on TB prevention and management among HIV persons and the general population. This activity will support the National Tuberculosis/Leprosy Control program which has funding through the Global Fund to air 13 TV slots per quarter on National Network Television. Mass media activities will be complemented 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 also train ten IP partner provider staffs (five people per IP) using specially designed flip charts to conduct outreaches on TB prevention and management within health facilities that provide HIV counseling and testing services. In addition SFH's HCT counselors will be trained to identify symptoms of TB in clients and to refer to collaborating USG and GoN facilities for sputum testing as appropriate. These activities will increase knowledge about TB/HIV and create an enabling environment for TB-HIV management targeted at community, religious leaders, and political/local government officials. On the whole SFH proposes to train 370 persons whole will reach 7300 persons with TB prevention and treatment messages at community and at facility level.

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.

This activity targets PLWHAs, TB patients and MARPs at the community level. This activity includes an emphasis on human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12364

Related Activity: 13096, 13097, 13100, 13101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24931	12364.24931.09	U.S. Agency for International Development	Society for Family Health-Nigeria	10611	3682.09	USAID Track 2.0 SFH	\$200,000
12364	12364.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13096	5316.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$7,000,000
13097	5372.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,871,500
13100	5423.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$300,000
13101	5299.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$490,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Two hundred peer educators will be trained to provide TB prevention information who will in turn reach 4,000 people directly. Indirect targets will be HIV affected families, caregivers, stakeholders, community, and religious leaders, political and government officials at the local, state and national level. Estimated numbers of persons reached indirectly are 64,000. 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

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1561.08

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5402.08

Planned Funds: \$190,000

Activity System ID: 13138

Activity Narrative: ACTIVITY DESCRIPTION:

This HVTB activity relates directly to all HHS Nigeria TB/HIV COP08 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 and one half Lab program officer for the HHS/CDC Global AIDS Program (GAP) Office Clinical Care Unit in Nigeria. Each of these qualified FSN officers (one Senior Program Specialist, two Program Specialist and one TB/HIV Laboratory Technician) will take a leadership role in identifying additional local partners suitable for PEPFAR support in order to expand integrated and sustainable TB/HIV activities. The budget includes funding for three and half FSN salaries, limited international and required domestic travel, training and minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

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 (#3254.08), Harvard School of Public Health-APIN (#3220.08), AIDSRelief (#5399.08), Columbia University School of Public Health-ICAP (#5551.08), Dept of Defense (#3240.08), Africare (#9879.08), IFESH (#15665.08), ECEWS (#15658.08), Society for Family Health (#12364.08), TBCAP (#12423.08), CEDPA (#12373.08) and LMS Associates (15643.08). 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. 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) (#3220.08), and The International Association of Anti-Leprosy Association (ILEP) in Nigeria.

The TB/HIV program officers will represent HHS/CDC as part of the USG team on the 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). 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.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6790

Related Activity: 13132, 13133, 13134, 13135,
13136, 13137, 13139, 13140,
13141, 13142, 13143, 13144,
13145, 13146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6790	5402.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$200,000
5402	5402.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$53,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Target Populations

Special populations

Tuberculosis patients

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1532.08

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5401.08

Planned Funds: \$245,922

Activity System ID: 13125

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” costs of USAID’s TB/HIV team, which includes the TB/HIV Advisor, a TB/HIV Program Officer, and a program assistant. The program officer and the program assistant are new positions, requested for approval in this COP, as there is a need for increasing specialized support for the fuller range of TB/HIV activities throughout the interventions supported by PEPFAR. The dollar amounts to be programmed and the number of partners providing programming in this area have increased dramatically over the past year and are anticipated to continue to increase. The implementing partners in this area are also diversifying their geographic coverage and provision of services throughout all levels of the health care system, all of which will require increases in the USG technical team. Oversight, supervision, mentoring, and capacity-building needs are all more intense for these new and inexperienced partners and sites, and the entire TB/HIV 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. In addition, the team will also be working closely with the logistics, laboratory and HCT technical teams, as these supports will also be required for the appropriate level of service delivery and program implementation for the TB/HIV activities.

The TB/HIV team, working with the wider PEPFAR TB/HIV team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the TB/HIV interventions and services. The team will also be managing several new mechanisms and providing oversight to a wider geographic range of service delivery points, as well as participating in some resistance monitoring evaluation/surveillance activities. The team’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) interfacing with the USG TB/HIV Technical Working Group headed by CDC.

These three positions are all local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6781

Related Activity: 13121, 13122, 13123, 13124, 13126, 16938, 13127, 13128, 13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24940	5401.24940.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$324,627
6781	5401.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$117,000
5401	5401.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$80,865

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3240.08

Activity System ID: 13154

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$188,094

Activity Narrative: ACTIVITY DESCRIPTION:

This activity will also be linked to all appropriate Basic Health Care and Support (3247.08), OVC (5409.08), HCT (3241.08) and Laboratory Infrastructure (3244.08).

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free access to tuberculosis (TB) diagnosis and treatment services in 14 military facilities and communities. In COP08, the program will expand to six new sites. All 20 sites also provide HIV prevention, care and treatment services.

Approximately 20 to 30% of TB patients are HIV-infected and, conversely, it is estimated that roughly 30 to 40% 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-infection individuals.

The DOD-NMOD partnership will extend free HIV service to include screening for TB among all HIV+ identified at the military hospitals. All HIV+ clients are routinely screened by questionnaire for TB, and if clinically indicated, AFB sputum smears examination (light or fluorescent microscopy) and radiography or culture (Nationally accepted algorithm) if further indicated are carried out. In addition, to improve detection of military, dependents and civilians who are co-infected with TB/HIV, providers will initiate (opt-out) voluntary counseling and testing. In these integrated sites, counseling and testing recommendations are provided at each TB setting, but due to manpower and physical structure limitation, formal "one on one" CT is provided in a single location within each site. Providers will encourage and discuss the importance of HCT and provide referrals to the site's HCT center. Volunteers (e.g., Officers Wives Clubs, PLWHA Support Group members) will be provided to escort patients to the CT center to facilitate access and uptake of CT services.

During COP08, of 13,587 receiving HIV services, 100% will receive routine screening for TB at least once. It is anticipated that at least 2717 (20% of the estimated 13,587 HIV+s screened for TB) will be diagnosed with active TB and will require TB treatment; the same percentage will be provided with preventive therapy. Patients co-infected with HIV/TB will be provided with TB treatment at the diagnosis military site since each site has been designated as a Directly Observed Treatment Short course (DOTS) site. The DOD-NMOD Program is closely coordinated with the MOH for TB control. At military facilities, TB prophylaxis will be offered to HIV+ patients according to individual clinical need and according to national guidelines. The DOD-NMOD partnership will utilize proven adherence strategies for patients on ARV and TB treatment. Community health workers, community support groups and volunteers, including People living with HIV/AIDS (PLWHAs and the Society of People Affected by TB _SOPAT), will be trained by clinical staff and supported to assist with patient adherence to ART and TB drugs through a buddy system.

TB infection prevention and control will be implemented using the work practice, administrative and environmental measures. Patient and staff education will be routinely carried out to ensure program success. Prophylaxis and treatment will be provided to eligible TB/HIV patients as appropriate. This will involve the principles of basic hygiene, proper disposal of sputum, good cross ventilation at the clinics. Monitoring and evaluation of service quality, together with a formal quality improvement mechanism including quarterly site visits by DOD-NMOD and appropriate partner personnel, are essential components of this program. To ensure continuous availability of drugs and commodities in our sites, we will strengthen the logistic management of the states and LGA in our areas of operation.

Funding will support training of 36 additional health care staff in TB and HIV diagnosis and clinical management to increase detection and referral of TB cases to the TB Unit among their HIV+ patients. Clinicians and laboratory technologists at each HIV clinic and TB Unit of each military hospital will undergo training organized in collaboration with the FMOH, national TB program and other stakeholders. A TB/HIV focal officer will be appointed to the program. The TB Officer will ensure that activities conducted provide holistic patient care according to Integrated Management of Adolescent and Adult Illness (IMAI) guidelines.

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 improvement under PEPFAR. The DOD-NMOD 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, will be provided in the form of clinical samples.

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

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTIONS TO OVERALL PROGRAM AREAS:

The provision of DOTS centers on 20 NMOD sites will expand access to quality TB services. The improved access will result in higher TB case detection and improved treatment outcomes. Through the provision of services to 2717 TB/HIV 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 (3247.08), OVC (5409.08),

Activity Narrative: Laboratory Infrastructure (3244.08) and HCT (3241.08) activities. The TB/HIV sites will be provided with all necessary facilities to ensure holistic patient care according to IMAI guidelines. Activities will be linked to SI systems to improve surveillance and monitoring information, and to inform policy and system strengthening activities.

POPULATIONS BEING TARGETED:

This activity targets military/civilian personnel, dependents and the general population surrounding the military sites including those who are affected by TB/HIV, including OVC, PLWHAs and their families. Women, in particular within the age range of 25-44, will be targeted, as there is a higher incidence of TB among this group.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development and local organization capacity building. Improved gender balance in programming through prevention, diagnosis and treatment targeted at young girls and women, who account for approximately 40% of TB cases in Nigeria and who have limited access to services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6795

Related Activity: 13153, 13155, 13156, 13159, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25195	3240.25195.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$200,000
6795	3240.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$396,600
3240	3240.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,717	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	36	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Borno

Cross River

Delta

Enugu

Oyo

Plateau

Benin

Anambra

Imo

Kano

Niger

Rivers

Sokoto

Edo

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5292.08

Prime Partner: The American Society for
Microbiology

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15650.08

Activity System ID: 15650

Mechanism: HHS/CDC Track 2.0 ASM

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

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 tuberculosis (TB) diagnosis. ASM can provide technical assistance through carefully chosen experts from among ASM's more than 5,000 clinical laboratory microbiologists and immunologists worldwide.

For COP08, ASM will focus on improving the quality and capacity of TB diagnosis in Nigeria. ASM will provide technical assistance to the National TB Reference Lab (Lagos) and the National TB Training Center (Zaria) through a lab director mentoring program. Both of these labs are developing automated TB culture and drug sensitivity capacity. Two former TB lab directors will be selected by ASM to work closely with reference lab directors over a 2-3 month period. Mentors will assist with development of a work plan, staff training, creation of a quality assurance (QA) program and will provide assistance on lab safety issues.

ASM will work closely with PEPFAR-Nigeria Lab Technical Working Group (LTWG) to ensure that these activities are coordinated with the (Government of Nigeria) GON and those organizations currently supporting TB diagnosis and treatment in Nigeria (including, UMD-ACTION, Harvard-APIN, German Leprosy Group, GHAIN, Netherlands Leprosy Group, Damien Foundation of Belgium (DFB) and WHO). ASM will work through the LTWG to ensure that activities and deliverables are developed and implemented in a harmonized fashion.

ASM is providing additional support for TB diagnosis; this is discussed in Lab Infrastructure narrative.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ASM will contribute nationally to TB diagnostic programs through development of a QA program at two reference labs and improvements to laboratory training programs.

LINKS TO OTHER ACTIVITIES:

An improved TB diagnostic program, directed at HIV infected individuals, results in 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. ASM will also improve the infrastructure of laboratories where these individuals currently work.

EMPHASIS AREAS:

The emphasis of this activity is local organizational capacity development in quality assurance and quality improvement of laboratory testing.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13102, 15650, 12998, 13026, 13039, 13056, 13111, 13154, 13177, 15643

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13177	3220.08	6405	634.08	USAID Track 2.0 FS WHO	World Health Organization	\$0
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13102	9847.08	6391	5292.08	HHS/CDC Track 2.0 ASM	The American Society for Microbiology	\$250,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7215.08	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 16932.08	Planned Funds: \$4,919
Activity System ID: 16932	
Activity Narrative: ACTIVITY DESCRIPTION: The USAID Agency TB/HIV ICASS budget for FY08 is estimated at \$4,919 to provide necessary ICASS supports for the staff of three USAID personnel under the TB/HIV program area.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity: 16928, 16929, 16930, 16931, 16933, 16934, 16935, 16936, 16937, 16922, 15675	

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 555.08

Prime Partner: International Foundation for Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15665.08

Activity System ID: 15665

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 IFESH will expand HCT services to DOTS sites in line with the National TB and Leprosy Control Program (NTBLCP) to focus on strengthening the integration of high quality TB and HIV care delivery. Under COP07 HCT programming, IFESH reached five TB DOTS sites. In COP08, IFESH will expand to five additional TB DOTS points of service for 10 total sites in two states (Rivers and Imo).

A total of 3,500 newly presenting TB suspect patients developing symptoms will be screened for HIV and provided appropriate counseling based on results. Of these, it is expected that 350 will have TB and of those, 105 (30%) will have TB/HIV co-infection. DOTS site personnel will also be trained in HIV diagnosis using HIV rapid test kits and educated in referring HIV+ individuals to comprehensive care for assessment including for antiretroviral treatment eligibility. The focus of the IFESH TB/HIV program is on ensuring adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS clinics.

IFESH will partner with PEPFAR implementing partners specializing in lab programs to facilitate QA programs to ensure quality of services. IFESH master trainers will train and work with TB DOTS staff to ensure that HIV testing provided within the TB DOTS context is of high quality by incorporating TB DOTS sites into the laboratory QA program. A TB diagnostics 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. Regarding quality of TB treatment being provided, IFESH will work in close collaboration with the German Leprosy and TB Relief Association (GLRA) to ensure that TB DOTS staff are following the National TB treatment algorithm. IFESH will support training, including refresher on x-ray diagnostics and sputum microscopy training, for a total of 20 staff in TB treatment.

IFESH will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables (e.g. sputum containers). Microscopes and supplies will be provided to sites where deficiencies are noted. Nosocomial transmission of TB will be prevented through such measures and principles as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. The national guidelines on infection control on co-located sites will be implemented in all IFESH-supported sites.

The IFESH M&E staff will work with sites to ensure that incident TB cases are properly reported to the FMOH. IFESH will network with Global Fund in implementing these plans to avoid duplication of services to be developed under Global Fund. IFESH will provide palliative care to TB/HIV coinfecting patients including other opportunistic infections and will refer appropriately for ART. Cotrimoxazole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients as a component of basic care and support. HCT in DOTS sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines. Sites will be assisted to put in place and/or improve defaulter tracking mechanisms.

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 co-location of HCT services in the TB DOTS setting, an increased number of TB suspect patients screened for HIV, appropriate provision of care and support for HIV+ clients, and improvement of overall TB services (i.e., diagnostics and treatment) at supported sites. An overarching focus on technical capacity development will ensure sustainability. Smear microscopy QA will be carried out collaboratively with the FMOH or the relevant state MOH to promote sustainability through capacity development and integration into the health sector system.

LINKS TO OTHER ACTIVITIES:

This activity is also linked to Counseling and Testing (5668.08), Basic Care and Support (#5665.08), OVC (#15678.08), Abstinence and Be Faithful (#15679.08), PMTCT (#3248.08), Strategic Information (#15669.08) and Condoms & Other Prevention (#15664.08). Linkage to TB diagnosis and treatment is an important component of adult Care and Support and OVC services.

POPULATIONS BEING TARGETED:

TB suspect patients, PLWHA, OVC, pregnant women and their family members are targeted in this activity.

EMPHASIS AREAS:

The emphasis areas are human capacity development, local organizational strengthening and SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13065, 15679, 15664, 13066,
15678, 13067, 15669

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15679	15679.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$50,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	105	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	350	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Imo

Rivers

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6171.08

Prime Partner: Tuberculosis Control
Assistance Program, KNCV
Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12423.08

Activity System ID: 13105

Mechanism: USAID Track 2.0 FS TB CAP

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$1,900,000

Activity Narrative: ACTIVITY DESCRIPTION:

Tuberculosis (TB) is a serious public health problem in Nigeria with an estimated prevalence of 684,000 cases. This data places Nigeria as the highest TB disease burden country in Africa and 4th among 22 high TB burden countries in the world, after India, China and Indonesia. WHO estimates that 371,642 new TB cases (all forms) and 162,163 smear positive cases occurred in 2005 and that the incidence is increasing. The case detection rate is around 27% at the end 2006. In 2006, DOTS services were available in all 36 states and Federal Capital Territory (FCT) and 595 of 774 LGAs had at least on facility providing DOTS services. The burden of HIV/AIDS is also significant. The HIV prevalence as tested among ANC attendees is on average 4-5%. There are however, significant differences between, and probably within, states. The average HIV prevalence among TB patients has increased to almost 30%. Based on an evaluation visit by TB CAP in January 2007, the following three intervention areas are proposed for FY08/ Nigeria.

1) Strengthening TB/HIV management and leadership capacity (\$200,000). Nigeria has been implementing TB/HIV collaborative activities and has identified a need for an increased level of management which cannot be met by the existing pool of technically knowledgeable and competent staff. The first step to addressing this issue is to ensure better coordination and implementation of TB/HIV activities through training a cadre of staff on TB/HIV collaborative activities. The second step is to have these managers roll out this knowledge and these skills into the rest of the country through a rollout training plan. In order to improve human and institutional capacity, TBCAP proposes an integrated TOT on TB/HIV in collaboration with WHO; the Istituto Scientifico di Tradate, Italy; NTLTC in Zaria; and trainers from the NTBLCP and NASCP to achieve this two step objective. The overall goal of the course is to develop skills and to guide States and LGAs in planning, implementation and evaluation of TB/HIV collaborative activities, based on current policy and guidelines. As part of the institutional capacity building, two or three Zaria trainers will be identified and work with WHO trainers as master trainers for the TOT. This will ensure the availability of skilled TOT staff to roll-out the training to finally ensure country-wide coverage of good TB/HIV services. The newly trained staff will have the knowledge and skills to provide the necessary assistance for the implementation of the TB/HIV collaborative activities in Nigeria. Newly trained trainers in collaboration with WHO consultants, the UMD ACTION project, and representatives of the target group will adapt each module with relevant data and information from Nigeria and roll out subsequent trainings to the LGA level. A series of State level 2-3 day training courses will be conducted. During each session managerial health staff from 3-4 LGAs from the selected states will be invited. Through these trainings 300 LGAs will be covered in 17 USG-supported states in 3 zones: North-East, North-West and North-Central, and extended nationwide. In each LGA these trainings will bring together the district TB/Leprosy coordinators, communicable disease team members and HIV coordinators. Local trainers will be mentored by WHO, UMD-ACTION and Zaria trainers during their first LGA training session. An estimated 200 health workers will be reached to implement TB/HIV collaborative activities.

2) Strengthening of TB, TB/HIV drug, and commodity logistics (\$300,000): This activity is linked to ensuring uninterrupted drug availability at TB and HIV treatment sites, and to strengthen pharmaceutical management systems for the delivery of TB/HIV services in Nigeria specifically focusing on the functioning of the TB GDF. Activities which began in COP07 and will be expanded and strengthened in COP08. TBCAP in collaboration with the National TB control program will conduct an assessment on all aspects of TB pharmaceutical management including; policy and legal framework, selection, procurement, distribution, rational use and pharmacy MIS to inform the development of strategies that will ensure secure availability and rational use of TB medicines. Fixed-dose combination (FDC) and TB medicine kits will be introduced to improve adherence to treatment. Standard operational procedures (SOP) and guidelines will be updated and reviewed and adapted for use even at the lowest level of health care delivery. The local capacity for TB pharmaceutical management of the TB GDF commodities in Nigeria will be strengthened by training TB and HIV program managers and pharmaceutical officers, nurses and community based health workers in relevant aspects of pharmaceutical management related to TB/HIV. Technical assistance and support will be provided to National and State TB control programs to develop a functional commodity logistics management system. Test systems for forecasting, procurement, distribution and tracking of anti-TB drugs and commodities will be designed and piloted. TB CAP will collaborate with FMOH, WHO, GD, and the SCMS project to leverage resources and ensure sustainability.

3) Scaling up of TB/HIV collaborative activities in 179 LGAs (\$1,400,000): Currently the USG, through PEPFAR is the major donor supporting and providing technical assistance to TB/HIV activities in Nigeria. The goal of this activity is to increase coverage of TB treatment and TB/HIV services in 179 LGAs in 23 states across the country that do not have DOTS services or TB/HIV services. In collaboration with the NTBLCP and in line with the DOTS expansion plan, TBCAP will provide technical assistance and support to NGOs active in Nigeria to establish DOTS services and integrate TB/HIV services in these previously uncovered LGAs. TB/HIV services will be established in a phased manner beginning with the 6 - 8 states with the greatest need. Using this phased approach, it is anticipated that with the first year of funding, TB/HIV services will be established in at least one DOT Site in 60 LGAs, a total of 120 TB/HIV outlets.

The International Federation of anti-Leprosy Associations (ILEP), namely German Leprosy and TB Relief Association (GLRA), Damien Foundation of Belgium, and Netherlands Leprosy Relief (NLR) are NGOs that have supported DOTS expansion efforts in Nigeria for over 2 decades. TBCAP will provide technical assistance and sub-grants to the ILEP partners to expand TB/HIV collaborative activities. TB CAP will also support the establishment and operations of State TB/HIV working groups to improve the policy and coordination environment. TBCAP will strengthen state capacity for supervision, monitoring and evaluation and for ensuring the implementation of the revised reporting and recording system, and the follow up of HIV patients on TB treatment with a special focus on support for defaulter tracing. TB CAP will assist LGAs to improve the referral systems between TB and HIV services. TB CAP will build the capacity of health workers in TB/HIV through a series of trainings which will be conducted in collaboration with the Zaria training center while building the capacity of Zaria to roll out such trainings subsequently. Collaborative activities will ensure adequate treatment to eligible patients with CXT, IPT, ARV, among others. TB CAP will assist in upgrading and improving the quality of laboratory services including basic renovation of infrastructure, procurement of microscopes and other commodities as necessary, and training of laboratory staff on TB smear microscopy and medical officers on x-ray diagnosis. TB CAP will assist with implementing TB-Infection control measures at various levels. TB CAP will work with State TB/HIV working groups to develop and disseminate facility level IC plans and monitor the routine implementation of administrative and environmental control measures, and will conduct training for service providers and laboratory staff on Infection control.

Activity Narrative:

By implementing these three components during the first year TB CAP expects to establish TB/HIV services in 120 DOTS sites. With 30% case detection rate as a target for the first year in 60 LGAs, a total of 10,188 TB cases will be detected. For each confirmed case around 10 suspects will be screened. A total of 20,376 (20%) TB clientele (TB patients and suspects) will receive HIV counselling and testing. A total of 4,075 registered TB patients (40%) will receive HIV counselling and testing. Among those, it is expected that 1,426 TB patients (35% co-infection rate) will be referred for HIV care and treatment. A total of 300 health workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV infected individuals.

In order to maximize coordination with all partners and effectively implement activities, TB CAP will establish an office in Nigeria. That office will employ technical and administrative staff. The operations of the office will be directly supported and supervised by TB CAP Project Management Unit in The Hague.

EMPHASIS AREAS:

Local Organization Capacity Development is the primary aim of this project, with emphasis also placed on building logistics systems and capacity as well as training in all areas.

TARGET POPULATIONS:

All TB suspects (male, female, children and adults) and most at risk populations like PLWHA, people affected by TB and their household members are the key beneficiaries of this project. To reach them, pharmacists, policy makers, host country government workers and other MOH staff, public sector health care workers, and ILEP implementing organizations will be targeted.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12423

Related Activity: 13111

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24935	12423.2493 5.09	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	10612	6171.09	USAID Track 2.0 FS TB CAP	\$1,500,000
12423	12423.07	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	6171	6171.07	KNCV Tuberculosis Foundation	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	120	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,426	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,075	False

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: 3,015

Target Populations

Special populations

Tuberculosis patients

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 634.08

Prime Partner: World Health Organization

Mechanism: USAID Track 2.0 FS WHO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3220.08

Planned Funds: \$0

Activity System ID: 13177

Activity Narrative: WHO will continue activities during the COP08 reporting period using prior year funding with no new targets. Below is the approved COP07 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6811

Related Activity: 13178

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6811	3220.07	U.S. Agency for International Development	World Health Organization	4191	634.07	Track 2.0	\$500,000
3220	3220.06	U.S. Agency for International Development	World Health Organization	2767	634.06	Track 2.0	\$600,000

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	36	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	156	False

Indirect Targets

Coverage Areas

Adamawa
Benue
Ebonyi
Ogun
Rivers

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7144.08

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 15643.08

Planned Funds: \$207,250

Activity System ID: 15643

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to the TB/HIV (12369.08), Basic Care and Support (15642.08) and Prevention Program Areas (15641.08, 5271.08, 10197.08). In COP08, the LMS project will continue the activities initiated in COP07 project-supported sites in Kogi and Niger states in COP07 and in up to an additional 10 sites selected in COP08.

In COP08 LMS will build on established TB diagnostic and treatment services and ensure integration of TB control in HIV service points and integration of HIV services into TB clinics. At service points, LMS will continue to focus on improved clinical management of TB/HIV, integration of TB/HIV diagnosis and treatment, TB-HIV co-infection diagnosis and treatment, basic palliative care, diagnosis and management of OIs as well as end of life care. LMS will ensure that established referral mechanisms are in place to facilitate TB/HIV collaborative activities.

There will be continuous training and retraining of health staff and supervision of TB/HIV activities at the medical, pediatric outpatients and inpatient wards and TB and DOTS clinics. This on the job training (OJT) will include provider initiated counseling and testing (PICT), clinical examination, appropriate laboratory testing and use of drugs as per the national clinical guidelines for TB/HIV co-infection. Training will be based on the national clinical guidelines and the Federal MOH TB/HIV training modules. These activities will provide quality of service that meets national and international standards. LMS will continue to work with the National TB and Leprosy Control Program (NTBLCP) in the Federal Ministry of Health to strengthen management information systems at all sites.

In COP08, LMS will forge links with local NGOs, FBOs associations of people living with HIV, and CBOs. These links will provide opportunities for case finding and screening and adherence to treatment. These linkages will build and strengthen referral networks.

In COP08, LMS will activate 10 new sites. Activities for the activation of sites include, renovations, staff trainings, establishment of efficient systems and processes for forecasting, inventory management and control, establishment of management information systems and monitoring and evaluation to ensure collection of quality data.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities will strengthen the capacity of health facilities to deliver TB palliative care to HIV-infected individuals. The number of detection and service entry points will be increased by emphasizing the need to check for co-infection in patients presenting at TB and/or HIV/AIDS service delivery points.

LINKS TO OTHER ACTIVITIES:

This activity links to other Palliative Care services (Basic Health Care), Counseling, Testing, and provision of ART. In addition, MSH/LMS through its Capacity Building project will strengthen the leadership and management skills of health facility managers to assist them in the integration of health facility TB and HIV services.

POPULATIONS BEING TARGETED:

This activity targets persons presenting at TB clinics or health facilities who are at increased risk for HIV and TB co-infection. Conversely, HIV infected persons (diagnosed or presumed) are targeted for determination of possible TB co-infection

EMPHASIS AREAS:

This activity emphasizes renovation and human capacity development. In addition, NGO and volunteer community training and education will increase community awareness and demand for TB/HIV services. This activity will support improved prevention and clinical/medical care services to address the issue of under treatment of individuals with TB/HIV co-infection.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 13070, 13071, 15642, 13072

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
13070	9758.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$2,750,000
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
13072	12369.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$200,000

Emphasis Areas

- Construction/Renovation
- Human Capacity Development
- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	750	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	829	False

Target Populations

Special populations

Tuberculosis patients

Other

People Living with HIV / AIDS

Coverage Areas

- Kogi
- Niger

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3809.08	Mechanism: HHS/CDC Track 2.0 ECEWS
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07

Activity System ID: 15658**Activity Narrative:** ACTIVITY DESCRIPTION:

In COP08 ECEWS will begin TB/HIV services, expanding its HCT services to DOTS sites in line with the National TB and Leprosy Control Program (NTBLCP) to focus on strengthening the integration of high quality TB and HIV care delivery. At four TB DOTS points of service directly supported by ECEWS, 2,250 newly presenting TB suspect patients developing symptoms will be screened for HIV and provided appropriate counseling based on results. It is estimated that approximately 225 of these TB suspects will have TB, and that through HCT 67 will be identified as TB/HIV co-infected. ECEWS' programmatic goals are to ensure adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS clinics. In addition, ECEWS will support TB DOTS sites to provide holistic patient care according to National and IMAI guidelines. States where activities will be conducted include Akwa Ibom and Cross River.

DOTS site personnel will be trained in HIV diagnosis using HIV rapid test kits and educated in referring HIV+ individuals to comprehensive care for assessment including for antiretroviral treatment eligibility. Provider-initiated HIV counseling and opt-out testing will be employed with TB patients and suspects, respectively.

Nosocomial transmission of TB will be mitigated through attention to principles of TB infection control, including administrative and environmental control measures such as clinic design, good ventilation, appropriate patient triage, staff training, and enforcement of basic hygiene and proper sputum disposal. Patient and staff education on infection control measures will be routinely carried out to ensure program success. The national guidelines on infection control will be implemented in all ECEWS supported sites. ECEWS will bear in mind these principles for any facilities upgrades that may be needed such as basic renovations. ECEWS will also provide support to the sites through upgrading equipment such as microscopes and procuring supplies and consumables (e.g. sputum containers) where deficiencies are noted.

ECEWS will partner with PEPFAR IPs specializing in lab programs to facilitate QA programs to ensure quality of services. ECEWS master trainers will train and work with TB DOTS staff to ensure that HIV testing provided within the TB DOTS context is of high quality by incorporating TB DOTS sites into the laboratory QA program. An ongoing TB diagnostics 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. Retraining of clinical staff on x-ray diagnostics where appropriate will also be done. Regarding quality of TB treatment being provided, ECEWS will work in close collaboration with the German Leprosy and TB Relief Association (GLRA) to ensure that TB DOTS staff are following the national TB treatment algorithm. ECEWS will support training, including refresher training, for a total of four staff in TB treatment.

The ECEWS M&E staff will work with sites to ensure that incident TB cases are properly reported to the FMOH. ECEWS will network with Global Fund in implementing these plans to avoid duplication of services to be developed under Global Fund. TB/HIV co-infected patients will be referred for appropriate clinical management of their HIV and other opportunistic infections within the network of care and treatment. Cotrimaxozole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients as a component of the ECEWS basic care and support program. HCT in DOTS sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients.

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. Goals are co-location of HCT services in the TB DOTS setting, an increased number of TB suspect patients screened for HIV, appropriate referral for care and support of HIV+ clients, and improvement of overall TB services (i.e., diagnostics and treatments) at supported sites. An overarching focus on technical capacity development will ensure sustainability. Smear microscopy QA will be carried out collaboratively with the FMOH or the relevant State MOH to promote sustainability through capacity development and integration into the health sector system.

LINKS TO OTHER ACTIVITIES:

This activity is also linked to Counseling and Testing (15660.08), Basic Care and Support (15657.08), OVC (15659.08), Abstinence and Be Faithful (15656.08), and Condoms & Other Prevention (5656.08). Linkage to TB diagnosis and treatment is an important component of adult Care and Support and OVC services.

POPULATIONS BEING TARGETED:

TB suspect patients, PLWHA, and their families and household members who may be at greater risk for TB.

EMPHASIS AREAS:

An emphasis area is human capacity development and local organizational strengthening.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15656, 13033, 15657, 15659,
15660, 15674, 16907

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000
13033	5656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$267,000
15657	15657.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$95,000
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
16907	16907.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$275,000
15674	15674.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$15,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	67	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	4	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	225	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 9399.08

Mechanism: N/A

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 21674.08

Planned Funds: \$525,000

Activity System ID: 21674

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1561.08

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 18832.08

Planned Funds: \$1,300,000

Activity System ID: 18832

Activity Narrative: SURVEY TITLE: National Tuberculosis Drug Resistance and HIV Survey in Nigeria

ACTIVITY DESCRIPTION:

The activity described here is a National Tuberculosis Drug Resistance and HIV Survey for Nigeria. At the recommendation of the OGAC TB/HIV technical working group, this survey is submitted as a Public Health Evaluation. The activity description, however, is written in the form of other surveys submitted to COP08.

This is a cross-sectional survey of adult tuberculosis (TB) patients attending DOTS clinics, including both HIV-positive and HIV-negative clients in selected treatment. The objective is to assess: the prevalence, pattern and distribution of anti-TB drug resistance in the country among new and re-treatment cases; the frequency of multi-drug resistant TB isolates among new, re-treatment, and failed treatment cases (i.e., drug susceptibility testing for Isoniazid and Rifampicin); and the frequency of extensive-drug resistant TB isolates (resistance to INH, rifampicin, plus one of three injectable second line drugs) among new, re-treatment, and failed treatment cases; and the prevalence of TB/HIV co-infection in the population. The survey will estimate the proportion of TB patients with TB drug resistance who are HIV positive thus providing critical information for program planning and the national response to the pending tuberculosis and HIV epidemics in the country.

The emergence of resistance to anti-TB drugs, and particularly multi drug-resistant TB and extremely drug-resistant TB have become a significant public health problem in a number of countries and an obstacle to effective global TB control. In many countries, including Nigeria, the presence or extent of MDR-TB is unknown and the management of patients with MDR-TB is inadequate. The third global report on anti-TB drug resistance surveillance indicates that many areas of the world face endemic and epidemic MDR-TB, and in some areas resistance is alarmingly high. There has been no previous national drug resistance surveillance in Nigeria, but inconclusive private studies are ongoing.

TB is a major public health problem in Nigeria, which ranks fourth among the 22 countries considered the highest TB burden countries in the world, and first among the highest TB burden countries in Africa. To date, there has been no national survey to determine the burden of TB; however, annually there are an estimated 105,000 deaths due to TB. In 2005 alone, the national TB program registered a total of 66,848 TB patients (all forms of TB), 35,048 of which were new sputum smear positive. There were 2,009 relapses, 1,056 treatment failures, 1,802 return-after-default (RAD) cases, and 1,392 others cases. It is also estimated that 1.7% of new TB cases are multi-drug-resistant.

The survey population will be comprised of representative samples drawn from new and old cases of smear positive TB patients drawn in all 36 states and the federal capital territory (FCT). Included in this population will be new smear-positive TB patients with no previous history of anti-TB treatment and smear positive TB patients that have received anti-TB treatment for 5 or more months. Patients eligible for the study will meet the following criteria: strongly sputum-smear positive TB cases of grades ++ and +++ who have not had any previous anti-TB treatment; sputum-smear positive TB cases that have been on treatment for more than 5 months and are still smear positive; above 15-years of age (male and female); have given informed written or verbal consent to participate in the study; and any HIV status. Patients excluded from this study are any un-diagnosed TB patients and non-consenting diagnosed TB patients. Informed and written consent will be obtained from all participating patients. Trained clinical personnel will administer the consent form and the patient will be given a copy for their own use. A detailed study protocol will be developed in consultation with relevant stakeholders in Nigeria, will be consistent with available CDC and/or WHO recommended resistant TB survey protocols with HIV markers, and will be subjected to IRB review at country level and within USG agencies.

This survey has been designed to ensure that all pulmonary TB patients in the six geo-political zones of the country will have an equal opportunity to participate. A modified, weighted cluster sample method will be used. Each state (37 total) will constitute one cluster and the number of patients selected per cluster will be proportional to disease burden. A list of all microscopy centers (including peripheral, secondary, and tertiary health facilities) in each zone will be compiled with the numbers of new and old sputum-smear positive TB cases seen in the year 2006. The peripheral facilities will include chest clinics, hospitals and TB microscopic centers where TB patients are diagnosed and treated across the country.

The sample size will be adequate to account for 95% confidence, an anticipated 5% initial non-response (opt out) rate, a 10% drop-out or defaulter rate, a design effect of 2.0, and a maximum tolerable error of 2% to 5% for both new and old cases.

This survey will be a collaborative effort by the USG, GON (NASCP and NTBLCF at the national, zonal, state, local and facility levels), the National TB/HIV Working Group, the WHO NPO Zonal Representative, and selected implementing partners (IPs; University of Maryland IHVN-ACTION and Harvard University's APIN program).

A survey team of local investigators will be constituted at national, state, and facility level. The results of this survey will help the USG, GoN, Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), ILEP partners, and other stakeholders strengthen TB disease prevention and control measures, facilitate the process of establishing an MDR/XDR TB control initiative, and provide a platform for future scientific studies.

HHS/CDC GAP Nigeria received \$200,000 of COP07 funds to conduct a small TB/HIV co-infection survey. Based on the approval of this submission, the smaller survey will not go forward, and the funding allotted to conduct that survey will be applied as early funding to commence planning and protocol development for this activity. This \$200,000 was subtracted from the total estimated cost for the survey in determining the proposed COP08 budgetary needs. The final protocol will be an adaptation of existing CDC/WHO protocol for national surveys of TB resistance and HIV.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Special populations

Tuberculosis patients

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16939.08

Planned Funds: \$70,000

Activity System ID: 16939

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents new funding for a full-time, contracted Nigerian program officer (physician) for TB/HIV activities as well as extra-country technical support of TB/HIV. This new request for funding responds to the needs identified in COP06/07 Technical Assistance Visit Reports to focus additional efforts in the area of TB/HIV. The budget includes one FSN salary, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support by a TB physician who will provide TA, continuing medical education and mentorship. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the employment of staff with past NMOD experience or familiarity. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Treatment and Clinical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group will hybridize US policy and implementation with NMOD/GON practices.

The TB/HIV program officer will work as a member of the USG Care and TB/HIV Technical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group. The TB/HIV program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site TB/HIV programs. All DOD-NMOD sites are also established as TB DOTS centers. The TB/HIV program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines. The program officer will spend 100% of his/her time in this program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13162, 13163, 13164, 16942, 16940, 16941, 13165, 13166, 13167, 13168

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Target Populations

Special populations

Tuberculosis patients

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5270.08

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 17023.08

Activity System ID: 17023

Mechanism: USAID Track 2.0 FS Health 20/20

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$93,000

Activity Narrative: ACTIVITY DESCRIPTION:
This activity is linked to TBHIV 3.3.07.

There has been renewed discussion about the prospect of providing effective tuberculosis diagnosis and treatment to patients in Nigeria; however, these discussions are frequently taking place in the absence of comprehensive, country-specific information on the cost and resource implications. Nigeria has the highest TB disease burden in Africa and is ranked 4th among high TB burden countries in the world. Combating TB and the dual epidemics of TBHIV in the country thus requires taking a new approach that is strategically informed by evidence. To date the absence of country costs estimates have hindered scale up of TB/HIV integrated services in Nigeria. The Federal government of Nigeria in collaboration with development partners is taking serious steps in improving efficiency and effectiveness of TB programs in the country. Towards achieving the aforementioned, the government has requested a comprehensive costing exercise to estimate the costs of providing and sustaining TB and TBHIV services. Building on the HIV/AIDS costing work that was done in 2005, HS20/20 in collaboration with, USG partners, WHO, TBCAP and other stakeholders proposes to undertake the TBHIV costing activity

The activity is designed to help policymakers and practitioners alike take a "health systems" approach to TB/HIV provision, by conceptualizing and thinking through all relevant questions including infrastructure requirements, health care providers, equipment, lab tests, drugs, management, logistics M &E, research and other critical elements necessary to deliver TB and TBHIV services. The activity will be tailored to country specific situations using local data from statistical agencies, Federal Ministry of Health, state health institutions, donor community and public and private health facilities. TB costing data will be collected from at least 111 sites among the tertiary, secondary and primary levels health care facilities in the 36 states and FCT of Nigeria. It is envisioned that findings from this study will be used by policy makers, program planners, and technical working groups to guide planning and implementation of robust TB and TBHIV services in Nigeria.

The costing activity will provide the much needed information for policy makers at both national and sub-national levels that allows for better planning, forecasting and budgeting for TBHIV activities in all TB and HIV control programs. Furthermore, the findings will be necessary to strengthen TB diagnosis, treatment and training among HIV patients. This activity will benefit all the partners; Government of Nigeria (GON) and key stakeholders (PEPFAR, GFATM etc) to achieve universal access to care with respect to HIV/AIDS and TB.

Key questions to be addressed by the TB costing study

- 1.What is the per-patient cost of providing TB diagnosis and treatment in Nigeria?
- 2.What would be the resulting total cost associated with achieving PEPFAR or national coverage targets?
- 3.How many patients can feasibly be treated given existing budget commitments?
- 4.How do these results compare to a full-coverage scenario?
- 5.What level of human resource capacity is needed to implement these targets?
- 6.How much will it cost to provide training for these human resource requirements?
- 7.How will these financial and human resource requirements evolve over the next 3-5 years?

HS20/20 will be collaborating with FMOH, TBLCP and an indigenous NGO on this study, findings will be validated by relevant stakeholders through a workshop forum and a final report will be shared at a dissemination meeting that precedes wider dissemination.

EMPHASIS AREAS:
This activity focuses on training and strategic information.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 558.08

Prime Partner: University of North Carolina

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 17018.08

Activity System ID: 17018

Mechanism: USAID Track 2.0 FS Measure
TBD

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$170,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity that is closely aligned with continuing activities by the implementing partner (IP) from COP07. The IP will continue to collaborate with and provide Technical Assistance (TA) to the National Agency for the Control of AIDS (NACA), National AIDS and STI Control Program (NASCP), selected states and other stakeholders to improve HIV/AIDS Monitoring and Evaluation (M&E) systems. In the proposed TB/HIV activity, the IP will collaborate with ENHANSE and Nigerian Prisons Medical Services in a cross-sectional survey of the Nigerian prison population. The survey will gather sero-prevalence data on HIV along with TB incidence data and demographic (e.g., age, site, period of incarceration, gender and education), health, knowledge, attitude and behavioral data in order to assess influencing factors on the HIV and TB burden among this population. The hypothesis is that HIV/AIDS and TB prevalence among incarcerated populations is higher than in the general population. This survey will attempt to determine if that is correct, and which factors play a role in increased prevalence. TB and HIV co-infection rates will also be assessed.

The Nigerian Prison Service (NPS) consists of about 144 main and 83 satellite prisons with about 45,000 inmates and staff of about 27,000. Prisoners are mostly between the ages of 20 and 40 years—the age bracket most affected by HIV/AIDS in Nigeria. The state of health services and nutrition among prisoners is poor, and the likelihood of risk behaviors high. Of programmatic importance is the fact that this population is a likely bridging population for perpetuating transmission beyond the prison system and civilian prisons communities into the larger population, as they reintegrate back into society. A sero-prevalence survey carried out in 2001 among 442 prison inmates showed a prevalence rate of 8.8%, and in Lagos prison a rate of 6.7% from a sample of 300 in 2006.

This study will follow the National Testing Algorithm for HIV screening and use non-cold chain dependent rapid test kits. Inmates who test positive will be given an opportunity to receive anti-retroviral therapy (ART), depending on the results of their pre-assessment. All inmates that would be selected in the sample to undergo HIV testing will receive pre- and post- counseling and give their consent before the test is performed on their blood samples. Inmates will receive group counseling for pre-counseling and individual, confidential post-counseling. The study will respect the “3 Cs” of informed consent, confidentiality, and counseling.

Nigeria has the World’s fourth highest number of TB cases. HIV pandemic has led to a resurgence of TB in Nigeria and particularly among Prison inmates because of the risk factors they are exposed to. Over 35% of HIV positive individuals in Nigeria die as a result of TB infection. In this survey, sputum smear microscopy will be used. Inmates with suspected TB will be asked to provide three sputum specimens following the spot -morning-spot method. If any of the two specimens examined are positive for Acid Fast Bacilli (AFB), the inmate is considered a TB case. Since sputum microscopy does not effectively detect active TB in persons infected with HIV, a confirmatory Chest X-ray will be done for smear negatives that show clinical symptoms of TB.

The sampling design is a stratified random sample. States will be stratified according to HIV prevalence bands (1.0–2.0; 2.1–4.0; 4.1–6.0; 6.1–8.0; and 8.1–10.0) and from each HIV prevalence band, a state will be selected at random. Within each selected state, at least 2 prisons will be selected (one urban and one rural), from which 300 prison inmates (150 each) will be randomly selected for potential inclusion in the study sample. The sample size is based on the estimated HIV prevalence in the country, an acceptable error margin of 2.5%, and a 95% level of confidence. The basic level of calculations will be the states (sites) and results will be aggregated for the country. Site prevalence rates will be determined by expressing the number of positive samples as a percentage of the total samples tested. Probability limits will be determined for all rates.

USG Co-Investigators will participate, as appropriate. The implementing partner will obtain appropriate IRB approval from local participating institutions and USG PEPFAR Nigeria agencies prior to data collection and analysis. Nearly all UMD supported “hub” sites have an Ethics Committee with a current Federal Wide Assurance filed with the US Office for Human Research Protections. This activity is anticipated to take one year from the development of protocol through data collection and analysis. The projected budget is \$170,000.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Survey data will inform program development and intervention strategies, and may well have additional, positive spin-offs in developing advocates and peer educators among groups that are often hard to reach with TB and HIV prevention and care services. The findings of this survey will provide information about the magnitude, severity and distribution of the problems in these populations and thus allow for the development of appropriate strategies and interventions to combat them. It will also allow for evaluation of the current policy for HIV/AIDS addressing the prisons population and whether there is a need for review of this policy and other interventions that are currently being carried out in the sector. This information will also form the basis for advocating to the prisons hierarchy in Nigeria for an increased commitment of resources to address HIV/AIDS and TB in prisons and provide justification to seek out additional resources from the MDG office (Debt Relief Gain) and the WB MAP program through NACA.

LINKS TO OTHER ACTIVITIES:

Information gathering among an at-risk population has direct links to prevention and care and treatment program areas, as well as linkages with strategic information and policy strengthening.

POPULATIONS BEING TARGETED:

Nigerian prison population, policy makers, and TB and HIV program managers.

EMPHASIS AREAS:

The major emphasis area of this activity is SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Incarcerated Populations

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9692.08

Mechanism: N/A

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 22514.08

Planned Funds: \$510,000

Activity System ID: 22514

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9404.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 21705.08

Planned Funds: \$150,000

Activity System ID: 21705

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$40,011,377

Estimated PEPFAR contribution in dollars	\$400,000
Estimated local PPP contribution in dollars	\$450,000
Estimated PEPFAR dollars spent on food	\$3,485,827
Estimation of other dollars leveraged in FY 2008 for food	\$447,294

Program Area Context:

With an estimated 3 million PLWHA, Nigeria's HIV burden is second only to South Africa. As a result, children face immense threats. In Nigeria there are an estimated 7 million orphans from all causes with one million due to AIDS – a number projected to increase by as much as 57% by 2010. Vulnerable children (0-14 years old), estimated at 4.5 million and including 250,000 who are HIV-infected (UNAIDS 2006), compounds the challenges. Nationwide, one in ten families has taken in an orphan. An average household in any of the eleven high prevalence states (>5%), where over 50% (513,000) of AIDS-orphans reside, cares for 3-4 orphans. With more than 50% of its total population under 25 years-old, the National Intelligence Council (NIC) has classified Nigeria as a "second wave" country.

Since COP05, USG-Nigeria has reached 44,736 OVC in 20 states. Major accomplishments include the launch of the 2006-2010 National Plan of Action for OVC (NPA) developed with USG and other donor support. Guidelines, standards of practice for care of OVC, and legal support resources have been produced for distribution and use by PEPFAR-Nigeria partners and other stakeholders. The Government of Nigeria (GON) has demonstrated political will to mitigate the plight of OVC with the launch of the NPA by the previous President, the decision to utilize debt relief funds for a collaborative program with the Clinton Foundation to accelerate pediatric HIV diagnosis, treatment and care, and the decision to conduct the National Situation Analysis on OVC in 2007.

PEPFAR has been the largest donor supporting Nigeria's OVC programs to date. Now, the Global Fund (GF) will increase its role with the implementation of the Round 5 OVC grants. GF has facilitated the development of an OVC Vulnerability Index and

continues to support skills development in psychosocial support for civil society organizations implementing OVC activities in 12 focal states. USG/Nigeria has provided and will continue to provide OVC technical assistance to the GF recipients. Other development partners include UNICEF, World Bank DFID and the Clinton Foundation; USG-Nigeria will continue its involvement in the Development Partners Group thereby collaborating with these other partners on OVC program planning and implementation.

Using COP07 plus-up funds, the USG will assist the Federal Ministry of Women's Affairs (FMWA) to conduct a National Situation Analysis on OVC. This will provide much needed data on the impact of HIV/AIDS on Nigerian children and families. USG-Nigeria also provides funding for staff with skills in M&E to be imbedded in the FMWA, thereby strengthening its capacity for evaluation and surveillance activities. Facilitating more effective program coordination in the National Agency for Control of AIDS (NACA) has also been prioritized.

An OVC module will be included in the 2008 NDHS. USG will fast track the harmonization of the Child Status Index with the FMWA OVC Vulnerability Index in order to facilitate up to date data for informed decision making. USG will facilitate nationwide distribution of the NPA and SOP on OVC, and the publication of the OVC NGO directories and the National Child Policy (NCP). Efforts to strengthen the institutional capacity of Nigeria's social work institutions to equip social and community workers with skills necessary to ensure comprehensive social services to OVC in Nigeria will begin in COP08 with an innovative twinning project. To increase national awareness, reduce stigma and discrimination, community sensitization and mobilization activities will be conducted and relevant IEC materials produced and distributed. OVC will participate in these activities following their involvement in developing a child friendly version of the NPA on OVC facilitated by the USG.

By SAPR 2007, the USG team had reached 21,713 OVC and anticipates reaching its end of year targets, which would double the number of OVC reached since PEPFAR started. Recognizing that this is only a small proportion of all OVC in Nigeria, the USG is scaling up significantly with COP07 plus-up and COP08 funds by expanding the reach of OVC programming through referrals and new partners. In COP08, emphasis will be on rapid scale-up of OVC services across the country, ensuring comprehensiveness and a renewed emphasis on education and nutrition service components, strengthening the GON's capacity to lead and coordinate services, and improving quality of care. USG-Nigeria will expand the implementing partners (IP) base, augment linkages within and across IPs, program areas and development partners, and improve its oversight capacity in monitoring service outlets and quality of care. COP08 funds will be used to provide services to a total of 172,829 OVC, including 27,733 children known to be HIV+.

With the assistance of external USG technical expertise in systems development, program implementation and management, a rapid implementation team, including USG-Nigeria OVC technical working group, GON, other donors and stakeholders, will develop a USG OVC strategy and plan using COP07 funds. The implementation team will identify and reduce system inefficiencies, address supervision and oversight issues, and encourage closer collaboration between OVC and other PEPFAR program areas. This strategy and plan will set the pace for implementation in COP08 with a focus on holistic, family-centered and community-linked comprehensive OVC services.

Efficiencies of ongoing activities will be improved and the enhancement of linkages between OVC and PMTCT, ART, HCT, ABC and BC&S will streamline services. Additional resources will be provided to facility-based partners to enable them work with community partners and enroll eligible children. Partners providing community-based care will be funded to ensure a comprehensive package of services for the entire family, including referrals to facility care partners. This will reduce missed opportunities to reach eligible children. Key to the scale-up plan is the identification of IPs that will act as Case Manager Organizations in states, strengthening referral systems and ensuring that all enrolled OVC within specific geographical areas receive required services.

In COP08, all partners will provide at least three core services as well as link all OVC to services not provided by the primary IP ensuring comprehensive quality services. Facility based IPs will be required to provide health services as one of their three core services; community based partners will provide at least three of the 6+1 services. Using the recently published and distributed Standard of Practice for OVC and OGAC CSI, IPs will implement a minimum package of care in each service area. Increased focus will be on educational and nutritional support provided through new linkages forged with traditional USAID partners to provide wraparound nutrition and education activities.

PEPFAR-Nigeria remains committed to bringing on new partners in COP08, and will use the APS (through which five new OVC awards are planned with COP07 funds) and RFA as mechanisms to do so. In addition, indigenous partners will be engaged through grants, managed by Community REACH/PACT. The USG will extend its reach to states with prevalence rates exceeding 5% and which are grossly underserved using the AIDSTAR mechanism. Building on the successes of our public-private partnership with Sesame Street that targets OVC, new PPPs will be pursued in COP08.

"Wraparound" approaches to nutritional and educational support will be implemented through traditional USAID partners working in other sectors to integrate OVC activities into the COMPASS and MARKETS projects, as well as the new (NEI/AS) ABE-Link activity. Collaboration with Clinton Foundation will provide further wraparound opportunities in therapeutic nutritional supplementation. In COP07, USG/Nigeria worked with Save the Children UK to strengthen effective child protection and meaningful participation of OVC in programs. In COP08, activities will enhance gendered approaches that lessen vulnerability of female OVC and female heads of households by increasing their access to education and increased resources, respectively. Increasing involvement of men in caring for OVC will also be emphasized.

USG/Nigeria will strengthen its oversight through quarterly meetings with all OVC IPs, closer monitoring and regular site visits, periodic IP focal person capacity development, and partnerships with other donors. Standards of care will be regularly monitored using the OVC monitoring checklist developed in COP07. The technical staff base of USG agencies will be increased by five new staff to be employed in COP08 in addition to one who joined in late COP07.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	172829
*** 8.1.A Primary Direct	114837
*** 8.1.B Supplemental Direct	57992
8.2 Number of providers/caregivers trained in caring for OVC	31111

Custom Targets:

Number of HIV positive OVC served	27733
-----------------------------------	-------

Table 3.3.08: Activities by Funding Mechansim**Mechanism ID:** 9692.08**Mechanism:** N/A**Prime Partner:** AIDS Prevention Initiative, LTD**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Orphans and Vulnerable Children**Budget Code:** HKID**Program Area Code:** 08**Activity ID:** 22515.08**Planned Funds:** \$50,000**Activity System ID:** 22515

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.08: Activities by Funding Mechansim****Mechanism ID:** 7142.08**Mechanism:** USAID Track 2.0 FS Measure DHS**Prime Partner:** Macro International**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Orphans and Vulnerable Children**Budget Code:** HKID**Program Area Code:** 08**Activity ID:** 17025.08**Planned Funds:** \$1,000,000**Activity System ID:** 17025

Activity Narrative: This activity relates to activities in Strategic Information (M&E, HMIS, Survey/Surveillance, and Reporting) and OVC programs, and will contribute to the following priority areas: Child Survival, Family Planning, Malaria, Safe Motherhood, OVC, and TB/HIV. Reporting will be under SI.

The 2008 Nigeria Demographic and Health Survey (NDHS) will collect data from a nationally representative sample of approximately 36,000 women of reproductive age 15-49 and approximately 12,000 men 15-59.

The NDHS will be implemented by the National Population Commission (NPC), which also implemented the 2003 NDHS. The MEASURE DHS program of Macro International Inc. in Calverton Maryland, U.S.A. will provide technical assistance through its contract with the U.S. Agency for International Development (USAID). The survey will be funded by USAID and DFID. Whereas Macro will be responsible for all technical aspects of the survey, preparation of draft questionnaires and instruction manuals, data processing programs and plans for tabulation and analysis, NPC will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and writing and distribution of reports. NPC will furnish the necessary central office space for survey personnel.

Macro and NPC will seek advice on the survey design from various institutions and stakeholders, especially the Federal Ministry of Health. For this purpose, NPC will call a Stakeholders' Meeting to which it will invite representatives from important users, technical institutions and international bodies like the Federal Ministry of Health, the Planned Parenthood Association of Nigeria, the Federal Office of Statistics, all the USAID-funded implementing partners, various universities, and donor organizations like UNFPA, UNICEF, DFID, USAID, JICA, and others.

The 2008 NDHS has been expanded to include questions on malaria, orphans and vulnerable children (OVC), and TB/HIV. The malaria questions relate to transmission prevention through use of nets by household members, antimalarial drug use during pregnancy, and antimalarial treatment for fever in children five years of age and younger. In addition to collecting information on orphanhood, the 2008 NDHS contains an OVC module that also includes information on vulnerable children. The OVC module is designed to collect information on care and support to children identified as orphans and vulnerable children. Likewise, the survey will collect information on care and support to adults who have been sick for three or more months within the past twelve months. Additional questions to assess knowledge, practices and attitudes regarding TB and HIV/AIDS also have been added to the questionnaires. These questions will address knowledge of transmission modes, prevention, treatment, and knowledge of the link between TB and HIV.

Three reports will be prepared for the NDHS: a preliminary report, a final report, and a summary (Key Findings) report.

The preliminary report will be produced 1-3 months after the end of fieldwork. It will be brief and consist primarily of the approximately 12-15 tables specified in the model DHS preliminary report. Text accompanying the report will not exceed 15 pages. This report will be in English and will be prepared jointly by NPC and Macro staff. Approximately 500 copies will be reproduced; NPC will be responsible for distributing copies to institutions and organizations in Nigeria that it feels would be interested in the preliminary results, and Macro will be responsible for distribution to USAID and interested organizations in the U.S.

The final report will be published within 9 months after the end of fieldwork. It will consist of a single volume of approximately 300 pages in length. The report will be in English and will be written by personnel from various organizations (e.g., Federal Ministry of Health, university staff, the National Food and Nutrition Commission, etc.) with technical assistance from Macro staff as needed. NPC will organize a report-writing workshop with all the designated authors. NPC senior staff and Macro staff will present the tables and explain how to analyze the data and give pointers on technical writing. The draft report resulting from this workshop will be edited by NPC and Macro staff and then be presented to a larger group of reviewers within Nigeria. Macro will be responsible for pulling together all comments and producing the final version of the report. Approximately 5,000 copies of the final report will be printed by Macro, 4,000 of which will be shipped to Nigeria for distribution by NPC. Printers in Nigeria may be identified to print copies for distribution in Nigeria.

The Key Findings report will be published at the same time as the final report. This report will contain a succinct summary of the main survey findings aimed at policymakers and program managers. The report will be part of the DHS series of summary reports. The writing of this report and its publication will be the responsibility of Macro staff, with input and review by NPC.

In addition to these printed materials, the data will also be distributed in the form of CDs prepared at Macro headquarters in Calverton and shipped to Nigeria Federal Ministry of Health, university staff, the National Food and Nutrition Commission, etc.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17041

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17041	17041.08	7142	7142.08	USAID Track 2.0 FS Measure DHS	Macro International	\$2,000,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8295.08

Prime Partner: Chemonics International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 18902.08

Activity System ID: 18902

Mechanism: USAID Track 2.0 MARKETS

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$3,517,881

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity which relates to other activities in the USG OVC portfolio. As part of a renewed effort to improve comprehensive services offered to orphans and vulnerable children (OVC) in Nigeria, the USG is procuring services for a new wrap-around nutrition project and food-related income generation activity (IGA). Family Nutritional Support Program (FNSP) will target the immediate nutritional needs of the most vulnerable children being supported by USG IPs throughout Nigeria and address the long-term livelihood support needs of OVC and their caregivers in four states (Bauchi, Kano, Lagos and Cross River).

The Food Consumption and Nutrition Survey (FCNS) conducted by the International Institute of Tropical Agriculture (IITA), which looked at the nutritional status of women and children under 5 in rural and urban populations across Nigeria, showed a steep increase in the incidence of wasting between 6 and 12 months, which corresponds with an end to exclusive breastfeeding and the introduction of complementary foods for some children. Across the agro-ecological zones, 42% of children surveyed were stunted and 25% were underweight, with the largest proportions in the dry savanna. The onset of the three forms of malnutrition (stunting, wasting, and underweight) appears to occur most often between 6 and 24 months of age. Malnutrition causes reduced resistance to infectious diseases, diminished learning capacity, and ultimately leads to low productivity, incomes and national development

The PEPFAR Report on Food and Nutrition for People Living with HIV/AIDS (2006) notes that many parts of the world most severely affected by HIV have long been plagued by systemic and chronic food insecurity, and that there is a complex interrelationship between AIDS and food insecurity. Within this context, children orphaned or made vulnerable by HIV/AIDS are more likely to experience compromised nutrition with resulting negative impact on health. The (FNSP) will provide access to nutritional support services to all OVC who are in need as identified by the Child Status Index with a particular focus on under-fives.

FNSP has two components. The objective of the first component, which addresses immediate nutritional needs, is to formulate, produce and distribute fortified, nutritious, locally available dietary supplements as ready-to-prepare packaged products to OVCs and their caregivers through PEPFAR IPs. Some examples of potential products are: cowpea flour with good shelf life and robust packaging; ready-to-cook, balanced porridge for morning meals; and nutritious, ready-to-eat energy bars, packaged to distribute or sell. The project will engage the services of a nutritionist with experience in food supplementation and fortification using locally available foods to develop different formulations based on CDC and WHO nutritional recommendations. In order to ensure sustainability and acceptability of the supplement used in the FNSP activity locally available grains and legumes (e.g. cowpea and millet) will be used to formulate the nutritional supplement.

Once the products have been developed and tested, they will then be produced, packaged and branded in collaboration with selected processors in Kano and Lagos that are already partnering with MARKETS under other USAID funded projects. Packaging would contain essential nutritional content and preparation instructions, as well as expiration date. Shelf life will be at least 6 months. Marketing such products will be done under NAFDAC registration which will ensure quality standards which are in compliance with WHO and CDC specifications for nutritional supplements.

The project will mobilize existing cowpea/sorghum out-growers networks in Kano to produce the required high protein cowpea varieties. Where possible, rural based OVC households will be networked into the IITA/Gatsby crop-livestock project in Kano state to take advantage of the extra early varieties of cowpea to double their production and earn more income.

The prepackaged nutritional supplement will be distributed to the OVC families by PEPFAR IPs (FHI/GHAIN, UMD/ACTION, Harvard/APIN+, CRS/AIDS-Relief, CU/ICAP, CEDPA-PL, CRS-SUN, Christian AID, CCN and AIM Projects, etc. and the US DOD), based on an average of 150 grams of supplement per recipient per day. The exact amount of supplement per day will be determined by the weight of the child and the nutritional recommendations for the particular supplement being distributed. This activity will target approximately 22,500 OVC recipients whom are considered to be the "most vulnerable" as determined by the frequency or number of days in which the OVC household does not have adequate food to provide meals. Using available data, it is estimated that these most vulnerable OVC will represent 15% of the total OVC targets in Nigeria, or about 22,500 children. Based on an average of 150g/day, each recipient will receive 54.8 kg per year in weekly rations. The total need for these most vulnerable OVCs then is 1,231,875 kg of nutritional supplement per year. The fortified and packaged nutritional supplement will cost approximately 250 naira per kilo, with the total cost of this first objective estimated to be approximately \$2,463,750 dollars.

The objective of the second component, Household Nutrition and Income, will address the longer term household nutrition and income generation needs of 7500 OVC households through a program to promote home gardening. Home gardens have several direct benefits: they 1) provide access to a diversity of nutritionally-rich foods; 2) increase purchasing power from savings on food bills and income from sales of garden products; and 3) provide fall-back food provision during seasonal lean periods. Three activities are proposed under the second component.

1. Establishment of demonstration sites: The main purpose will be to demonstrate improved home gardening techniques which will diversify the dietary intake of OVCs and their caregivers. Demonstrations will be conducted in central locations on best horticultural practices including use of improved seeds and seedlings, affordable irrigation equipment, agronomic practices, integrated pest management etc. The demonstrations will be managed by extension agents that will be engaged by the project on a sub-contract basis.

2. Training through Farmer Field Schools: The project will use a Farmer Field School approach which is a community-based, practically-oriented, extension field strategy, that is usually time-bound (generally one agricultural production cycle), involving a group of about 25-30 farmers, facilitated by an extension agent. These activities will target already existing OVC support groups and will integrate agricultural production into the wider package of services provided for OVC and their caretakers.

3. Development of training brochures, manuals and pamphlets: The project intends to develop brochures in the local languages on nutrition and home-based preparation of foods in rural areas. Additionally, training

Activity Narrative: manuals will be developed on best horticultural practices to be handed to trainees in other settings.

To further enrich the IGA capacity of this component, the project will identify OVC families which have the capability to produce ingredients that are used in the packaged supplements to bolster family livelihood and income. OVC caregivers can also be involved as retailers in marketing the supplements thereby generating income to support the household. In urban settings, OVC care providers will be engaged in informal distribution networks (on bicycle or motorcycle), being paid a small margin depending on the number outlets served. Such an approach would create a new niche market for the processors, which could be expanded on a nation-wide basis in following years. Developing this activity on a commercial basis will provide a sustainable platform to continue the effort even in the absence of PEPFAR resources. Developing a highly nutritious, easily prepared quality food supplement could provide a nutritional safety net for a wide range of vulnerable social groups, including those with HIV/AIDS.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity contributes to the USG's PEPFAR 5 year strategy of providing care to 400,000 OVC and is consistent with the Nigerian National Plan of Action on OVC.

LINKS TO OTHER ACTIVITIES:

This activity leverages existing USAID funded Economic Growth programs to provide wrap-around nutritional and income generating support for OVC identified in PEPFAR programs. FNSP will provide food commodities to PEPFAR IPs to distribute to the most vulnerable OVC, and will liaise closely with these IPs to identify OVC support groups that can benefit from the home gardening and IGA activities.

POPULATION BEING TARGETED:

OVC and OVC caregivers are the direct targets, while the communities and support groups will indirectly benefit.

EMPHASIS AREAS:

This activity has a major focus on Wrap-Arounds that will primarily provide nutrition and IGA support for OVC. Local organization capacity development is another major emphasis area. Community mobilization and participation, development of network/linkages/referral system, and information, education and communication will also be addressed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$2,463,750

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	22,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	22,500	False
8.2 Number of providers/caregivers trained in caring for OVC	7,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Orphans and vulnerable children

Coverage Areas

Bauchi

Cross River

Kano

Lagos

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9399.08

Mechanism: N/A

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21675.08

Planned Funds: \$100,000

Activity System ID: 21675

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9401.08

Mechanism: N/A

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21691.08

Planned Funds: \$50,000

Activity System ID: 21691

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3809.08

Mechanism: HHS/CDC Track 2.0 ECEWS

Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 15659.08

Planned Funds: \$250,000

Activity System ID: 15659

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ECEWS will expand its portfolio in to OVC activities to provide preventive care packages to HIV infected children, to families with an HIV infected parent/caregiver, and/or to orphans of HIV/AIDS. ECEWS will provide a range of OVC services to 1,000 OVC clients, including HIV+ children, children orphaned by HIV, and caregivers in a minimum of 10 community based sites in Akwa Ibom and Cross River states. In its OVC programming, ECEWS will focus on providing health services, nutrition, psychosocial support, and education to OVCs that it serves. ECEWS will guide OVCs and caregivers to providers of other services such as protection, shelter and care, vocational training, and/or Income Generating Activities (IGA).

The package of health services which will be available to all HIV+ children or eligible caregivers 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. Referrals to USG or GON supported facilities will be made for the diagnosis and management of common opportunistic infections, the provision of cotrimoxazole prophylaxis, and symptom management including provision of pediatric formulations of anti-diarrheals/analgesics/antipyretics/antimalarials. Preventive care packages will be received from SFH for distribution to identified OVCs.

Access to food and nutrition support is a significant need for HIV+ children. ECEWS will provide comprehensive nutritional support for OVCs, especially those that are identified through assessment to be malnourished, counseling, supplementation and multivitamins/minerals, with referral for therapeutic nutritional services. Linkages with community NGOs and faith based organizations (FBOs) as well as traditional community OVC providers will also be established for ongoing food and nutrition resource support. As a new partner in this area ECEWS will network with other PEPFAR IPs and through the USG with Clinton Foundation on developing a community therapeutic care program for nutrition services. In addition, ECEWS, partnering with another IP, will identify a local nutritional supplement and pilot same as a nutritional intervention for children as part of the services provided.

In COP 08, ECEWS will provide direct educational support for OVCs including: school uniforms, books, shoes, and/or incidental fees. ECEWS will monitor school performance and any behavioral issues through relationships that will be formed with the school administration and teachers. This will allow early recognition of problems that need to be addressed.

Psychosocial support including disclosure management, grief and loss, stigma and discrimination issues, inheritance, etc. will be provided to all identified OVC. Support groups for OVCs will be facilitated by CBOs/FBOs for peer support and recreational activities. ECEWS will develop in COP08 capacity 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. ECEWS will work in COP08 with the GON, other IPs, FBOs and community resources to promote preventive care training. Forty community/home based care providers will be trained through this activity. The trained providers will conduct one-on-one step down training to the caregivers in the households they serve.

A tracking form that is based on the Child Status Index (CSI) will be utilized to ensure that each child has access to these key core program services. Quality of services will be ensured through supportive supervision, feedback from families of OVCs, and monitoring improvement of the child's status.

COVERAGE AREA:

ECEWS is working in Akwa Ibom and Cross River states.

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 services for all identified HIV+ children, families with an HIV infected parent/caregiver or children orphaned by HIV/AIDS. The services are consistent with the National Plan of Action for OVC in Nigeria and Standard Operational Guideline for OVC services. Capacity development at the site level and consistency with national guidelines will ensure sustainability. ECEWS staff will contribute to the development of a National OVC training curriculum, identified as a priority by the FMOH.

LINKS TO OTHER ACTIVITIES:

This activity is linked to Counseling and Testing (15660.08), TB/HIV (15658.08), AB (15656.08), COP (5656.08), and Strategic Information (15674.08). HCT services will be available to OVC in HIV affected families. All HIV positive OVCs 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 ECEWS staff work with sites to ensure coordination systems are in place. Data reporting services supported by ECEWS will be available at sites. Home based care programs will be implemented by a number of indigenous NGOs, CBOs, and FBOs under the guidance of ECEWS.

POPULATIONS BEING TARGETED:

OVC services are offered to HIV positive children, children orphaned by HIV, caregivers of OVC/PLWHAs and HIV/AIDS affected families. Health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training, linkages and identifying OVCs.

EMPHASIS AREAS:

The major emphasis area for this activity is human capacity development for sustainability as a key focus. Training for appropriate community based services is an emphasis.

This activity addresses the area of "Wrap Arounds" as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15656, 13033, 15657, 15658,
15674, 15660, 16907

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000
13033	5656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$267,000
15657	15657.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$95,000
15658	15658.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$50,000
16907	16907.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$275,000
15674	15674.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$15,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$24,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,000	False
8.1.A Primary Direct	1,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	40	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7144.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15644.08

Activity System ID: 15644

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$0

Activity Narrative: ACTIVITY NARRATIVE:

This activity relates to LMS's activities under the ART (15646.08) ART services (15647.08), Basic Care and Support (15642.08) and PMTCT (15641.08) program areas. In COP 08, the Leadership, Management and Sustainability (LMS) will continue those activities initiated in COP 07 project-supported sites in Kogi and Niger states and in up to an additional 10 sites selected in COP '08.

During COP 08, the LMS Comprehensive AIDS Services (COMPARE) project strategies for OVC will be to strengthen family coping capacity, mobilize and support community responses and provide essential services to OVC and their families. Key activities will be identification, enrollment and provision of essential services to OVC, training for care providers including clinicians and emphasizing the importance of referring the families of their HIV positive patients both for screening for HIV infection and for community services for their children. The Health Facility Care Coordinators will play a key role in ensuring all HIV positive patients and their families are offered available comprehensive care and treatment support services. Support will be provided in the OVC core areas of health care, psychosocial support, birth registration for under-fives and education. Food and nutritional support services will include nutritional assessment, counseling and micro-nutrient supplementation when indicated. Linkages for food supplementation will be fostered with the USG supported wrap-around initiatives in States where they co-locate with the COMPARE project. Networking with Clinton Foundation will be explored for provision of ready to use therapeutic food for malnourished HIV infected children

Project care managers and care coordinators, with the consent of persons who are diagnosed as HIV positive via, PMTCT, ART and HCT activities, will ensure their children are referred to the appropriate providers of OVC services in their local network. Clients will be offered HIV testing for their children to ensure any infected children are identified and offered co-trimoxazole prophylaxis, screening and treatment for OIs and AIDS. Basic care kits for prevention of common opportunistic infections obtained from SFH will be provided to vulnerable children and their families. Materials used to support programming will include adaptations of the International HIV/AIDS Alliance OVC Toolkit. Target is to reach 6,400 orphans and vulnerable children with OVC programs. Monitoring of the well being of these children and data collection will be conducted utilizing the Child Status Index and the existing GoN tools.

In COP 08, LMS will seek increased community support for OVC by forging links with local NGOs, FBOs, associations of people living with HIV, and community based organizations. These links will ensure referrals for psychosocial, support, education for OVC and their families etc. Project staff will identify the local NGOs that have assets and are providing services in their communities. They will form a community network of providers of basic care and support in the communities. The project aims to identify at least one organization for each site, with a total of 17 NGOs, CBOs and FBO in providing OVC activities in COP 08, and community health workers and volunteers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

In providing services to 6,400 OVC and building the capacity of 200 care providers the COMPARE Project will contribute to PEPFAR Nigeria meeting its five-year emergency plan targets of providing care and support to 400,000 OVC. It will add to the implementation of Nigeria's National Plan on OVC. Activities will strengthen the capacity of facility and community based resources to provide support aimed at improving the lives of children and families directly affected by AIDS-related morbidity and/or mortality.

LINKS TO OTHER ACTIVITIES:

This activity links to Prevention, HCT and HTXD, HTXS activities. Activities will improve the health and education of individuals made vulnerable by HIV/AIDS and create a supportive social environment that will support prevention activities in this group and in their peers. Linkages with other USG PEPFAR activities and GFATM activities existing in the same states will be initiated and strengthened. In addition, the LMS comprehensive AIDS Services project is linked to the LMS capacity project that will continue to develop leadership and management skills of the National OVC Coordinating unit in the Federal Ministry of Women's Affairs as well its counterparts in the State Ministries of Women Affairs. This support will also include strengthening organizational and programs management capacity to efficiently and effectively address the National OVC response.

POPULATIONS BEING TARGETED:

These activity targets children 0-17 years old in the catchment areas of the secondary and primary facilities supported by the project as well as OVC as a result of HIV AIDS to receive appropriate health care, HIV/AIDS information and psychosocial counseling/referral services.

EMPHASIS AREAS:

This activity includes an emphasis on local organization capacity development and human capacity development. LMS, working with Local NGOs and CBO in the communities, will strengthen the care and coping capacities of families and communities. The primary strategy will be the identification of children most in need, and filling the gap in the safety net traditionally provided by the extended family. This will be an efficient, cost effective and sustainable way of caring for orphans and vulnerable children.

This activity will support health staff and local community organizations (NGOs, FBOs) in helping to care for and re-integrate orphans and vulnerable children, contributing to social stability and improving future economic well-being. COMPARE will work with state government, local government, NGO, and CSOs in ensuring that appropriate policies are put in place to protect orphans and other vulnerable children and their families. These policies must contain clauses to prohibit discrimination in access to medical services, education, employment, and housing, and protect the inheritance rights of widows and orphans.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 15642, 15646, 15647

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
15646	15646.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$3,500,000
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	6,400	False
8.1.A Primary Direct	6,400	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Other

Orphans and vulnerable children

Coverage Areas

Kogi

Niger

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5268.08

Prime Partner: Winrock International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9882.08

Activity System ID: 13176

Mechanism: USAID Track 2.0 Winrock AIM

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$2,000,000

Activity Narrative: This activity also relates to HIV/AIDS abstinence and be faithful (9766.08), condom and other prevention (9783.08) and care and support programs supported by the AIM project and counseling and testing services (9841.08) provided by other PEPFAR partners.

ACTIVITY DESCRIPTION:

This activity provided educational support for 700 OVC (ages 10 -14) through 35 classes in 22Acada Learning Centers (community-based education centers) in seven states (Anambra, Bauchi, Edo, Kano, Lagos, Oyo, and the FCT) and nutritional support for an additional 2,000 OVC (<5 years), all in COP 07. This submission is for COP 08.

The AIM project will provide 4250 OVC with direct primary support (educational, psychosocial and food and nutrition services) and 2750 OVC with supplemental (education, vocational training or psychosocial support).

AIM will continue to provide on-going technical assistance to its FBO/CBO implementing agencies to strengthen ongoing activities and expand both geographic and programmatic coverage to 8 new states (Nassarawa, Plateau, Kaduna, Niger, Borno, Imo, Adamawa and Cross River) to cover the 15 PEPFAR states in Nigeria. The AIM Project will provide services through four strategies to OVC in the following age groups: < 5, 10 – 14, and 15 – 17 year- olds.

Educational Support and Integrated Services - AIM partners have demonstrated success in providing basic numeracy and literacy to the enrolled OVC in the current Acada Learning Centers. AIM partners have also constantly requested further assistance to meet the great need to enroll additional numbers of OVC for the ongoing educational program. Therefore, AIM will continue to maintain the educational support activities in seven states and expand to the additional eight PEPFAR states to address the identified need. New Acada Learning centers will be established to provide educational opportunities for 1,500 OVC in the 15 PEPFAR states. The teachers in these Acada Learning centers will be trained to provide comprehensive care and support to the OVC that will include psychosocial, food and nutrition, life skills training and spiritual support to the OVC.

Our current assessment has highlighted the need to reintegrate the kids from our centers into formal education. Therefore, the AIM project will provide intensive coaching to 2000 OVC almost ready to return to formal education. These coaching sessions will be for a period of about three months. Kids will be tested and placed in the appropriate entry level classes.

The Kids' Clubs will function as support groups for children from the neighborhood and the Acada centers. The Kids' clubs would help the children interact with each other, build life skills and self esteem. Other special activities such as age-appropriate prevention messages, nutrition education, drama, debate and musical events and other community events will be hosted through these established kids' clubs

Food and Nutrition Support - AIM will increase nutritional support activities for 2,750 children aged 5 years and below to cover nutritional assessment, growth and development monitoring, nutrition education, food demonstrations and appropriate food and micronutrient supplementation. AIM will encourage community gardening by care givers and adopt the Positive Deviant model on nutrition education.

Economic Strengthening - 500 mothers with kids under 5 years will be trained and empowered with income generating activities including agro-based activities, to enable them support their family and provide income for the household. AIM has initiated discussions with COMPASS to collaborate on this intervention.

Vocational Training - as a new intervention, AIM will extend services to reach 750 older OVC (ages 15-17) that are out of school, especially those from child-headed households. For this group, AIM will provide vocational training, life skills education and psychosocial support. The OVC trainees will be linked to older adults with existing programs for mentorship and trained as Peer Educators to mentor their peers on life skills and HIV/AIDS Prevention. The OVC will be provided in-kind grants to start up income generation activities.

To ensure that the children receive comprehensive care services, AIM will refer the OVC to other USG programs to provide them with basic prevention package comprising insecticide treated nets, water purifier and water vessel.

CONTRIBUTION TO OVERALL PROGRAM AREA:

The total number of OVC targeted is 7000. This will contribute to PEPFAR/Nigeria targets of providing comprehensive quality care to 400,000 Nigerian children infected and affected by HIV and AIDS. It will also contribute to the implementation of the National Plan of Action (NPA) on OVC. The NPA recommends that programs should focus on capacity building in psychosocial support interventions by training all actors responsible for responding to the needs of OVC at all levels. To this end, AIM will train 65 service providers, as well as collaborate with existing health care institutions to strengthen systems to meet the needs of OVC at community level. This will enhance sustainability by adding to the knowledge base of OVC program implementers in Nigeria.

LINK TO OTHER ACTIVITIES:

Community outreaches under this area will be linked to AB activities targeting other community members as appropriate. AIM will work with GHAIN Heart-to-Heart center to set up a referral system for HCT services during community outreaches; and link beneficiaries requiring Home Based Care to CEDPA for follow up.

POPULATIONS TARGETED:

People affected by HIV/AIDS
Women with children <5 years
Orphans < 5 years
Orphans and vulnerable children (10 -14 years)
Orphans and vulnerable children (15 - 17 years)
Caregivers (of OVC and PLWHAs)

KEY ADVOCACY ISSUES ADDRESSED:

Activity Narrative: Promote community awareness on the plight of OVC; increase and coordinate community response in providing comprehensive care and support to OVC.

EMPHASIS AREA:

The major emphasis area is to strengthen the capacity of local CBO/FBO and caregivers to provide comprehensive care and support for OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9882

Related Activity: 13173, 13174, 13175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24963	9882.24963.09	U.S. Agency for International Development	Winrock International	10615	5268.09	USAID Track 2.0 Winrock AIM	\$2,000,000
9882	9882.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$1,469,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13173	9766.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$1,000,000
13174	9783.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$350,000
13175	9841.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$330,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

* Education

Food Support

Estimated PEPFAR dollars spent on food \$600,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	7,000	False
8.1.A Primary Direct	4,250	False
8.1.B Supplemental Direct	2,750	False
8.2 Number of providers/caregivers trained in caring for OVC	565	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Coverage Areas

Adamawa
Anambra
Bauchi
Benue
Borno
Cross River
Edo
Federal Capital Territory (Abuja)
Imo
Kano
Lagos
Nassarawa
Niger
Oyo
Plateau

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4133.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15666.08

Activity System ID: 15666

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$500,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 Africare will expand its portfolio to include OVC activities – providing preventive care packages to HIV infected children, to families with an HIV infected parent/caregiver and/or to orphans due to HIV/AIDS. Africare will provide the full spectrum of OVC services to 2,000 OVC clients, including HIV+ children, children orphaned by HIV, and caregivers. These services will be provided at 15 project sites in Lagos and Rivers States. Africare will ensure the success of the program through hiring an OVC program specialist in COP08. In its OVC programming, Africare will focus on providing health services, nutrition, psychosocial support, and education to OVCs that it serves.

The activities which will be available through Africare's OVC program include health care related services. OVCs will have access to appropriate TB diagnostics and linkage with DOTS programs described under TB/HIV, instruction for parents/caregivers in appropriate water purification and provision of water guard, provision of insecticide treated bed nets (ITNs). Referrals to USG or GoN supported facilities will be made for the diagnosis and management of common opportunistic infections, the provision of cotrimoxazole prophylaxis, and symptom management including provision of pediatric formulations of anti-diarrheals/analgesics/ antipyretics/ antimalarials. Preventive care packages will be procured from Society for Family Health (SFH) for distribution to identified OVCs. Prevention messaging will be provided at a level appropriate for children and caregivers.

Access to food and nutrition support will also be provided to OVCs. Africare will conduct nutritional assessments, provide counseling, provide education/training including food demonstration on appropriate food choices, and provide multivitamins/minerals. In COP08 Africare will also explore linkages to CBOs and FBOs as well as traditional community OVC providers for ongoing food and nutrition resource support. In addition, Africare will refer malnourished children for therapeutic feeding programs where available. In partnership with the USG, Africare will network with other PEPFAR IPs and through the USG with Clinton Foundation on the possibility of developing a community therapeutic care program for nutrition services in the communities it serves.

In COP08, direct educational support for children will also be provided. This will include: school fees, school uniforms, books, shoes, and/or incidental fees. Africare, through its prevention program, will also conduct school based peer education and peer education plus programs. OVCs in the targeted schools will receive age appropriate prevention messaging and education through interactive programming such as drama clubs and sports.

Psychosocial support including disclosure management, grief and loss, stigma and discrimination issues, etc. will be provided to all identified OVC. In COP08 Africare will include in its training program topics specific to the care and treatment of OVCs. This will include training on psychosocial support for children focused on counseling of children to include child development, disclosure of the diagnosis, grief and loss, and adherence to medications. Other training activities will address opportunistic infections, including early suspicion of TB, nutritional assessment, and appropriate prevention messaging for children. 30 community/home based care providers will be targeted for training, who will in turn step down the training to the caregivers that they will serve.

Through referrals to CBOs and FBOs Africare will assist OVCs in obtaining access to other core OVC program services such as shelter and care, protection, vocational training, and economic opportunities/strengthening. A tracking form that is based on the Child Status Index will be utilized to monitor each child's needs and service provision.

COVERAGE AREA:

The states where activities will be include Lagos and Rivers states

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 EP strategy by providing a range of services for all identified HIV+ children, families with an HIV infected parent/caregiver or children orphaned by HIV/AIDS. The services are consistent with the National Plan of Action for OVC in Nigeria and Standard Operational Guideline for OVC services. Capacity development at the site level and consistency with national guidelines will ensure sustainability. Africare staff will contribute to the development of a National OVC training curriculum, identified as a priority by the FMOH.

LINKS TO OTHER ACTIVITIES:

This activity is linked to Counseling and Testing (6642.08), TB/HIV (9879.08), AB (15680.08), COP (15667.08), Care and Support (6493.08) and Strategic Information (15668.08). HCT services will be available to OVC in HIV affected families. All HIV positive children are monitored and referred for ARV therapy when indicated. Where services are co-located with TB DOTS centers Africare staff will work with sites to ensure coordinated systems are in place. Data reporting services supported by Africare will be available at all sites. Home based care programs will be implemented by a number of indigenous CBOs and FBOs under the guidance of Africare.

POPULATIONS BEING TARGETED:

OVC services are offered to HIV positive children, children orphaned from HIV, caregivers of OVC/PLWAs and HIV/AIDS affected families. Health care workers in the public and private sector are targeted for training. Community groups including CBOs and FBOs will be targeted for training as well.

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 and educational services. 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 human capacity development for sustainability. Minor emphasis will be on commodities and procurement.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 15667, 12985, 12986, 12987,
15668, 15680**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15680	15680.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$50,000
15667	15667.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$150,000
12985	6493.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$170,000
12986	9879.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$337,500
12987	6642.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$410,000
15668	15668.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	30	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Lagos

Rivers

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7213.08

Prime Partner: American International Health
Alliance Twinning Center

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15663.08

Activity System ID: 15663

Mechanism: HHS/HRSA Track 2.0 AIHA

USG Agency: HHS/Health Resources
Services Administration

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$437,500

Activity Narrative: UNICEF reports that the number of orphans affected by HIV/AIDS is expected to increase rapidly in Nigeria to 1.57 million by 2010. Unfortunately the systems that currently exist to address OVC related issues are overwhelmed. There is an acute need for trained personnel at national and local levels to provide care and support for OVC. Furthermore, the social work pre-service training required to provide social work graduates with adequate preparation to support OVC is scant. Therefore, assuring that social workers, or those working in this capacity, provide quality comprehensive services to OVC will require a dual-pronged approach; one that addresses both in-service and pre-service training, particularly in the areas of HIV/AIDS and OVC.

The AIHA Twinning Center proposes a twinning partnership between a TBD Nigerian partner and a TBD US recognized institution with experience of supporting social work training in developing countries to strengthen the institutional capacity of Nigeria's social work institutions to equip social workers and community workers with knowledge and skills necessary to ensure comprehensive social services to OVC in Nigeria. This partnership aims to strengthen the institutional capacity of Nigeria's social work institutions to equip social workers and others with knowledge and skills necessary to ensure comprehensive social services to OVC affected by HIV/AIDS in Nigeria.

It is important to note that AIHA-Twinning Center currently manages a very successful social work twinning partnership with a focus on OVC in Tanzania; a similar partnership is in its developmental phase in Ethiopia. AIHA will build on these experiences to ensure that a twinning social work partnership with sustainable results is developed in Nigeria.

The Twinning Center will work with USG, GON's Ministry of Women's Affairs and other relevant stakeholders to select the lead and local partners for this partnership. AIHA partnerships are volunteer-based peer-to-peer programs, with an emphasis on professional exchanges, voluntary contributions, and leveraging private sector resources in order to create sustainability. Once both partners have been identified, Twinning Center staff will work with the partnership to organize an initial assessment exchange and develop a partnership work plan with specific goals and objectives, a partnership communication plan, and monitoring and evaluation plan. The partnering institutions will identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The Twinning Center will be responsible for day-to-day project administration including budget monitoring and logistical support and can provide training to the individual organizations on financial administration and subgrant management.

The following objectives are proposed; the specific measurable program objectives will be developed jointly by the partners, AIHA's Twinning Center, and USG/Nigeria, consistent with AIHA's partnership methodology, which emphasizes a highly participatory approach to work plan development. This partnership is aimed at improving the institutional capacity of Nigeria's Schools of Social Work to deliver pre-service quality social work education, particularly in the areas of HIV/AIDS and OVC; and strengthening the capacity of Nigeria social work institutions to provide in-service quality education to community workers and volunteers providing services to OVC.

This partnership will address both the short-term and long-term needs of OVC. To address immediate needs, the partnership will: 1) develop a short refresher course (approximately 1 week in duration) for current practitioners who have not received continuing education and may not have ever received training on the needs of OVC; and 2) develop a short-term training certification program to train para-social workers (approximately 2 weeks in duration) who can provide direct services to children and families at the local village level. This training for para-social workers will involve the identification and training of laypersons to serve as "social referents" to provide an immediate response in the care of OVC. AIHA will ensure that the selection process for trainees for each program prioritizes nominees from other USG IPs and equitably distributes trainee slots among these other IPs, thereby directly improving the quality of OVC services being provided in the PEPFAR program. In addition, AIHA will ensure that the training is in line with USG scale-up plans and highlights USG geographic priority areas. These two activities will train 500 social workers and para-social workers through in-service training.

To address the long-term needs of OVC, the partnership will also: 1) strengthen the training and mentoring of social work students to respond to the needs of OVC through improving the curriculum and student fieldwork experiences; and 2) expose faculty at the schools of social work to different models and delivery of community social work training. These two activities will train 200 social work students and faculty through pre-service strengthening of the social work curriculum and faculty training skills.

Although partners will jointly develop work plan activities, potential activities might include: 1) conducting assessments of pre-service training curricula; 2) reviewing and updating pre-service social work curricula to include HIV/AIDS and OVC related needs; 3) liaising with the Government of Nigeria to integrate pre-service curricula nationwide; 4) developing OVC in-service (short-term and para-social worker) training curricula; 5) piloting the OVC in-service training curricula; 6) conducting TOT for OVC in-service training curricula; and 7) rolling out OVC in-service training nationwide.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This partnership is aimed at improving the institutional capacity of Nigeria's Schools of Social Work to deliver pre-service quality social work education, particularly in the areas of HIV/AIDS and OVC and strengthening the capacity of Nigeria social work institutions to provide in-service quality education to community workers and volunteers providing services to OVC. In line with this goal and its objectives, in the first year, this partnership will provide comprehensive training to ensure that 700 social workers and para-social workers will have the capacity to provide quality OVC case management services by equipping them with the knowledge and skills to adequately perform tasks. This target includes 500 in-service social workers and para-social workers, and 200 social work students and faculty. This will be in line with the Nigerian National OVC Action Plan and will ensure that mechanisms for the protection, care and support for orphans and vulnerable children are in place and that the provision of basic services is facilitated within a supportive environment. Basic services include education, health and nutrition, protection and social care. Additionally, it is anticipated that each social worker or para-social worker will provide services to a significant number of OVC thus contributing to USG five-year target of providing support and/or care to 1,750,000 in Nigeria and the overall 2-7-10 PEPFAR targets.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

This twinning program will train pre-service and in-service social workers and para-social workers to provide quality services to OVC and their families. Therefore the partnership will work closely with the GON, the USG, USG IPs and other stakeholders in developing training materials to ensure that the training is comprehensive and culturally appropriate. Furthermore, AIHA and the partnership organizations will collaborate with all USG IPs engaged in OVC activities to identify participants for the in-service training. The partnership will engage relevant Nigerian civil society organizations, other PEPFAR implementers and international stakeholders during the various phases of this twinning program.

TARGET POPULATION:

In-service trainees will be social workers and para-social workers (laypersons) identified by GON, USG, and other USG IPs and who are currently providing OVC services. Students and faculty in schools of social work will be targeted for the pre-service partnership activities.

EMPHASIS AREAS:

The objectives of this twinning program are to strengthen the capacity of in-service and pre-service social work programs to provide quality OVC services. Through trainings, workshops and professional exchanges, partners will work at producing training products for these different groups so as to ensure that participants acquire adequate skills to provide quality OVC case management services.

Emphasis areas include pre-service, OVC, and retention strategies.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13040

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	700	False

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7215.08	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 16933.08	Planned Funds: \$9,839
Activity System ID: 16933	
Activity Narrative: ACTIVITY DESCRIPTION: The USAID Agency OVC ICASS budget for FY08 is estimated at \$9,839 to provide necessary ICASS supports for the staff of six USAID personnel under the OVC program area.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity: 16928, 16929, 16930, 16931, 16932, 16934, 16935, 16936, 16937, 16922, 15675	

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 555.08

Prime Partner: International Foundation for
Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15678.08

Activity System ID: 15678

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$500,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 IFESH will commence the provision of OVC activities and provide preventive care packages to HIV infected children, to families with an HIV infected parent/caregiver, and/or to orphans of HIV/AIDS. IFESH will provide primary direct OVC services to 2,000 OVC clients, including HIV+ children, at 30 sites (where HCT, TB/HIV and PMTCT services are provided) located in Rivers and Imo states. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. In its OVC programming, IFESH will focus on providing health services, nutrition, psychosocial support, and education to OVCs that it serves. IFESH will guide OVCs and caregivers to providers of other services such as protection, shelter and care, vocational training, and/or Income Generating Activities (IGA).

IFESH will provide OVC services in a family centered approach, identifying HIV infected women during pregnancy through its PMTCT program, and following the mother and the infant after birth with care services. The package of health services which will be available to all HIV+ children, orphans due to HIV, or eligible caregivers 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; and symptom management including provision of pediatric formulations of antiarrheals/analgesics/antipyretics. In addition, a standard formulary will be provided to sites to treat common opportunistic infections. Preventive care packages will be received from SFH for distribution to identified OVCs.

Access to food and nutrition support is a significant need for HIV-exposed and HIV+ children. IFESH will provide comprehensive nutritional support for OVCs, especially those that are clearly malnourished, including assessment, counseling, supplementation and multivitamins/minerals, with referral for therapeutic nutritional services. IFESH will explore linkages to community resources with therapeutic feeding programs. Linkages with community NGOs and faith based organizations (FBOs) as well as traditional community OVC providers will also be established for ongoing food and nutrition resource support. In addition, as a new partner in this area IFESH will network with other PEPFAR IPs and through the USG with Clinton Foundation to leverage funds for appropriate nutritional supplements for OVCs.

In COP08, IFESH will provide direct educational support for OVCs including: school uniforms, books, shoes, and/or incidental fees. IFESH will provide supportive supervision for school performance and any behavioral issues through relationships that will be formed with the school administration and teachers. This will allow early recognition of problems that need to be addressed.

Psychosocial support including disclosure management, grief and loss, stigma and discrimination issues etc. will be provided to all identified OVC. Support groups for OVCs will be facilitated by CBOs/FBOs for peer support and recreational activities. In COP08, IFESH will develop capacity 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. IFESH will work in COP08 with the GON, other IPs, FBOs and community resources to promote preventive care training. One hundred (100) community/home based care providers will be trained through this activity. The trained providers will conduct step down training to the caregivers in the households they serve.

The Child Survival Index tracking form will be utilized to ensure that each child has access to OVC services needed. Quality of services will be ensured through supportive supervision, feedback from families of OVCs, and through regular monitoring of OVCs.

COVERAGE AREA:

IFESH is working in Rivers and Imo states.

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 services for all identified HIV+ children, families with an HIV infected parent/caregiver or children orphaned by HIV/AIDS. The services are consistent with the National Plan of Action for OVC in Nigeria and the Standard Operational Guideline for OVC services. Capacity development at the site level and consistency with national guidelines will ensure sustainability. IFESH staff will contribute to the development of a National OVC training curriculum, identified as a priority by the FMOH.

LINKS TO OTHER ACTIVITIES:

This activity is linked to PMTCT (3248.08), Counseling and Testing (5668.08), TB/HIV (15665.08), AB (15679.08), COP (15664.08), and Strategic Information (15669.08). HCT services will be available to OVCs in HIV affected families. OVCs will be identified at birth through the PMTCT program. All HIV positive OVCs 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 in facilities with TB DOTS centers and IFESH staff work with sites to ensure coordination systems are in place for referral and diagnosis of TB in OVCs. Data reporting services supported by IFESH will be available at sites. Home based care programs will be implemented under the guidance of IFESH.

POPULATIONS BEING TARGETED:

OVC services are offered to HIV exposed infants, HIV positive children, children orphaned by HIV, caregivers of OVC/PLWHAs, pregnant women and HIV/AIDS affected families. Health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training, linkages and identifying OVCs.

EMPHASIS AREAS:

An emphasis area for this activity is human capacity development, local organization capacity building and SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13065, 15664, 13066, 15665,
13067, 15669

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	100	False

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Imo

Rivers

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7404.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16300.08

Activity System ID: 16300

Mechanism: USAID Track 2.0 FS
COMPASS

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$1,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity in COP08 and it relates to the health sector strategic objective as a wraparound activity that provides access to comprehensive nutrition, education and referral to basic health care for OVC. COMPASS's primary focus areas are FP/RH, child survival and basic education. The project engages local communities in building high quality, integrated health and education services in over 700 HF's and 1000 schools in 51 local government districts in Bauchi, Kano, Lagos, Nasarawa states and FCT.

PEPFAR funding will be used to further strengthen nutrition and educational wraparound services of the following USG supported IPs: Christian AID (5430.08), University of Maryland (ACTION Project) (5417.08), FHI/GHAIN, CEDPA (12378.08), Winrock (AIM project) (9882.08), Harvard APIN+ (5415.08), and others currently providing OVC interventions in Bauchi, Kano, Nasarawa and Lagos states. Among the 45 Local Government Areas (LGA) in Kano (16 LGAs), Nasarawa (7 LGAs), Lagos (14 LGAs) and Bauchi (8 LGAs) where COMPASS works, priority will be given to LGAs where USG IPs are providing HIV/AIDS services. COMPASS proposes to complement the IPs challenge to meet the needs of OVC by providing technical support in the nutrition area through the expansion of the Positive Deviance (PD) Hearth model and in the education area by facilitating retention of OVC in schools. In Bauchi the primary focus will be training on nutrition of service providers from USG supported facilities providing HIV services. COMPASS platforms {Community Coalitions (CC), Parent Teacher Association (PTA)} and the Nigeria Partners (CSACEFA and NMA) will be instrumental in the implementation of the proposed package of interventions. In COP08, COMPASS will reach a total of 6000 OVC (2000 of them receiving primary direct support and 4,000 supplemental support). Also 620 care providers will be trained on OVC care and support services, especially on nutritional support through community wraparound activities.

Following recommendations from the Food and Nutrition TA, COMPASS will work to build in-country capacity to conduct adequate nutritional assessments of PLWHA and PABA including OVC. To build government capacity, COMPASS will work with the appropriate government agencies such as HIV/AIDS and Nutrition Divisions of the FMOH, to develop training manuals, Standards of Practice (SOP) and job aids on nutrition and HIV/AIDS with special emphasis on infected and affected OVC. Two thousand five hundred (2,500) copies of the SOP and 500 copies of the training manuals will be printed, and disseminated through one-day orientation meetings for the USG IPs, their service providers and participants from Federal and State Ministries of Women Affairs.

At the facility level, COMPASS will identify 220 service providers from USG supported facilities providing HIV services in COMPASS presence states and train them on nutritional counseling and management for HIV-affected families and HIV Positive children using the training manuals, job aides and the newly developed SOPs for Nutrition and HIV/AIDS. In addition, COMPASS will train 400 community volunteers from USG IPs on nutritional care and support for OVC, nutrition counseling and education, community based growth monitoring and follow-up care during and after illness. The training will focus on weighing, weight charting and interpretation, nutritional needs of OVC, appropriate nutritional counseling and care giving, referrals and follow-up. COMPASS will provide technical assistance to USG IPs to facilitate and support the community volunteers to conduct PD Hearth health sessions involving food preparation and demonstrations, community education on the seven key child survival interventions, personal hygiene and sanitation, stimulative feeding and basic home gardening techniques.

COMPASS will develop appropriate, simple and easy-to-understand- IEC materials for use by service providers and community members on proper food preparation, hygiene and sanitation, selection of appropriate foods, as well as other nutritional management issues for OVC and their caregivers

COMPASS will support efforts of USG supported OVC partners to improve OVC access to food at the community level through community based nutrition rehabilitation program for malnourished children using the Positive Deviance (PD) Hearth Model to cover 100 communities reaching 4,000 OVC children in 45 LGAs in four states prioritizing sites and communities that have USG supported HIV/AIDS services. COMPASS will provide technical support to USG partners providing community based OVC services to establish community feeding for OVC using the (PD) Hearth Model and expand the community based growth monitoring model to target under five OVC in their intervention communities.

To support primary school age OVC, COMPASS will use its institutionalized structures (CC and PTA cluster training) to facilitate access to formal schooling of OVC mobilized by USG partners in 37 LGAs in Kano, Lagos and Nasarawa states. COMPASS will collaborate with PTAs and community coalitions around these schools to ensure enrolment and retention of OVC. Block grants to schools to address critical gaps as decided by the PTA will be given in exchange for providing retaining OVC in their schools. PTA grants will assist in upgrading public schools that will in turn provide levy free education for OVC. In order to keep OVC beneficiaries in the school they will be provided with uniforms, school books and materials.

COMPASS will partner with USG supported IPs to provide training to community members (CCs, PTA). In COMPASS supported schools, training will be provided to improve psychosocial support to OVC that are enrolled in schools. COMPASS will target 3,000 primary school OVC through PTAs and CSACEFA. In partnership with USG IPs, schools, PTAs and communities will establish criteria for COMPASS assistance to OVC; however, priority will be given to girls who are most at risk of leaving school in order to care for sick family members. . CSACEFA will train teachers, PTAs and CCs and will conduct sensitization activities with parents and students to raise their awareness on the special needs of OVC. Complementing those efforts, COMPASS will facilitate the formation of ANTI -AIDS clubs in these schools and will develop age appropriate IEC materials to create awareness on the plight of OVC and HIV prevention among the communities involved.

To raise the awareness of community members (religious leaders, community coalitions, PTAs, service providers etc) to the plight of OVC and aid in reducing stigma and discrimination against OVC , JHU/CCP a COMPASS sub partner will design field test and develop relevant IEC materials that will be in the public domain. COMPASS will collaborate with the efforts of MARKETS to facilitate the linkage of community volunteers and OVC households with existing activities that will improve food supplementation.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will increase the number of USG IPs, local organizations and caregivers that are able to provide adequate nutritional care and support for OVC. This will contribute to overall Emergency Plan OVC

Activity Narrative: targets for Nigeria. The new training manuals and SOPs will contribute substantively to USG 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.

This project will adhere to PEPFAR goals and objectives, as well as to the principles of Nigeria's HIV/AIDS Strategies and Guidelines, emphasizing and applying best practices in the context of national policy, encouraging local leadership, and coordinating response efforts through sound management and harmonized monitoring and evaluation systems.

LINKS TO OTHER ACTIVITIES:

COMPASS OVC relates to the following activities: Christian AID (5430.08), University of Maryland (ACTION Project) (5417.08), FHI/GHAIN, CEDPA (12378.08), Winrock (AIM project) (9882.08) and Harvard APIN+ (5415.08).

POPULATION BEING TARGETED:

This activity targets orphans and vulnerable children enrolled by USG IPs through facilities and community based activities. It also targets men and women who are teachers, religious leaders and members of community coalitions and PTAs. As a wrap around activity it also provides HIV prevention messages to in school youth through the ANTI-AIDS clubs that will be formed in the COMPASS supported schools

EMPHASIS AREAS:

The main thrusts of the program in COP07 will be a wraparound activity to provide training for USG IPs, local organizations and caregivers in nutrition through the development of training manuals, dissemination of SOPs and development of IEC materials; Improved Educational Access and Retainment; and Improved Quality of Life for OVC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13016, 13017, 13040, 13057, 13112, 13176

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13016	12378.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$700,000
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13176	9882.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$2,000,000
13017	5430.08	6369	3714.08	USAID Track 1.0 Christian Aid	Christian Aid	\$231,770

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	6,000	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	620	False

Target Populations

- Other**
- Orphans and vulnerable children
 - Religious Leaders
 - Teachers

Coverage Areas

- Bauchi
- Kano
- Lagos
- Nassarawa

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7143.08	Mechanism: USAID Track 2.0 FS Community Reach
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 16301.08	Planned Funds: \$1,500,000
Activity System ID: 16301	

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity and it links to all the other activities in the USG OVC portfolio. Analysis of the current USG Nigeria OVC portfolio, conducted by the USG Nigeria's Orphans and Vulnerable Children (OVC) TWG and reinforced by recommendations from previous technical assistance (TA) assessments, has identified a number of key programmatic gaps: current paucity of indigenous partners to take programs to scale; poor understanding of OVC definitions by implementing partners; inadequate monitoring and supervision; weak referral networks between facility-based and community-based partners; lack of coverage in high prevalence states; few programs addressing the needs of adolescents OVC, particularly females. In addition to these programmatic gaps, the analysis identified a number of contracting constraints, as the current in-country capacity for making awards to new partners is constrained by the current capacity of indigenous, civil society organizations (CSOs) to respond to the contracting regulations that currently exist in USG agencies. In addition, the analysis noted that PACT/Community REACH has the mandate and capacity to engage local partners through granting, in order to ensure quality and comprehensive services at the grassroots level to OVCs and to build organizational management capacity that supports the graduation of sub-partners to prime, indigenous partners.

Based on these findings, USG Nigeria will develop a Leader with Associate (LWA) Proposal under the PACT/Community REACH mechanism, Cooperative Agreement managed out of the Office of HIV/AIDS in the Global Health Bureau at USAID/W. PACT/Community REACH was selected because it has demonstrated capacity to quickly identify and provide grants to local CSOs in a range of technical areas related to prevention, care and support, and program-related data collection and analysis.

The Nigeria OVC LWA will particularly focus on PACT/Community REACH's ability to:

1. Quickly mobilize local/indigenous CSOs, NGOs, and FBOs in the Southeast, North Central and South-South geopolitical regions of Nigeria that are playing essential roles in the fight against HIV/AIDS to provide OVC and prevention services.
2. Provide grants to these organizations for comprehensive OVC services delivery according to OGAC guidance and in line with the government of Nigeria Plan of Action for OVC and Standards of practice.
3. Support Organizational Capacity building and service delivery capacity building for these groups to enable them to be more sustainable and eligible to directly access donor funding.
4. In the OVC program area, collaborate with ENHANSE Project tasked with facilitating the formation of National Network of Civil Society organizations implementing OVC activities to establish a national umbrella program for providing grants to members of the network.

The LWA SOW will be developed in coordination with USG Nigeria (led by the Nigeria OVC TWG), the OGAC OVC TWG and the Office of HIV/AIDS in USAID/W. While this Activity Narrative provides an overview of the activities that are intended to be contracted through the LWA, the USG Nigeria team recognizes – and has already begun planning for – intensive, coordinated joint-planning with the OGAC OVC TWG and the Office of HIV/AIDS in USAID/W to finalize the LWA SOW.

Specific programmatic gaps that the LWA with PACT/Community REACH will address include:

1. Mobilization of funding to organizations playing valuable roles in the fight against HIV/AIDS .
 - a. PACT will quickly identify indigenous CSOs and sub-grant to them for OVC services. PACT will provide organizational capacity development, which builds the capacity of PACT grantees to develop strong programming, management and monitoring skills, with the goal of local sub-partners graduating to prime partners.
 - b. Increase USG Nigeria's geographic areas of OVC service provision. Currently there is a dearth of OVC services within the Southeast, South-South, and North Central regions of Nigeria, and grantee recruitment will be focused in these regions. Community-based and faith-based organizations in particular will be targeted as sub-grantees.
2. Provision of technical assistance to local sub-grantees to deliver quality OVC services at the grassroots level. TA will be needed for accurate identification of OVC that qualify for services. Currently there is weak understanding of the Nigerian definition of what children fall under the category of orphaned or vulnerable. Activities will be designed to build provider understanding of who is eligible for OVC services, and work with communities and clinical service providers to identify all children that are eligible for services. TA will also be provided to PACT grantees to enable application of a holistic OVC service provision model. All OVC service providers should know and understand the standard level of care for each of the 6+1 services. All OVC will receive at least 3 of these services, one of which must be psychosocial support. These services should be delivered through a family-centered and community-based model, that reaches out to all children in a family infected/affected by HIV/AIDS using standards and practices that have been developed with USG support and GON collaboration.

PACT Community REACH activities will also ensure a multi-program and multi-sectoral referral system. All community-based and facility-based OVC service providers in a state should be aware of the geographic regions in which one another are working, and collaborate to form linkages and referrals between clinical and community-based care. Wherever possible, community partners should engage with and to link to clinical service providers, refer clients for HCT, care, and treatment, accept client referrals, and use this as a starting point to engage families in order to assist all children infected with or affected by HIV/AIDS.

PACT/Community REACH will also engage with local sub-grantees to promote sustainability and document evidence-based best practices, lessons learned and new approaches, tools and methodologies. Work with sub-grantees will also focus on developing robust M&E plans that articulate utilization of the Child Status Index and GON tools to ensure high-quality programming.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity substantively contributes to the overall USG Nigeria's 5-Year Strategy and to the implementation of Nigeria's National Plan of Action on OVC by developing and strengthening capacity of indigenous CBOs, FBOs and NGOs for service delivery to OVC. The organizational capacity building component of this activity helps sustainability as the sub-grantees develop the potential to be prime recipients of donor funding. The suggested targets are determined based on the current estimated cost per targets for a minimum package of OVC interventions. As this is an LWA mechanism, the final targets will be vetted thru OGAC, and uploaded into COPRS after final award negotiations. The programs and activities implemented will increase the reach of OVC underserved populations and geographic areas with fairly high

Activity Narrative: HIV/AIDS prevalence in comparison with the national average.

LINKS TO OTHER ACTIVITIES:

The activities implemented under the PACT/Community REACH award will achieve set targets for OVC served and caregivers trained while also providing clear linkages between their own activities and the wider OVC portfolio as implemented by other IPs. The emphasis on dissemination of best practices will also help develop the sustainability.

POPULATIONS BEING TARGETED:

Populations targeted in these activities will include all OVC with special emphasis on reaching the hard to reach populations. Also targeted are community members- traditional leaders, religious leaders, men and women who act as caregivers for OVC.

EMPHASIS AREAS:

There is a strong emphasis on local organization capacity development and service delivery at grass root level. Other emphasis areas include community mobilization; development of network/linkages/referral system; information, education and communication and linkages with other sectors and initiatives.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13139, 13119, 13126, 13099,
13073, 13112, 13083, 13064,
13027, 13040, 13057, 13010,
13016, 13017, 13019, 14087,
12999, 15644, 13176, 13155,
15663, 15666, 15659, 15678,
16300, 16302, 16332, 17735,
16944, 17024, 17025, 16940,
16933

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13010	5407.08	6367	3713.08	USAID Track 2.0 CRS OVC	Catholic Relief Services	\$2,500,000
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
13016	12378.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$700,000
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
15644	15644.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0
13073	12414.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$500,000
16300	16300.08	7404	7404.08	USAID Track 2.0 FS COMPASS	Pathfinder International	\$1,000,000
16302	16302.08	7405	7405.08	USAID Track 2.0 FS AIDSTAR	John Snow, Inc.	\$3,000,000
17025	17025.08	7142	7142.08	USAID Track 2.0 FS Measure DHS	Macro International	\$1,000,000
16944	16944.08	6392	553.08	USAID Track 2.0 ENHANSE	The Futures Group International	\$500,000
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
13119	12394.08	6395	558.08	USAID Track 2.0 FS Measure TBD	University of North Carolina	\$300,000
13064	5405.08	6379	3698.08	USAID Track 1.5 Hope WW SA	Hope Worldwide South Africa	\$400,000
13176	9882.08	6404	5268.08	USAID Track 2.0 Winrock AIM	Winrock International	\$2,000,000
13017	5430.08	6369	3714.08	USAID Track 1.0 Christian Aid	Christian Aid	\$231,770
13019	9881.08	6370	5266.08	USAID Track 2.0 Christian Aid	Christian Aid	\$1,500,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
13099	6497.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,750,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
15663	15663.08	7213	7213.08	HHS/HRSA Track 2.0 AIHA	American International Health Alliance Twinning Center	\$437,500
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	8,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Target Populations

Other

Orphans and vulnerable children

Religious Leaders

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7405.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16302.08

Activity System ID: 16302

Mechanism: USAID Track 2.0 FS AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$3,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity and it links to AIDSTAR activities in AB prevention (3.3.02) to ensure that all OVC get age-appropriate prevention messaging integrated into their general health care.

An analysis of the current USG Nigeria OVC portfolio, conducted by the USG Nigeria's Orphans and Vulnerable Children (OVC) TWG and reinforced by recommendations from previous technical assistance (TA) assessments, identified a number of key programmatic gaps: current paucity of indigenous partners to take programs to scale; poor understanding of OVC definitions by implementing partners; inadequate monitoring and supervision; weak referral networks between facility-based and community-based partners; lack of coverage in high prevalence states; few programs addressing the needs of adolescent OVC, particularly females; and little programming for young married girls in Northern Nigeria who have increased vulnerability. In addition to these programmatic gaps, the analysis identified a number of contracting constraints, as the current in-country capacity for making awards to new partners is limited by the current capacity of indigenous, civil society organizations (CSOs) to respond to the USG solicitation and award standards. The analysis also showed that to achieve community level service provision and comprehensive services, a partner is needed with the technical expertise and implementation capacity to not only envision, but have the ability to rapidly develop a large-scale effort in a country as large, complex and challenging as Nigeria. Finally, the analysis noted that implementing partners should have the mandate and capacity to engage local partners in its efforts to ensure that the program is implemented comprehensively at the grassroots level.

Based on these recommendations, the AIDS Support and Technical Resources (AIDSTAR) Indefinite Quantity Contract (IQC) mechanism has been selected as a new partner under COP08, due to the fact that AIDSTAR contractors have demonstrated technical capacity in a range of technical areas related to care and support addressing multifaceted needs of OVC and palliative care. These include pediatric home based care, gender, stigma and discrimination, and program-related data collection and analysis. This partner, when awarded, will work closely with the inter-agency OVC TWG and will be overseen by the PEPFAR Nigeria Senior Management team to ensure that it is integrated within the broader USG OVC portfolio. The scope of work will be developed in conjunction with the OVC TWG, and targets and specific activities will be shared with O/GAC prior to award as is USG/Nigeria's practice for TBD activities.

The USG Nigeria team has discussed this request for task order proposal (RFTOP) with the AIDSTAR Cognizant Technical Officer (CTO) who will approve the SOW prior to issuance and has determined that the proposed activities fall within the scope of the IQC. The Nigeria OVC task order will use AIDSTAR to provide:

1. Long-term in-country support for coordination and scale-up of HIV/AIDS activities in support of USG/Nigeria OVC strategies.
2. Service delivery focusing on the multifaceted needs of OVC, including home-based care for infected children, gender issues related to the vulnerability of female OVC and heads of household, and stigma and discrimination. Specifically AIDSTAR contractors will:
 - a) Identify OVC: Activities will be designed to build provider understanding of who is eligible for OVC services, and work with communities and clinical service providers to identify all children that are eligible for services. The geographic area of focus for AIDSTAR activities will be in areas of Nigeria with HIV prevalence at or above the national average that are underserved particularly in the Southeast, South-South, North East and North West regions. Community-based and faith-based organizations in particular will be targeted as sub-partners.
 - b) Develop a holistic OVC service model: AIDSTAR contractors will understand and establish the standard level of care for each of the 6+1 services using standards and practices that have been developed with USG support and GON collaboration. All OVC will receive at least 3 of these services, one of which must be psychosocial support. These services will be delivered through a family-centered and community-based model that reaches out to all children in a family infected/affected by HIV/AIDS.
 - c) Ensure a multi-program and multi-sectoral referral system: AIDSTAR contractors will collaborate and form linkages/referrals between existing clinical and community-based partners within the geographical area of focus. In some states, AIDSTAR contractors will serve as case managers which coordinate referrals for OVC to ensure comprehensiveness of services. Wherever possible, community partners will engage with and link to clinical service providers; refer clients for HCT, care, and treatment; accept client referrals; and use this as a starting point to engage families in order to assist all children infected with or affected by HIV/AIDS.
 - d) Address girls vulnerability issues: AIDSTAR contractors will focus activities in key Northern and Southern states where increased vulnerabilities of female girls are common, and provide support for girls' continuation in, or return to, school as well as improve outreach and linkages with HIV-related health services, particularly outreach efforts by USG projects (ACQUIRE, ACCESS, and Pop Council).
3. Increased technical capacity of Nigerian decision-makers and personnel to design and implement effective, evidence-based HIV/AIDS interventions. Specifically, AIDSTAR contractors will: a) link with State Ministries of Women's Affairs (SMOWA) in focus states to build technical capacity so that they can roll out national-level policies, strategies, guidelines, quality assurance, and data collection systems. b) provide technical support to FMOWAs to plan, manage, monitor and evaluate OVC service provision. c) contribute to OVC program M&E in collaboration with the USG SI team and PEPFAR IP tasked with overall M&E and SI capacity building
4. Documentation and dissemination of successful innovative approaches and sustainable models, evidence-based best practices and lessons learned, and new approaches, tools and methodologies in HIV/AIDS OVC programming.

In COP 08, AIDSTAR will directly serve 14,400 OVC with services and train 3,600 care-givers on OVC care and support services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity substantively contributes to the overall USG Nigeria's Five-Year Strategy and to the implementation of Nigeria's National Plan of Action on OVC by developing and strengthening the community based service delivery for affected children. The suggested targets are determined based on the

Activity Narrative: current estimated cost per targets for a minimum package of OVC interventions. As this is an IQC mechanism, the prime partner and final targets will be vetted with O/GAC and uploaded into COPRS after final award negotiations. The programs and activities implemented will increase the reach of OVC underserved populations and geographic areas with fairly high HIV/AIDS prevalence in comparison with the national average.

LINKS TO OTHER ACTIVITIES:

The activities implemented under the AIDSTAR IQC will achieve set targets for OVC served and caregivers trained while also providing clear linkages between their own activities and the wider OVC portfolio as implemented by other IPs. Strong linkages with the LMS project will be developed as LMS focuses on institutional capacity building in the FMOWA, while AIDSTAR focuses on increasing technical capacity. The emphasis on dissemination of best practices will also help develop the sustainability and efficacy of the program.

POPULATIONS BEING TARGETED:

Populations targeted in these activities will include all OVC, with particular focus on the female adolescents OVC in the Northern and Southern parts of Nigeria. Also targeted are community members, traditional leaders, religious leaders, men and women who act as caregivers for OVC.

EMPHASIS AREAS:

Emphasis areas will include human capacity development.

The service delivery component of this award will have a key focus on community mobilization/participation and local organization capacity development. Other emphasis areas are development of network/linkages/referral system; information, education and communication and linkages with other sectors and initiatives.

Targets:

Number of OVC reached with services: 14,400

Number of care-givers trained: 3,600

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16991

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16991	16991.08	7405	7405.08	USAID Track 2.0 FS AIDSTAR	John Snow, Inc.	\$3,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	14,400	False
8.1.A Primary Direct	14,400	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,600	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 553.08

Prime Partner: The Futures Group
International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16944.08

Activity System ID: 16944

Mechanism: USAID Track 2.0 ENHANSE

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$500,000

Activity Narrative: ACTIVITY NARRATIVE:

ENHANSE is a national level integrated project with the mandate to create an enabling environment for HIV/AIDS, and TB. The activity's emphasis is on policy/plans development and utilization. It also focuses on the use of accurate and strategic information to inform the policy and planning process and to leverage organized private sector support and resources for national HIV/AIDS programs as well as improve the political will and commitment of key national leaders.

A major issue in the HIV/AIDS epidemic is the large number of orphan children who have lost one or both parents as a result of HIV or are made vulnerable by the demands imposed by the infection on one or both parents. The work of ENHANSE in the OVC program area is a policy effort to ensure that a national enabling environment to care for the OVC is created.

The major partners in the OVC program implementation are the Federal Ministry of Women Affairs (FMWA), Federal Ministry of Health (FMOH), National Agency for the Control of AIDS (NACA), Federal Ministry of Education (FME), and Federal Ministry of Information (FMOI) OVC Desk officers. Others would include the National Human Rights Commission and the Legal AID Council, National Primary Health Care Development Agency, National Population Council, International Federation of Women Lawyers (FIDA), CSOs, FBOs, Bilateral and Multilateral organizations.

Activities for COP08 will build on COP07, namely in systems strengthening activities for the FMWA-OVC Unit to increase their capacity for national leadership in addressing OVC issues and integrating other programs that have strong focus on the needs of vulnerable children.

The use of accurate data to inform program implementation is crucial to program success. ENHANSE will support the FMWA to widely distribute and disseminate the OVC National Plan of Action (NPA), and facilitate the development of an implementation framework and a child-friendly version of the five-year plan written at the level of a secondary school reader. TA to determine the policy and program implications of data from the about to be conducted National Situational Analysis on OVC, will be provided. ENHANSE will also collaborate with UNICEF and other partners to print and disseminate the National Children policy. The Child Status Index (CSI) which is used to evaluate the correlation between program services and a child's well being in order to ensure that individual children receive appropriate assistance will be harmonized with the already developed Nigeria OVC Vulnerability Index. Whilst MEASURE Evaluation will provide the TA to harmonize the two tools, ENHANSE assist in the printing and dissemination of the harmonized version.

To address GON manpower challenges, ENHANSE will support strategic embedding of one long term consultant in FMWA. The consultant will provide technical oversight of, and additional support for, M&E activities within the Ministry, thereby improving the quality of implementation and reporting. Opportunities will be provided for capacity building for key staff and OVC Desk officers of our key partner organizations in the public and private sectors, in areas including data use, policy development, program management and decision making including how to use the CSI. Trainings will address strategic planning, networking, and resource mobilization.

National civil society organization (CSO) networks and coalitions (e.g. CISHAN, AONN, NEPWAN, etc), and faith based organizations (both Christian and Muslim), will be supported via grants and technical input to develop policies and guidelines that address the OVC challenges within their various organizations. Select private sector coalitions like the Nigerian Business Coalition will also receive TA to develop operational guidelines for their OVC programs. Training will also be provided to the above and other key stakeholders on issues related to OVC, stigma and discrimination. As OVC face a lot of stigma and discrimination especially in schools, the FME will be supported to conduct training for members of Association of Nigerian Principals of Secondary Schools (ANCOPSS) and of Committee of Heads of Primary Schools in Nigeria (COPSHON) on stigma, OVC issues, and age-appropriate prevention messages for children. Capacity building on child participation and protection, and gender and gender mainstreaming in OVC programs will be facilitated for the National OVC implementation team and USG supported OVC IPs in collaboration with UNICEF, Save the Children UK, and the Canadian International Development Agency (CIDA).

To ensure accurate reporting of OVC issues, ENHANSE will support through its Journalism Development Program, media tours for journalists to USG supported OVC households, facilities, and communities, as well as workshops, roundtables, and mentoring, all of which provide journalists from the print and electronic media greater understanding of issues affecting OVC and the interventions to address them.

ENHANSE will support the formation of an OVC Advocates forum made up of children who are either orphaned or vulnerable to enable them to champion their issues and promote the reduction of stigma and discrimination while also providing psychosocial and group support for themselves. FMWA will be supported to identify and train these children in advocacy and policy dialogue thus increasing OVC participation in decision making. Utilizing the advocacy kits and harmonized messages developed in COP07, OVC desk officers in Federal and State Ministries of Women Affairs will be trained on advocacy to strengthen their capacity to advocate for the implementation of the OVC National Plan of Action with key state level policy makers and the legislature. ENHANSE will support FMWA in the zonal sensitization and training of desk officers/CSOs and other sectors on programming for OVC. Key CSOs will also be trained to improve their advocacy and policy dialogue skills especially with the incoming administration.

ENHANSE will also work with the FMWA to develop mechanisms for registering and supervising orphanages within the country. FMWA will also be strengthened to improve their ability to work with multisectoral partners, providing services at the three tiers of government especially in health and education. This will be actualized through work with the National Primary Health Care Development Agency, and the Universal Basic Education Commission so that OVC in all parts of the country receive the same quality of services as available to all other children. The National Population Commission will also be sensitized to recognize their role as a critical stakeholder in the OVC national response especially as it relates to birth registration for orphans and the provision of accurate national population data and statistics to inform proper planning for the OVC national response. In COP08, 10 individuals will be trained in policy development, 10 in institutional capacity building, 20 in stigma and discrimination reduction, and 20 in community mobilization. In addition, one local organization will be provided support for policy development and institutional capacity building.

Activity Narrative:**LINKS TO OTHER ACTIVITIES:**

This activity is linked to policy and systems strengthening initiatives. It also linked to initiatives in human rights, elimination of stigma and discrimination, access to education and income generation. Activities will be linked to those of other USG IPs providing services in the communities. This activity is also linked to activities of bilateral and multilateral organizations dealing with issues related to OVC.

TARGET POPULATION:

Target populations include the general youth population and OVC.

EMPHASIS AREAS:

This activity's emphasis is on human capacity development and strategic information.

The activity will increase legislative engagement in HIV/AIDS and OVC stigma and discrimination issues. ENHANSE will support the national legislature to enact appropriate legislation that supports national HIV/AIDS programs including legislation related to the rights of children, adoption, and the establishment and running of orphanages or other care institutions for affected children. Collaboration with National Human Rights Commission and NEPWHAN will continue to ensure passage of the Bill on Stigma and Discrimination. Support to the legislature will assist in hastening the processing of the relevant bills already in both chambers.

TARGETS:

The OVC systems strengthening targets are added to the policy and systems strengthening targets.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13104

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13104	3238.08	6392	553.08	USAID Track 2.0 ENHANSE	The Futures Group International	\$3,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 16940.08

Planned Funds: \$50,000

Activity System ID: 16940

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents new funding for a contracted Nigerian program officer for activities in the area of Orphans and Vulnerable Children. This new request for funding responds to the recommendations of the COP07 OVC Technical Assistance Team that identified a critical need to hire additional staff for OVC. Hiring an OVC program officer will allow for the coordination of OVC services in the Nigerian Military. The budget includes one FSN salary, overhead charges, funding required for domestic travel, training funds and allocated minor support costs.

A unique aspect of the NMOD-DOD Program is the employment of staff with past NMOD experience or familiarity. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Treatment and Clinical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group will hybridize US policy and implementation with NMOD/GON practices.

The OVC program officer will work as a member of the USG OVC Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Prevention and Clinical Working Groups. The OVC program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site OVC programs. The OVC program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines. The program officer will also work with other agencies involved in the provision of OVC services in Nigeria, such as the Clinton Foundation. The program officer will spend 100% of his/her time in this program area, and will link closely with activities in Basic Care and Support.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13162, 13163, 13164, 16942,
16939, 16941, 13165, 13166,
13167, 13168

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5409.08

Activity System ID: 13155

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$220,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity links to Care and Support, HCT, ARV Treatment and Services and TB services to provide comprehensive services to OVCs.

The DOD/NMOD is presently in 10 sites in 8 states and the FCT including Benue, Lagos, Kaduna, Plateau, Enugu, Rivers, Delta and Cross Rivers. By end of COP 07, the DOD/NMOD will have opened 4 additional sites in 3 new states including Benin, Borno and Imo. In COP 08, IP will expand to 6 new sites in a total of 16 states plus the FCT. The new states include Anambra, Kano, Oyo and Sokoto. The focus of COP08 funds will be in seven sites in 4 states (Kaduna, Lagos, Enugu, Plateau) and the FCT. While OVC activities have commenced at these sites in prior years, activities to increase quality of services provided and number of OVCs reached at each site are necessary. The 7 existing sites include the following military facilities and communities: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), Nigerian Air Force Hospital (Jos) and 3 Division Hospital (Jos).

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will increase efforts to scale up OVC activities at 7 existing sites.

Locating and providing at least three services to orphans and vulnerable children (OVCs) has been a challenge from the DOD-NMOD due to a lack of manpower within the NMOD. In COP08, the DOD-NMOD will focus efforts to expand and enhance quality OVC programming. A full-time OVC specialist will be hired at DOD to support these efforts and coordinate activities with the NMOD.

The DOD OVC activities encompass pediatric basic care and support, pediatric TB/HIV care and community support for OVC in HIV affected families. In COP08, OVC services will expand the number of OVCs reached, serving 2,600 OVCs through a network of linked services and in cooperation with other partners, including community- and faith-based organizations serving these communities, of these OVCs reached, 628 will be HIV positive.

The DOD will provide a basic package of care that includes laboratory diagnosis and monitoring for opportunistic infections (OIs). DOD will provide a family-centered comprehensive package of diagnosis (including TB, malaria and diarrheal diseases), and care services (including insecticide treated mosquito nets and water guards) to patients and clients.

In COP08, activities will focus on supporting OVCs by facilitating access to education, psychosocial counseling and nutritional support for those most in need. Educational support will be provided based on the assessed needs of each OVC (e.g., ensuring access to barracks-based schools, tuition support, uniforms/books, tutoring). In sites with counseling staff, OVCs will be linked with counselors and/or social workers. OVCs will be linked with support groups and play groups, with an emphasis on providing both child-to-child and child-to-adult interactions. Nutritional support will be provided in line with USG and GON guidelines. Collaborations with Clinton Foundation, SCMS and additional partners will be strengthened to obtain nutritional commodities (e.g., Plumpynut). Select OVCs will be provided with training to acquire income generation skills (e.g., soap making) by linking with the site's established adult income generation programs. This activity will target older children and those children who head households. Females will be targeted as young girls and women are often disadvantaged. Trained CBOs or FBOs who have the capacity to scale up such activities will be selected to receive sub-grants. OVCs will also be referred to other Implementing Partners who have services that are not provided by a particular military site.

The DOD will continue to train multi-disciplinary teams in the clinical management of pediatric HIV+ clients, including TB and other OIs, pediatric counseling and support for treatment adherence. 200 additional 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 the 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, HCT, ART) and links with other providers, including PEPFAR partners and implementing partners, to support the provision of a comprehensive range of activities will be a key focus of this activity.

CONTRIBUTION TO OVERALL PROGRAM AREA:

The inclusion of OVC services, such as nutrition support and special pediatric counseling, will contribute to the comprehensive care of children infected and affected by HIV/AIDS. This activity will also contribute to overall GON targets, PEPFAR targets and USG targets for OVCs.

POPULATION BEING TARGETED:

This activity will target OVCs, families affected by HIV/AIDS, young girls and women, caregivers of OVCs and community-based organizations (CBOs and FBOs).

EMPHASIS AREAS:

The activity has an emphasis on capacity development and training, community mobilization, network development and food and nutrition support. This activity will also address gender issues, specifically increasing young girls' and women's access to care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6808

Related Activity: 13153, 13154, 13156, 13158,
13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25196	5409.25196.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$93,800
6808	5409.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$132,000
5409	5409.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$40,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$15,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,600	False
8.1.A Primary Direct	2,100	False
8.1.B Supplemental Direct	500	False
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Enugu

Plateau

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1532.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5408.08

Activity System ID: 13126

Mechanism: USAID Agency Funding

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$432,387

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” costs of USAID’s OVC team, which includes the OVC Advisor, an OVC Program Officer, a Program Officer for Nutrition, two program assistants and an administrative assistant. The program officer for nutrition, a program assistant and the administrative assistant are new positions, requested for approval in this COP, as there is a need for increasing specialized support for the fuller range of OVC activities throughout the interventions supported by PEPFAR. The dollar amounts to be programmed and the number of partners providing programming in this area have increased dramatically over the past year and are anticipated to continue to increase as the APS and other solicitation mechanisms identify 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 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. In addition, there will be increased emphasis on two elements of the OVC package of services – nutrition and education – and wraparound activities in these sectors will also require substantive coordination.

The OVC team, working with the wider PEPFAR OVC team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the OVC interventions and services. The team will also be managing several new mechanisms and providing oversight to a wider geographic range of service delivery points. The team’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 Technical 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 activities, in line with national guidelines.

These six positions are all local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 6782**Related Activity:** 13121, 13122, 13123, 13124, 13125, 16938, 13127, 13128, 13129, 13130, 13131**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24941	5408.24941.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$480,910
6782	5408.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$255,000
5408	5408.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$133,335

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1561.08	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 5419.08	Planned Funds: \$130,000
Activity System ID: 13139	

Activity Narrative: ACTIVITY DESCRIPTION:

This HKID activity relates directly to all HHS Nigeria OVC COP08 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, and four partial staff positions planned for OVC that will focus on pediatric basic care and support issues. The budget includes 2.5 FTE FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

This HHS/CDC OVC staff member will work in close coordination with the USAID Senior OVC program specialist and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#5417.08), Harvard SPH-APIN (#5415.08), Columbia University-ICAP (#5547.08), Catholic Relief Services-AIDSRelief (#5416.08), Africare (#15666.08), IFESH (#XXXXX.08), and partners to be determined by RFA in COP08 (#14087.08). The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#3229.08), CEDPA (#12378.08), Hope Worldwide (#5405.08), Christian AID (#9881.08), Society for Family Health (#6497.08), Catholic Relief Services – OVC project (#5407.08), and a USAID APS partners (#12415.08) in COP08. USAID and CDC OVC staff will provide assistance as needed to the U.S. Department of Defense (#5409.08) 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 150 clinical sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6792

Related Activity: 13138, 13143, 15663, 15659, 13057, 13112, 13027, 15666, 12999, 15678

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25977	5419.25977.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$199,541
6792	5419.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$100,000
5419	5419.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
15663	15663.08	7213	7213.08	HHS/HRSA Track 2.0 AIHA	American International Health Alliance Twinning Center	\$437,500
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3682.08	Mechanism: USAID Track 2.0 SFH
Prime Partner: Society for Family Health-Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 6497.08	Planned Funds: \$3,750,000

Activity System ID: 13099

Activity Narrative: ACTIVITY NARRATIVE:

This component is linked to Condom and other Prevention (5372.08), Counseling and Testing (5423.08) and Basic Care and Support (3.3.06) as well as TBHIV (12364.08).

Society for Family Health (SFH) will support PEPFAR IPs to provide palliative care and support to HIV vulnerable children and their families in the Nigeria PEPFAR states. SFH will develop a Basic Care Kit (BCK) for distribution to IPs as indicated by the USG team for their utilization in OVC programming. Subsequent to the initial distribution of 125,000 BCKs, SFH will also provide product replenishment in the form of ORS and WaterGuard over a three and six-month period, respectively.

HIV/AIDS compromises the immune system of its human host and is most detrimental in population demographics that are more susceptible to health ailments and their resultant complications, such as children under five, pregnant women, the elderly, and immune-compromised individuals; i.e. those already suffering from one or more other serious health concerns. The negative synergistic relationship between HIV and malaria is well documented: HIV infection increases the risk and severity of malaria while malaria, in turn, increases the rate of HIV progression with far reaching consequences, particularly for HIV+ pregnant women and young children. In Nigeria, water and sanitation infrastructure continues to be unreliable and suffers from disrepair and inadequate reach; 42% of the population continues to lack access to safe water sources (NDHS 2004). At least 27% of the rural population obtains water from unsanitary wells; 16% from rivers; and 6% from vendors.

HIV vulnerable children, whether HIV+ themselves or in an HIV affected household (i.e. with an HIV+ person or orphaned b/c of HIV), are susceptible to opportunistic infections commonest among which are diarrhoeal diseases and malaria. Without proper, holistic care that addresses their particular variety of health, education, social and developmental needs, HIV vulnerable children will not receive the necessary knowledge, tools or encouragement to improve their well-being.

To provide HIV vulnerable children and their families a broader health management vision, each BCK is constructed to promote healthy behaviour practices with respect to three major areas: malaria prevention and management, diarrhoeal disease prevention and treatment, and improved basic sanitation and hygiene practices. Kit components include: one long-lasting insecticide treated net (LLIN); one safe water storage vessel with spigot (std. 20 litre bucket with lid); one bottle of WaterGuard point-of-use water treatment product; ORS sachets; hand soap; and a combination of relevant IEC materials. Evaluation of the uptake and appropriate use of the BCK will be conducted among recipients of the commodity, implementers and trainers and the general population as a whole.

LINKAGES TO OTHER ACTIVITIES:

This activity is linked to the activities of other USG supported IP in HKID. SFH will supply BCK to the USG supported OVC partners. SFH will leverage its relationships with PLWHA support groups to support IPs in the sensitization of health care workers, and PLWHA support group facilitators and members. SFH will utilize its expertise in behaviour change communications to develop a variety of culturally/regionally appropriate IEC materials emphasizing positive behavioural decisions and healthcare products pertinent to HIV vulnerable children and their families. In addition, SFH will train IP staff, facility staff (i.e. project implementers), and project beneficiaries to ensure appropriate and correct use of the commodities provided. SFH expects to train 700 persons over the course of the project.

POPULATION TARGETED:

This activity targets HIV vulnerable children and their families and HIV+/- pregnant women. To address and mitigate the issue of BCK stigma, SFH will produce different color variants of the buckets in order to reduce the current levels of stigma associated with the blue buckets.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6737

Related Activity: 13096, 13097, 13098, 13100, 13101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24932	6497.24932.09	U.S. Agency for International Development	Society for Family Health-Nigeria	10611	3682.09	USAID Track 2.0 SFH	\$2,435,000
6737	6497.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$2,250,000
6497	6497.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$1,060,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13096	5316.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$7,000,000
13097	5372.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,871,500
13098	12364.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$200,000
13100	5423.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$300,000
13101	5299.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$490,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	700	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

Bauchi
Benue
Cross River
Edo
Federal Capital Territory (Abuja)
Kaduna
Kano
Lagos
Nassarawa
Abia
Adamawa
Akwa Ibom
Enugu
Gombe
Imo
Katsina
Kebbi
Kogi
Ogun
Ondo
Oyo
Sokoto
Taraba

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 558.08	Mechanism: USAID Track 2.0 FS Measure TBD
Prime Partner: University of North Carolina	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 12394.08	Planned Funds: \$300,000
Activity System ID: 13119	

Activity Narrative: The Implementing Partner (IP) will provide Technical Assistance (TA) to the Federal Ministry of Women Affairs and Social Development (FMoWASD) to improve information on OVC outcomes and to strengthen the Ministry's capacity to collect, analyze, and use strategic information relevant to OVC programs. There will be three activities in COP08. The first activity will provide technical assistance and training to FMoWASD and other stakeholders at the national and state level in the adaptation and implementation of the Child Status Index (CSI) tool. The CSI will be adapted for monitoring the status of OVCs at two levels; monitoring coverage and children served, and surveillance of anticipated results. The CSI will provide care givers with a system to monitor children served by programs and to better direct services to children in need as a result of changes in various psychosocial indicators. The CSI will also be used as a surveillance tool to monitor how OVCs in general are faring at the program level. This will mean designing and implementing a program level system that will provide information on a group of children and will be pilot-tested in one or two programs only. The TA and training to FMoWASD, the National Agency for the Control of AIDS (NACA), and OVC IPs will cover use the CSI tool and information generated through it for decision-making at the level of individual children and/or programs. This information will be helpful for guiding OVC program management decisions on for delivering quality care and support to children. This activity will be supported technically by central level OVC TA as well as through a local advisor.

The second activity will focus on capacity-building aimed at strengthening the organizational and institutional capacity to produce information for use in improving program management and policy formulation. The strategy for strengthening FMoWASD's M&E capacity will include targeted training in routine M&E, improving data quality, and data use. When possible, FMoWASD staff will be included in M&E trainings offered through SI activities. Also, if available, regional training opportunities in M&E will also be sought out for FMoWASD staff. This M&E capacity building is expected to improve FMoWASD's staff M&E technical skills, planning, use of information, training of lower level staff, and engagement of key stakeholders in development and implementation of M&E activities. The primary thrust of the capacity building will center on a training of trainers mechanism. IPs and other development partners will work at the state and LGA levels to support the step-down training at the lower level, which will also include care-givers.

The third activity will include TA to the FMoWASD to further analyze data from the forthcoming national OVC situational analysis and 2008 Nigeria Demographic and Health Survey (NDHS), especially the OVC module. This will enable the FMoWASD and other stakeholders to develop a more focused OVC intervention program that responds to the needs and vulnerabilities of the target population at state and lower levels. Overall, the proposed activity will reach 125 trainees. Follow-up TA will be provided to review the adaptation of the CSI and a workshop will be convened to identify and share the best practices. Combined with other assistance, the expected results will improve the overall well-being of children affected and infected by HIV/AIDS through improved implementation of OVC programs in Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The technical assistance and training being proposed by the IP will build on existing work by other IPs and stakeholders. The proposed activity will contribute to effective and efficient execution of OVC program interventions by the GoN (FMoWASD and NACA), USG IPs, and other development partners, such as UNICEF, the World Bank and British Department for International Development (DfID). Availability of accurate and timely data on the OVC situation will inform key strategies for program managers and policy makers in designing activities for addressing OVC needs. In addition, information from further analysis will provide input to the design and formulation of policy guidelines and other standard operating procedures for quality service delivery. An anticipated 125 people will be trained as part of this activity.

LINKS TO OTHER ACTIVITIES:

TA to FMoWASD and PEPFAR partners is directly linked to system strengthening and policy development. Targets for TA provided to agencies (5) and M&E training for individuals (125) will be reported in the SI narrative. Linkages between TA in data collection, analysis and utilization of information will strengthen the capacity of organizations and personnel to generate reliable, timely and accurate information that will improve the ability of health managers, care-givers and providers at all levels to plan activities, set priorities, and allocate human and financial resources in response to needs. The IP will collaborate with stakeholders at all levels to improve data collection, reporting and use, and form linkages as appropriate, especially with other SI capacity building activities.

TARGET POPULATIONS:

Children affected by HIV/AIDS are the ultimate beneficiaries of improved evidence-based programmatic decision-making and planning. Others include policy makers, program managers, community health workers, volunteers, guardians and caregivers, and M&E staff, particularly from FMoWASD and NACA, who will participate in the design of OVC assessment tools and the CSI training to enhance their skills in systematically monitoring the outcomes of OVC interventions programs. Current PEPFAR IPs will also benefit from the assessment results and training to enhance program management decisions. Training and TA will extend to state, LGA and other OVC service providers at lower levels through step-down training activities and supervision, to enable them to apply the CSI tools for monitoring OVC program performance.

EMPHASIS AREAS:

The major emphasis area for the IPs activities is supporting FMoWASD with TA and capacity-building in OVC program M&E. This will provide program managers, policy makers, beneficiaries and implementing agencies with information to support strategy development and activities to address the needs of OVC and subsequently improve their overall well-being. As part of this effort, the IP will enhance the capacity of FMoWASD and other stakeholders in the application of the Child Status Index tools for monitoring OVC program performance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12394

Related Activity: 13120

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24919	12394.24919.09	U.S. Agency for International Development	University of North Carolina	10605	558.09	USAID Track 2.0 Measure III	\$300,000
12394	12394.07	U.S. Agency for International Development	University of North Carolina	4185	558.07	Measure Evaluation	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13120	3251.08	6395	558.08	USAID Track 2.0 FS Measure TBD	University of North Carolina	\$1,500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 632.08

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5417.08

Activity System ID: 13112

Mechanism: HHS/CDC Track 2.0 Univ
Maryland

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$2,359,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07 ACTION reached 7,203 OVC in 23 states with services. In COP08, ACTION will provide OVC services through a comprehensive package of care to 10,000 children at a minimum of 53 sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). This will include 5,943 HIV infected children (5,443 requiring ART) and 4,057 uninfected OVC who will be directly provided with three core OVC services of health care, food/nutrition, and psychosocial support and linked to community OVC providers to ensure access to the other core OVC services of shelter & care, protection, and education when needed. \$500,000 of FY07 reprogrammed funds will be applied against COP08 targets for UMD.

Health care services will include access to free lab monitoring for 500 HIV-infected children not requiring ARV treatment including: CD4 count, hematology, and chemistry. (For those on ARVs this is covered in the ARV services program.) The basic health care package which will be available to all of the 5,943 HIV-infected 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 cotrimoxazole prophylaxis, diagnosis and treatment of malaria, and symptom management including provision of pediatric formulations of antidiarrheals/ antihelminthics/ analgesics/ antipyretics. In addition, a standard formulary will be provided to sites to treat common OIs.

Community home based care (HBC) for children is in need of extensive development in Nigeria. Under COP07, ACTION updated its HBC curriculum to include modules on HBC for children. HBC for children will be linked to HBC for adults and provided in all 28 network areas under COP08, so that at least 1,000 children of the 10,000 total target receive pediatric specific HBC. This is implemented by a supervising community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home-based approach to ensure that family members at risk including other children in the household are tested and counseled. This strategy supports family engagement in HBC and identifies family members in need of HIV care. In addition to HBC for those children requiring classic "palliative care" interventions, home based care staff support parents with ART adherence for children in the home setting through education and addressing adherence barriers. Home based care staff focus on linkages to services, ensuring that clients in need of hospital care are able to access this care and linking family members to PMTCT, community immunization, family planning, and TB DOTS services. ACTION will continue to utilize different models depending upon the site preference including supplementing site staffing with dedicated home based care staff or developing agreements with local NGOs/CBOs/FBOs to provide this service. Extension workers will be preferentially recruited from the PLWHA support group membership. HBC will be linked to the child's medical care source as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

Access to food and nutrition support is a major need for children. Leveraging support from the Clinton Foundation, ACTION will provide comprehensive nutritional support for OVCs through the provision of fortified cereals, Kwashi-pap & PlumpyNut, targeting HIV-infected children as well as HIV-exposed infants weaning after exclusive breast feeding. This will include nutritional assessment and counseling as well as multivitamins/mineral supplementation. In the provision of nutritional supplements, ACTION will build the capacity of care givers by providing raw materials and instructions so that Kwashi-pap can be prepared by them at home. ACTION will prioritize partnering with new USG-supported wraparound services in states where it is co-located with these activities.

ACTION has worked in COP07 to strengthen psychosocial support for children by improving the quality of counseling available for HIV-infected children at points of service through training focused on counseling of children. In COP08 ACTION will expand this training and will utilize a psychologist to train Master Trainers (10 very experienced counselors) in a curriculum developed by University of Maryland and recently piloted in Zambia. This curriculum includes formal child development, socialization, limit setting, pediatric counseling, diagnosis disclosure, grief and loss, and adherence to medications. Each of these master trainers will be supported to conduct regional trainings and provide on-site mentoring. This step down training and mentoring will include not only HBC and facility based providers but will also focus on improving psychosocial support for OVC in orphanages. ACTION partners with community OVC providers including the Sisters of the Poorest of the Poor, the Anglican Church and the Mothers Welfare Group in provision of OVC services to OVC in their homes and to OVC in orphanages. Through these partnerships this step down training will ensure improved provision of psychosocial services not only to OVC in their homes but also to OVC in orphanages who are awaiting family placement.

In addition to HIV-infected children and HIV-exposed infants, ACTION will support community OVC providers to serve HIV uninfected but affected children, particularly orphans, directly providing food/nutrition and psychosocial support as detailed above. Linkages with community NGOs and faith based organizations as well as traditional community OVC providers will be established for community based HCT for orphans in order to identify positive ones that need to be enrolled into care and also access to other core OVC program services including: shelter and care, protection, education/vocational training, and economic opportunities/strengthening. A tracking/referral form will be utilized to ensure that each child has access to these key core program services. ACTION will provide services for adult HIV negative PABAs through counseling and provision of a preventive care package. These kits will be supplied by SFH and will be distributed at the site level and through community HBC.

Training of health workers and community volunteers will be conducted primarily at the site level to ensure maximum coverage in the most cost effective manner. The TOT and regional counseling trainings are described above. The total training target is 358. Upgrading training in the issues of HIV for NGOs engaged in OVC services and for social workers will target improved understanding of the stigma surrounding HIV positive children and the need to integrate healthy HIV positive children into mainstream social and school settings without fear due to lack of understanding of risks surrounding HIV transmission in school-aged children.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 EP strategy by providing core OVC services to all HIV+ children. The services are consistent with the National OVC Standard of Practice and

Activity Narrative: OVC National Plan of Action. Capacity development at the site level and consistency with national guidelines will ensure sustainability. Capacity development will be achieved through regional training and skills development.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT (5426.08), ARV services (3255.08), TB/HIV (3254.08), AB (15651.08), lab (3256.08), and SI (3253.08). HCT services will be available to HIV affected family members (PABAs) in need of HIV testing including in-home HCT through HBC services. 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. Home based care programs will be implemented by a number of indigenous NGOs, CBOs and FBOs. Sub-agreements will be coordinated with other EP IPs to ensure non-overlap of funding and services. 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. This will include EID available in all catchment areas (see lab narrative).

POPULATIONS BEING TARGETED:

OVC services are offered to HIV positive infants and children, children orphaned by HIV, caregivers of OVC and HIV/AIDS affected families. Doctors, nurses, social workers, care givers, teachers, family members and other health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training, linkages and identifying OVCs.

EMPHASIS AREAS:

Emphasis is placed on training and human resources as capacity development for sustainability is a key focus and much of the community linkages are through partners. In addition, community mobilization and infrastructure development of CBOs/FBOs is critical for the identification and care of OVC.

This activity addresses the area of wraparounds as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources. The activity also addresses the key area of stigma and discrimination as training of health care workers and community volunteers will reduce stigma.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6771

Related Activity: 13106, 15651, 13108, 13109, 13110, 13111, 13113, 13114, 13115, 13116, 13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25245	5417.25245.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$1,975,345
25244	5417.25244.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$1,233,735
6771	5417.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,706,190
5417	5417.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$309,725

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$175,000

Estimation of other dollars leveraged in FY 2008 for food \$368,500

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	10,000	False
8.1.A Primary Direct	10,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	358	False

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

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

Kwara

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5271.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12414.08

Activity System ID: 13073

Mechanism: USAID Track 2.0 FS LMS Leader

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$500,000

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 COP 08 the Leadership, Management and Sustainability (LMS) will continue those activities initiated in COP 07.

LMS is presently working with one organization within the Federal Capital Territory. By the end of COP07, LMS will have expanded to build capacity in two more organizations within the FCT. In COP08, LMS will train 250 individuals in OVC-related institutional capacity and provide 20 local organizations with technical assistance for OVC-related institutional capacity building. (These targets are captured in the Policy program area.)

During COP08 the LMS Program will continue 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 the expansion is 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.

LMS will continue to 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 provided this support in other countries. COP08 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.

During COP07 LMS completed an assessment of the organizational structure and management capabilities of the Ministry of Women's Affairs, Department of Child Development. Building on a plan for appropriate interventions and assistance based on that assessment, LMS will continue during COP08 to work with the national OVC leadership, and will also begin working with other units within the Department of Child Development that provide or have impact on services for OVC. In COP 08 LMS will also expand its focus to include working with state and local OVC units to increase the cooperation and coordination of services to OVC and to building improved organizational structures and more efficient management in those state and local units. The expanded LMS targets include both units within the Federal Ministry of Women's Affairs, Child Development Department and State and Local OVC units. These targets include two units within the Federal Ministry of Women's Affairs, and State or Local OVC units (within four states, one state unit and two local units--both government and NGOs—which are counted against targets for other program areas will not be included in the tally for these OVC targets.

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, and zonal training workshops for master trainers, as well as regularly scheduled on-site technical assistance in organizations implementing OVC activities.

LMS will continue to refine and utilize its organizational materials including manuals, policies, norms and procedures and systems developed during COP07. During COP08 LMS will develop these into a tool kit for OVC capacity building and will guide training in OVC related activities. These materials will also serve as the basis for the development of a curriculum for training OVC staff.

The OVC systems strengthening targets (below) are added to the policy and systems strengthening narrative indicator targets.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12414

Related Activity: 15646, 15647, 13072, 13075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24905	12414.24905.09	U.S. Agency for International Development	Management Sciences for Health	10602	5271.09	USAID Track 2.0 FS LMS Leader	\$500,000
12414	12414.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13072	12369.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$200,000
15646	15646.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$3,500,000
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000
13075	12449.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$1,050,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 9883.08

Planned Funds: \$255,000

Activity System ID: 13083

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of commodities used in Orphans and Vulnerable Children (OVC) services as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure commodities used in health care services as well as food and nutrition support provided by OVC programs for DoD. Examples of such commodities are pharmaceuticals including drugs to treat Opportunistic Infections (OIs) & Sexually Transmitted Infections (STIs), laboratory equipment and consumables, and therapeutic food. Through its continuous support to and strengthening of commodity security in PEPFAR OVC programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target population of orphans and other vulnerable children affected by HIV/AIDS.

DOD (#554.08) and the University of Maryland UMD/ACTION (#632.08) have allocated \$60,000 and \$195,000 respectively to SCMS for support in this program area. This will cover logistical and administrative services from the field office for the coordination and management of supply chain management activities related to this area of work. The budget may also support the cost of TA and SS activities to support these OVC services as requested by DOD and UMD.

SCMS will support the DoD and UMD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation, as well as in line with the protocols developed for OVC service and support. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. UMD and DoD's requests for OVC related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be negotiated with UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or the distribution mechanism most appropriate for the program needs.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own but supports UMD and DoD reaching their OVC planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to provide care to 10 millions individuals worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of PEPFAR care programs in Nigeria to reach national targets of providing care and support to 1,750,000 HIV affected individuals, including 4000,000 Orphans and Vulnerable Children thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the

Activity Narrative: HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

POPULATION BEING TARGETED:

Orphans and vulnerable children, particularly those under five, and their caregivers

EMPHASIS AREA:

Human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9883

Related Activity: 13077, 16919, 14085, 13078,
13079, 13080, 13081, 13082,
13084, 13085, 13086, 13087,
13088, 13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26058	9883.26058.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$132,590
9883	9883.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$9,810

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
16919	16919.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$45,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 544.08

Prime Partner: Harvard University School of Public Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5415.08

Activity System ID: 13057

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

USG Agency: HHS/Health Resources Services Administration

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$2,235,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, APIN Plus/Harvard (APIN+) conducted OVC activities in 25 sites in 7 states (Plateau, Oyo, Borno, Lagos, Kaduna, Benue, and Enugu). In COP08, APIN will work at 36 sites in 9 states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). These OVC sites constitute a network of delivery points including 11 tertiary teaching hospitals, 24 secondary hospitals and 1 primary health care facility. APIN+ will identify HIV-infected OVC through PMTCT, HCT centers, ART centers, and hospitals through an opt-out, family centered approach in which all children below 18 years that are identified through an HIV+ adult family member or caregiver (PMTCT client, adult ART client or adult BC&S client) will be offered HCT. APIN+ also provides these services through one CBO. Expansion to the 36 sites will include the addition of primary and secondary health facilities in 5 new LGAs in Plateau state. While many of the APIN+ supported original PMTCT sites are classified as secondary or community-based in nature, the expansion sites in Plateau state and elsewhere represent a continuation of the overall movement from tertiary to secondary and primary sites as these new sites are virtually all secondary or community-based. APIN+ 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 in more efficient implementation of OVC activities in the new centers. In addition, active PMTCT programs at 36 sites will identify HIV-exposed infants who will require PCR diagnosis and clinical assessment to determine ART need.

OVC who are ART eligible will be provided ART services funded under APIN+ ART activities. APIN+ will provide care and monitoring through the OVC program to 4,500 HIV positive children who are on ART, 336 HIV infected infants identified through the PMTCT activities, and 100 HIV infected children identified through the HCT activities. In addition, APIN+ will provide OVC services to 3,864 HIV negative children whose parents or caregivers had or have HIV/AIDS. These 8,800 OVC will receive multiple services through APIN+ activities.

All HIV-infected OVC will be provided with cotrimoxazole prophylaxis according to national guidelines. Preventive care services for all OVC including diagnostic testing for common opportunistic infections (OIs) will be performed at pre-assessment including testing for malaria. Preventive care kits, including kits obtained from SFH (a USG supported IP) and provided to APIN+ by the USG will be distributed. Kits include multivitamins, clean water kits, ORS (preparation and use), and bed nets and will be provided to caregivers for all infants and children covered under this activity. All OVCs are also provided with nutritional assessments and support, psychosocial support, birth registration assistance, and referrals for wraparound services in this area based on identified needs. APIN+ will utilize referral mechanisms for education and nutrition support where appropriate and will prioritize partnering with these new USG-supported wraparound services in states where these activities are co-located with APIN+.

Monitoring and evaluation of all aspects of the OVC program will be conducted as a part of the SI activities. APIN collects electronic data on patient care, which is used for site and program specific evaluation of services provided in each of the OVC program areas, including evaluation 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. Onsite data managers will conduct monthly evaluations. APIN+ will also develop and implement an internal QA/QC program in this area to provide feedback to sites on performance and identify best practices and areas for strengthening and support.

APIN+ will partner with persons living with HIV/AIDS (PLWHA) support groups to provide outreach to OVC and their families and caregivers through HCT advocacy, ART education and counseling, stigma reduction, risk reduction and ART adherence. These PLWHA community outreach groups will provide support to ART patients, their families, and other persons affected by AIDS (PABA) on the many psychosocial issues involved in HIV infection and ART treatment. These PLWHA groups will also assist with patient follow-up and home based care. Outreach through the PLWHA support groups will also encourage utilization of HCT services by other family members. Support will include referrals for wraparound services, including: special educational services for OVC, food and nutritional support, and income generating activities for caregivers and older OVCs. APIN+ will work with the USG team to identify ways in which it can utilize leveraged resources for developing therapeutic nutritional programming such as community therapeutic care programs. APIN+ will build the capacity of the support groups to develop more innovative means of interacting and supporting HIV-infected and affected populations. APIN+ will also explore partnerships with traditional OVC providers in the communities in which it works for potential synergy of activities.

This funding will also support training for 400 healthcare providers and caregivers of HIV-infected OVC. Healthcare providers to be trained include pediatricians, counselors and nurses in the area of pediatric care and support services. Training in this area will be coordinated with FMOH and follow National Guidelines on pediatric care. These activities will strengthen the capacity of sites to provide comprehensive care to OVC. Training of caregivers will be done through community and home based programs with support groups and home based care providers.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Outreach activities through PLWHA support groups will seek to provide comprehensive psychosocial support for OVC and their families. These services are consistent with the National Plan of Action for OVC in Nigeria and the Standard Operational Guidelines for OVC services. Additionally, APIN+ seeks to strengthen the capacity of the PLWHA support groups to continue to provide psychosocial support and outreach to PLWHA and OVC. Capacity development at the community and facility levels and consistency with national guidelines will ensure sustainability. Through working with pediatric ART and PMTCT sites to provide pediatric C&S services for HIV-infected OVC, APIN+ will scale-up the ability of participating sites to provide comprehensive and sustainable services for this OVC 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 (5415.08) 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 BC&S activities for adults (5369.08) and TB/HIV activities (3222.08) in order to ensure a comprehensive system of care for OVC and their families. The integration of pediatric ART services (6715.08) and care linked to active PMTCT 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 HCT (5424.08) activities

Activity Narrative: seek to improve the utilization of care opportunities created through PEPFAR funding. Additionally, through SI activities (3226.08) 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 OVC 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 PMTCT programs. 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 PLWHA, to ensure comprehensive family psychosocial support. Caregivers of OVC are also targeted to encourage HCT for potentially exposed children. APIN also targets caregivers by providing them with preventive care packages to be utilized for the benefit of the OVC. APIN will target street youth and out-of-school youth through community outreach initiatives based in HCT clinics. With the 36 PMTCT sites proposed, which includes support for existing sites and expansion, the target of 8,800 will be reached without difficulty.

EMPHASIS AREAS:

Emphasis is placed on training through activities focused on training healthcare providers and caregivers in the care of HIV-infected and affected OVC. These activities will also place an 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, HCT and ART sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6720

Related Activity: 13055, 13056, 13058, 13060, 13062, 13048, 13049, 13050, 12991, 12992, 12993, 13051, 15652, 13052, 13053, 13054, 13059

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25220	5415.25220.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$498,057
6720	5415.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$1,068,000
5415	5415.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$8,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,800	False
8.1.A Primary Direct	8,800	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	400	False

Target Populations

- Other**
- Orphans and vulnerable children
 - Pregnant women

Coverage Areas

- Borno
- Lagos
- Oyo
- Plateau
- Benue
- Kaduna
- Ebonyi
- Enugu
- Yobe

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3698.08	Mechanism: USAID Track 1.5 Hope WW SA
Prime Partner: Hope Worldwide South Africa	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 5405.08	Planned Funds: \$400,000
Activity System ID: 13064	

Activity Narrative: ACTIVITY DESCRIPTION:

HOPE Worldwide Nigeria (HWWN) is presently in 25 communities in 4 Local Government Areas in Lagos State (Epe, Shomolu, Ikorodu and Badagry). By the end of COP08, HWWN will strengthen the OVC response in 20 new communities in the above mentioned LGAs to provide care and support to Orphaned and Vulnerable Children (OVC). BCC materials will be produced to further sensitize the communities about the OVC situation and how to respond. 8 new community/faith-based organizations (CBO/FBO) will receive training and mentoring to reach 325 OVC each totaling 2600 by means of upstream activities. HWWN's capacity building for benefiting CBO/FBO will include the following: How to attract more wrap-around funding for programs, Documentation and Communication, Services to OVC and Networking. Trained organizations will provide services such as psychosocial support, counseling, health education and income generation for OVC and care givers.

Trained organizations in FY08 will respond to a call for proposal by HWWN to provide care and support to OVC. Trained CBO/FBO who have proven capacity to scale up their activities, reach a lot more children and have the structure and capacity to manage funds will be awarded sub-grants. Sub grants will range from \$1000-\$20000. Sequel to the award, organizations will continue to receive ongoing mentoring and supervision of activities by HWWN as they serve 5000 OVC.

In FY08 15 new kids club and 10 support groups consisting of newly identified OVC will be established in each of the new communities through CBO/FBO whilst the existing 25 kids clubs will be strengthened. Psychosocial support covering kids club, support groups, preparing memory books, counseling services and provision of life skill education through a camp for 400 children will be done. Through Vocational and economic strengthening activities that will be provided by professional volunteers, marketable skills will be acquired by OVC and will be linked with organizations who can assist them to make use of these skills profitably. Skills like carpentry, tailoring etc. will be provided and the activity will primarily target child headed households. Formal education and school based programs covering 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 will be provided as well to the OVC. Child Care Forum (CCF) which comprises 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 the new communities and existing ones fortified with more influential members. Through these services, 2000 OVC will receive direct primary service and 2400 supplemental direct services.

HWWN will introduce a new strategy for servicing children by training home visitors. Home visitors are individuals living in the same community as OVC who make regular visits to OVC and their households to provide care and support. These visitors partially fulfill some of the roles of a parent, giving the children the psychosocial support of someone who cares about their well-being, assisting with household chores or responsibilities beyond the skills or strength of the children, and providing adult wisdom and counsel to help address problems, fears or issues the children may be facing. The home visitor can help fill these roles even while parents are alive. In each of the 4 Anchor sites, 10 volunteers will be trained as home visitors. This will ensure quality services to the children, better monitoring and access to services for identified children.

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 FY08 2000 OVC will be reached through direct primary services, 2400 supplemental direct, 5000 by sub grantees and 2600 through indirect services. A total of 12000 OVC & 1120 parents will be reached with 200 caregivers trained in caring for OVC in COP08 in the 4 sites in Lagos State.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

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.

POPULATIONS BEING TARGETED:

This activity targets orphans and vulnerable children, caregivers of OVC and PLWHA and community-based organizations. The target population will be reached through the strategies listed above.

EMPHASIS AREAS:

The main thrust of the program in COP08 will be on Community Mobilization. This activity includes an emphasis on human resources, capacity building and local organization capacity building. Efforts will be put into training, linkages with other sectors and initiatives. This activity will increase gender equity in programming through capacity building, economic strengthening and empowerment for caregivers, which are mostly women. Information and Education materials will be used to promote positive behavior that will help to reduce stigma and discrimination. Men's groups will also be targeted and mobilized through linkages with AB program existing in the program sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6689

Related Activity: 13063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24863	5405.24863.09	U.S. Agency for International Development	Hope Worldwide South Africa	10586	3698.09	USAID Track 1.5 Hope WW SA	\$304,868
6689	5405.07	U.S. Agency for International Development	Hope Worldwide South Africa	4171	3698.07	Track 1.5	\$276,647
5405	5405.06	U.S. Agency for International Development	Hope Worldwide South Africa	3698	3698.06	Track 1.5	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13063	5343.08	6379	3698.08	USAID Track 1.5 Hope WW SA	Hope Worldwide South Africa	\$375,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** Pre-Service Training

Local Organization Capacity Building

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$33,600

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	9,400	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	7,400	False
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Indirect Targets

8 new community/faith-based organizations (CBO/FBO) will receive training and mentoring to reach 325 OVC each, which results in 2,600 reached indirectly. Additionally, 1,120 parents will be reached by the 200 caregivers trained in caring for OVC in COP08 in the 4 sites in Lagos State.

Number of OVC served by OVC programs: 2,600

Number of providers/caregivers trained in caring for OVC: 1,120

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Lagos

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 3229.08

Activity System ID: 13040

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$2,865,000

Activity Narrative: ACTIVITY DESCRIPTION:

Global HIV/AIDS Initiative Nigeria (GHAIN) will provide OVC services to 14,922 children living with and affected by HIV by supporting 60 sites (new and old) and increasing coverage by going to additional states inter alia Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States.

During COP08, GHAIN will support practical strategies that ensure that children living with and affected by HIV 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 pediatric care and support while the Centre for Development and Population Activities (CEDPA) - a USG partner implementing community home based care (CHBC) will continue to be responsible for the community-based components for care. GHAIN will ensure effective linkages and referrals to community based programs, including but not limited to those supported by CEDPA, for HBC and other core services. In sites where CEDPA may not be active, GHAIN will rely on the referral focal person to ensure that linkages are made as appropriate. If funding permits, GHAIN will also provide community services for identified OVC. However, in a rural Local Government Area (LGA) of Cross River State and an urban LGA in Kano State where GHAIN has established comprehensive HIV/AIDS services, GHAIN will also be responsible for provision of community based care services.

GHAIN will enroll all OVC that are linked to their facilities including all children less than 18 of HIV+ adults who are either on ART or in palliative care, other children of PMTCT clients apart from the index pregnancy, children of patients presenting with TB/HIV and other siblings of HIV + children who are less than 18 years. GHAIN will provide at least three of the following to all OVC: (1) Basic health care including OI treatment; (2) Nutritional support for all OVC involving at least three of the following: assessment, counseling, supplementation, therapeutic nutrition, etc.; (3) Psychosocial support including at least three of the following: disclosure issues, grief and loss, kids support groups and recreation, group counseling, home visits, etc.; (4) Child protection activities including birth registration, abuse monitoring, and meaningful child participation.

GHAIN will strategically engage all the comprehensive ART sites and the selected primary health care (PHC) centers to provide the above services in line with the National OVC Guidance and standards of practice. Inter alia, GHAIN will provide basic nursing care, assessment of signs and symptoms (including pain), prevention and treatment of opportunistic infections (OIs), nutritional support; psychological care including adherence counseling for children and their care givers, non-ART laboratory services; referral support for ART for infected children and other medications. HIV counseling and testing (CT) for children will be supported under the CT program. GHAIN will also monitor children in care using the PMM for the HIV+ children, and using GON tools (FMWA) and the OGAC OVC Child Status Index for the rest. GHAIN will train 550 people to provide care for children living and affected by HIV/AIDS. GHAIN recognizes that all services must be age appropriate and that OVC services and needs will change as a child grows.

GHAIN will work closely with CEDPA and other organizations to aid support groups. Activities 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 will organize resource persons to provide monthly talks during the support group meeting. Topics may include inter alia: nutrition, adherence, prevention for positives. GHAIN will train support group members to provide home based care services in the two LGAs in Kano and Cross River respectively where it is providing comprehensive HIV/AIDS services.

In addition to forums established for service providers, care for the carer forums will also be established. The difficult issues and complications that arise with facing a non-curable and life limiting illness stretch the capacity of untrained family carers who also may not have sufficient material resources. HBCs are particularly well placed to provide much of this care as they have generally already developed a relationship with the family. Special attention will be given to the particular needs of child caregivers. It is assumed that caring for carers will have an immediate spillover effect to the well-being of all children in the affected household.

GHAIN will also conduct advocacy for and referral to other services such as educational and legal support and shelter. In addition, GHAIN will carry out stigma and discrimination activities targeting the general public, health care workers, and other caregivers of children. Spiritual support will be provided through linkages to religious leaders.

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.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This project will contribute to reaching 14,922 OVCs 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 OVC 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:

The GHAIN OVC in the focal states relates to activities in 3.3.10, 3.3.07, 3.3.06 and 3.3.01.

GHAIN will concentrate its OVC activities in the health facility, providing medical services, nutritional support and psychosocial support while CEDPA takes the community home based care services, to provide

Activity Narrative: protection, spiritual care, psychosocial care, and procurement of kits. The facilities will identify one staff that will serve as a PC/OVC 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 /OVC coordinator will work hand in hand to coordinate the linkages between CEDPA and GHAIN supported activities. These will ensure that infected and affected children receive the 6 + 1 services according to their needs. These linkages will assist in maximizing the support opportunities provided by the Emergency Plan's funding.

TARGET POPULATIONS:

GHAIN will provide OVC services (specifically clinical care and support services) to children living and affected by HIV/AIDS through facility-based support groups. The children will be generated from care and treatment services provided at supported facilities, counseling and testing, and TB-HIV programs. GHAIN will empower selected tertiary, 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 emphasizing male involvement in care initiatives to ensure sustainability. GHAIN will collaborate with the Partners for Development to source 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 and insecticide treated nets (ITN), and strengthen non-HIV health services, including 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 OVC services to children. Minor emphasis will lie in the development and strengthening of referrals/linkages and on commodity procurement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6701

Related Activity: 13016, 13034, 13038, 13039, 13042

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24896	3229.24896.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$2,415,000
6701	3229.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$1,115,000
3229	3229.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,758,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13016	12378.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$700,000
13042	3233.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	14,922	False
8.1.A Primary Direct	5,280	False
8.1.B Supplemental Direct	9,642	False
8.2 Number of providers/caregivers trained in caring for OVC	550	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Katsina

Kebbi

Nassarawa

Sokoto

Taraba

Zamfara

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3713.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5407.08

Activity System ID: 13010

Mechanism: USAID Track 2.0 CRS OVC

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$2,500,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is an ongoing SUN Project activity and will focus on scaling up support to OVC and caregivers, and on ensuring the saturation of services, in the project sites. CRS is presently implementing programs in 10 project sites located in 8 States namely Abuja, Edo, Kogi, Niger, Nassarawa, Benue, Kaduna and Plateau. During the first quarter of COP08, CRS will initiate partnerships with three new project sites – two in Benue and one in Plateau State. This is not a geographic expansion of the project, but rather an administrative division of our largest existing partners to ensure better saturation of services. This will bring the total of CRS OVC sites to 13.

The SUN Project will focus on improving the quality of services provided to enhance the quality of life for OVC and caregivers through direct service provision and capacity building for providers, OVC households, community support structures, and partner institutional capacity. All OVC within a household shall be enrolled into the program and provided with comprehensive services including at least three of the following: education/vocational support, health care, psychosocial support, OVC protection and economic strengthening. In COP08, linkages will be sought for nutritional and educational support with USG supported wrap-around activities in sites where these co-exist with CRS-SUN.

Education will be supported through teachers' training, and through operational partnerships with schools which support a more conducive environment for learning for all students, including OVC, as well as the provision of teaching materials. OVC completing vocational training will be linked to economic strengthening opportunities including NDE, NAPEP and other viable government initiatives.

Healthcare will be promoted through partnerships with USG IPs, GON, FBOs and AIDSRelief healthcare centres for growth monitoring and treatment of OIs; and through health education at support group meetings and home visits. Other services include immunization, provision of preventive care packages comprising insecticide treated nets and water guard/containers and the treatment of minor ailments during home visits. Home visitors also refer clients they cannot treat to health facilities. In addition, all HIV positive OVC and caregivers seeking health care support will be linked to local health facilities for palliative care and to the nearest ART Treatment sites of their choice, which may include CRS-AIDSRelief sites.

Also with regard to health, a Peer Health Educators strategy will be initiated in schools and communities to create demand for HCT among OVC, Caregivers and the general population. This will be facilitated through the integration of services with the CRS 7D project care and support activities, since both projects support are domiciled in the same households and communities. The two-way referral system between these programs and with AIDSRelief will be strengthened. Psychosocial support will be provided through group counseling, the formation of school HIV/AIDS prevention clubs, the reinforcement of established youth-friendly centres, home visitation, and through the integration of OVC into community recreational facilities.

OVC protection support will be anchored by the Justice Peace and Development Commissions JPDC's in each diocese. The specific focus areas of each partner within the domain of protection will vary in accordance with the local priorities identified in the situation analysis, but will include birth registration for all under fives enrolled in the CRS-SUN project, the strengthening of the effectiveness of the community justice system for dealing with inheritance issues, the creation of awareness on child abuse and child rights, and the linking of OVC to their siblings and/or extended families. Income generation activities for OVC and Caregivers, volunteers and youth will be sustained and scaled up.

Partner capacity to serve OVC will also be strengthened as CRS supports the Catholic Secretariat of Nigeria (CSN) to provide leadership, technical support and national coordination. CRS will also provide mentoring and capacity building in project management, monitoring and evaluation, finance, administration, and the management of small grants. This support is provided at all levels: for CSN directors, the CSN Health Unit and provincial structures, including the Diocesan and Parish Action Committees on AIDS (PACA) in all the project dioceses.

The M&E strategy will be participatory, community driven and aligned to the national Plan of Action on OVC within the context of the 'three-ones' initiative. Referral systems will be established with other IPs and with the relevant GON supervisory agencies to track the quality of each component of the services that the OVC receive, in accordance with Child status Index and GoN approved tools. In addition, a more intense and well-structured monitoring and supervisory strategy will be adopted to further assure the quality of the services provided. Effort will also be made to saturate services within reasonable and limited geographical areas by mopping up all OVC in HIV/AIDS affected households within projects sites before expanding to other communities.

The primary direct targets for this project will be 11,000 OVC receiving at least three components of services. To this end, 510 PACA volunteers, teachers and key representatives of government will be trained on OVC care and support. The new 510 target is in addition to COP07 commitments. CRS will also provide services to 12,000 indirect beneficiaries by building the capacity of the OVC services providers at the local government level. In each diocese, two government representatives will be trained in service delivery and program monitoring. Each pair will be responsible for training 10 LGA-level service providers from identified LGAs that are most in need as evidenced by the OVC situation analysis conducted. These 100 LGA service providers will each reach 120 OVC with public services of increased quality.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

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 five year strategy of providing care and support to 400,000 OVC. This is also consistent with the Strategic Framework on OVC by the provision of services to 11,000 OVC and training 510 service providers within faith based institutions. In addition, specific policy and community mobilization capacity initiatives aimed at leveraging national guidelines and procedures around the critical needs of OVC including school fees will be provided for CSN leadership, Parish structure and other affiliated institutions.

LINKS TO OTHER ACTIVITIES:

This links to 3.3.11 (HIV treatment), 3.3.10 (HIV drugs), 3.3.06 (basic palliative care) and 3.3.07 (TB/HIV) and 3.3.09 (VCT). CRS '7D' care and support projects is implemented in CRS OVC project States. All OVC families receive community based care and support from the 7Diocese project. SUN/7D dual referral

Activity Narrative: strategy will be explored where OVC and their caregivers that are positive will be referred appropriately to CRS AIDS Relief or other IP 3.3.11 sites for treatment while positive OVC from AIDSRelief sites will be referred to SUN sites for appropriate and comprehensive OVC services. Infants born to PMTCT clients will be followed up through the growth monitoring component of the OVC support services while children of support group members in the 7D project will benefit from the OVC services. Through collaboration and referral networks with organizations like Christian Aid and Aids relief, OVC's will access other services and opportunities that are not provided directly by CRS SUN project.

POPULATIONS BEING TARGETED:

OVC, care givers of OVC, and other children/siblings living in OVC households are the direct project target while FBOs, religious/community leaders, representatives of government supervisory agencies as well as community volunteers constitute indirect beneficiary 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. AIDSRelief will also refer their positive OVC on ART to the CRS OVC project to ensure they receive comprehensive package of care for OVC on ART.

EMPHASIS AREAS:

An emphasis area is the development of local partner's capacity to better organize itself and support OVC services. Other emphasis areas are: community mobilization/participation; development of network/linkages/referral system; information, education and communication and linkages with other sectors and initiatives.

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. Also, effort will be made to address issues related to stigma and discrimination that hamper care and support activities as well as prevention activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6688

Related Activity: 13011, 13007, 12998, 13008

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24873	5407.24873.09	U.S. Agency for International Development	Catholic Relief Services	10592	3713.09	USAID Track 2.0 CRS OVC TBD	\$3,000,000
6688	5407.07	U.S. Agency for International Development	Catholic Relief Services	4164	3713.07	OVC	\$2,000,000
5407	5407.06	U.S. Agency for International Development	Catholic Relief Services	3713	3713.06	OVC	\$1,470,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13007	5366.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$610,000
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
13008	5422.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$365,000
13011	9914.08	6367	3713.08	USAID Track 2.0 CRS OVC	Catholic Relief Services	\$50,000

Emphasis Areas

Gender

* Increasing women's legal rights

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	11,000	False
8.1.A Primary Direct	11,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	510	False

Indirect Targets

CRS will also provide services to 12,000 indirect beneficiaries by building the capacity of the OVC services providers at the local government level. In each diocese, two government representatives will be trained in service delivery and program monitoring. Each pair will be responsible for training 10 LGA-level service providers from identified LGAs that are most in need as evidenced by the OVC situation analysis conducted. These 100 LGA service providers will each reach 120 OVC with public services of increased quality.

Number trained in providing OVC services: 100

Number of OVC served: 12,000

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Religious Leaders

Coverage Areas

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Benue

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5267.08

Prime Partner: Centre for Development and
Population Activities

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12378.08

Activity System ID: 13016

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$700,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity also relates to activities in HVAB (3.3.02), HBHC (3.3.06), HVTB (3.3.07), HVCT (3.3.09), HTXS (3.3.11) and HLAB (3.3.12). Positive Living (PL) is presently in four sites in four states. Positive Living (PL) is presently in four sites in four states: Kano, Cross River, Bauchi and Edo. By the end of COP07, PL will have opened 4 additional sites in these same states. In COP08 PL will expand to 10 new sites in 10 states: FCT, Anambra, Adamawa, Lagos, Kogi, Benue, Imo, Niger, Kogi and Taraba. OVC is an on-going activity and in COP08, PL will focus on scale up, tripling COP07 figures, ensuring increased coverage of present sites and going on to new sites.

PL activities in COP08 will respond to the OVC situation in project states, consolidating structures initiated in COP07 and strengthening community linkages and referral networks, while initiating services in the new states. PL will limit expansion of the OVC services to the geographical scope of the Implementation Agencies (IAs) and Multiplier Organizations (MOs) within the 14 PL states. Three thousand OVC will be reached via family centered approaches. Through partnerships with 16 IAs and MOs, 600 caregivers among family members and 300 home based care (HBC) volunteers will be trained in OVC care.

Volunteers and community health extension workers (CHEWs) will reach OVC in homes and communities, maintaining stability, care, and protection. PL will work at extant structures within PL HBHC and collaborate with OVC stakeholders at all levels - the Federal Ministry of Women Affairs and Social Development, their State counterparts, GHAIN, and other USG IPs - and contribute to sustainability by expanding community resources to improve quality care for OVCs.

PL's OVC services will be provided to children referred from GHAIN/other USG IPs and clients referred by community members. 0 – 4 yr. olds (and/or guardians) will receive safe water kits, growth monitoring, counseling on routine immunization protocols, CT for HIV, birth registration, nutritional counseling, prevention and treatment of OIs and malaria services. 5 – 17 yr. olds will receive CT for HIV, nutritional assessments and counseling, enrolment into formal education settings (back to school)/vocational skills acquisition), AIDS education and on-going counseling. In addition HIV+ OVC will be assisted to access ART, OI diagnosis and treatment (including STIs) and malaria prevention and treatment services at GHAIN or other USG/GoN supported sites. They will also receive preventive kits. PL will provide nutrition support to families as needed. To accomplish this in COP08 PL will make appropriate linkages with and leverage resources from the new USG supported food and nutrition wrap around activities being implemented by the MARKETS in states where they are co-located. An OVC will be considered served when he/she receives the three services as recorded during an assessment and that follows the nationally approved plan of action and guidelines, including the harmonized National OVC Vulnerability and child status indices.

PL has agreements with the GoN and FBOs (Anglican Communion AIDS Programme and the National Supreme Council for Islamic Affairs) to place OVC, especially girls, in selected 10 and 20 schools. These are the schools targeted by PL's AB program (avoiding duplication of efforts). In selected schools PL will continue to contribute overhead in exchange for free tuition and education materials (uniforms, books, etc.) for OVC. PTA members will be trained to recognize and respond to academic needs of OVC, to support PTA levy waivers, and to provide three different, OGAC-recognized forms of psychological support. Where indicated, PL will leverage further educational support for needy OVC from the ABE-Link wrap-around activity. Out of school OVC, particularly those heading households or caring for sick parents/siblings, will be supported to attend evening classes in the community. Others will be enrolled in contracted institutions that provide specific training in vocations and business entrepreneurship. OVC who have completed vocational training will be given seed grants to purchase equipment for microenterprises. OVC needing additional funds for economic activities will be linked to banks and microfinance institutions to source soft loans.

The adapted curriculum equips OVC with life skills and age appropriate HIV/AIDS and sexuality/RH information; it will be used for refresher training. PHA from support groups will be models for PL and demystify stigma and discrimination. Peer facilitators from PL prevention (AB, OP) will mentor and guide OVCs by counseling and engaging OVC in physical and social activities. Youth volunteers already trained by PL will continue to provide HIV/AIDS prevention information to colleagues and siblings, focused on AB. 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.

Health care services will be provided at PL supported PHC facilities to supplement C&S support services offered at ART centers and general health facilities. These services will follow the basic care and support model. PL will continue to negotiate for subsidized/free medical care for OVC at GoN-owned and privately-owned health facilities. Staff at PHCs will be trained on OVC health needs. Each HIV positive OVC will be screened for TB, provided with a self care kit containing an insecticide treated net, water-guard (refilled regularly) and receive OI prophylaxis. She/he will be linked to GHAIN, GoN and other USG sites for pediatric ART and treatment for advanced OIs.

To expand the core of the program, caregivers will be recruited from members of extended families to care for more OVC. COP08 and COP07 caregivers will be provided training and refresher training respectively on psychological and spiritual support to OVC, pediatric treatment adherence, nutrition issues, diet and food preparation techniques, communicating with children, and healthy life decision-making. Caregivers will be linked to USG support sites to access other services for OVC. Seed grants will be given to care givers to set up IGAs that augment household income, for transportation of OVCs to access services, for support of OVC staying in schools and vocational facilities. PL will monitor these grants through structured guidelines.

HBC volunteers will also serve as OVC volunteers. Refresher training on OVC services will be provided to support best performance. Topics will include promoting birth registration, carrying out nutritional assessments, counseling, monitoring immunization status of infants, and monitoring growth. They will support supervision of care givers; monitor OVC, assist youth headed households to maintain their homes and refer OVC for treatment of ailments, immunization, child welfare and wrap around services.

Using standardized forms, IA/MO/PL M+E Officers collect data monthly, detailing numbers/demographics of clients reached and messages provided. This provides timely information for effective decision making, particularly regarding the breadth and depth of OVC coverage. OVC M+E activities will develop sustainable capacity at IAs and MOs to collect relevant data.

Activity Narrative: POPULATIONS TARGETED:

The primary beneficiaries for the OVC program are children aged 0-17 yrs. who have lost one or both parents to HIV/AIDS and/or are vulnerable because they are HIV positive; live without adequate adult support; live outside of family care or are stigmatized, marginalized or discriminated against. Stigma reduction activities and training will target caregivers, PTA members and HBC service providers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The planned OVC interventions will contribute to the overall PEPFAR C&S goal of mitigating consequences of the epidemic by reaching 3000 OVC with care and support services. PL, working with all stakeholders at all levels will contribute to the sustainability of interventions by strengthening community systems to improve quality care for OVC, build community-capacity of 600 caregivers to support OVC by training and providing seed grants.

LINKS TO OTHER ACTIVITIES:

PL will strengthen and consolidate linkages with stakeholders, particularly GHAIN, SFH, and GoN, to provide care and support packages for OVC and establish linkages between HVCT (3.3.09) centers and care outlets. This will improve utilization of MTCT (3.3.01), HBHC (3.3.06), HVTB (3.3.07), HTXS (3.3.11) and HLAB (3.3.12) services and enhance community participation in care for OVC and ensure service quality. PL will refer for wrap around activities - social services, food and livelihood opportunities. Girl-headed households will be linked with supportive women's groups to provide them with psychosocial support and protection. Follow-up supportive supervision will be provided. At each site, PL activities will strengthen linkages to AB and OP prevention activities as integral parts of home-based care for OVC offered by care givers. Those linkages already established will be strengthened with TB/HIV intervention programs, PMTCT services, USG-funded immunization projects (COMPASS) and child welfare services.

EMPHASIS AREAS:

Successes recorded on gender issues will be consolidated, particularly sensitivity in programming that targets vulnerable young girls, and address women's rights to income and productive resources. PL will work with legal aid initiatives to develop legal frameworks that uphold the rights of OVC, particularly inheritance. Wraparound activities related to food will be another emphasis area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12378

Related Activity: 13012, 13014, 13015

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24879	12378.24879.09	U.S. Agency for International Development	Centre for Development and Population Activities	10593	5267.09	USAID Track 2.0 CEDPA	\$1,173,750
12378	12378.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$705,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13012	9759.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$2,000,000
13014	9839.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$4,126,000
13015	12373.08	6368	5267.08	USAID Track 2.0 CEDPA	Centre for Development and Population Activities	\$482,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	3,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	900	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Bauchi
Cross River
Edo
Kano
Adamawa
Akwa Ibom
Anambra
Benue
Enugu
Federal Capital Territory (Abuja)
Imo
Katsina
Kebbi
Kogi
Lagos
Nassarawa
Niger
Sokoto
Taraba
Zamfara

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3714.08

Prime Partner: Christian Aid

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5430.08

Activity System ID: 13017

Mechanism: USAID Track 1.0 Christian Aid

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$231,770

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to a Track 2 Christian OVC activity providing comprehensive services for OVC and their caregivers

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 COP07. The scheduled CBCO partners in Nigeria in COP08 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 is partnering 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 counseling; 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 levels.

The expected impact in COP08 is to improve the quality of life for 3,600 OVC (an increase of 1,400 from COP07 targets), including the provision of Direct Primary support to at least 2,400 and Direct Supplemental Support to a further 1,200. In addition, 1,148 caregivers will be targeted in COP08 (an increase of 548 over COP07 target). In order to ensure these targets are reached, all registered children will be monitored regularly using the CBCO OVC and Quality Assurance Tracking Database, which has incorporated the CSI. The Database utilizing the draft GON monitoring tools allows the monitoring of services provided directly by CBCO, by referral from CBCO, by another organization independently and by services leveraged by CBCO.

Community organizations, in collaboration with the CBCO partners, 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).

Representatives of OVC households will be mobilized into Savings and Loan Associations (SLAs). Members of SLAs save for several months and when their savings become significantly large draw small loans, which they use for income generation activities, school fees and uniforms, etc. To complement this economic strengthening work and bolster their food and nutritional security, the groups will also be supported with self-help projects in agriculture and complementary sectors, e.g., seed and livestock multiplication.

OVC between the ages of 6 to 11 years of age whose guardians are attached to the SLA groups will participate in weekly Kids Clubs activities. Trained peer facilitators take the children through a structured manual informed by material developed by the Regional Psychosocial Support Initiative (REPSSI). In this way, these children receive quality, structured psycho-social support. Under-5s will be targeted for preventive health care support, birth registration, weight monitoring and food/nutrition support. This will take the form of training and/or provision of food supplements locally mobilized through existing community groups.

Older OVC – those between the ages of 12 to 17 years of age – are mobilized into youth clubs and participate in the program's weekly life skills sessions. The sessions are also facilitated by trained peer educators by material informed by Population Services International (PSI) and other national and international reputable material. Through the life skills sessions, these older OVC benefit from both healthcare support (i.e., reproductive health) and psycho social support.

Within the SLA groups, child protection Monitors are appointed. The Monitors are responsible for visiting the homes of each of their fellow SLA members at least twice per month. Here, they spend time with the OVC, thereby, providing adult mentorship support, as well as ensure they are not being physically or mentally abused, stigmatized, and/or discriminated against. When minor child protection cases are revealed, they counsel the guardians in question to explore alternative ways of treating the children. More serious cases are reported to OVC Support Committees, established in each community, child protection committees, and/or local government officers/police for resolution. Through this mechanism, the project is working to ensure that all the children are systematically monitored following the Child Status Index (CSI) and, therefore, benefit from child protection support, as well as one-one-one counseling support.

Despite the economic strengthening work that is being undertaken, there are still many OVC that are unable to attend school, particularly at the secondary level. Given this, rigorous targeting will be undertaken with the OVC Support Committees and SLA groups to identify older OVC in most need of secondary school support, and this is provided. In addition, older OVC that cannot be integrated into the formal education system, i.e., those that do not even possess a basic educational foundation on which to build, will be provided with vocational training through local training institutions.

The two partners in CBCO will also facilitate referrals to other organizations 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 organizations 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).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will support the development of a network of organizations implementing household/family-based OVC programs as set out in the Emergency Plan. It will directly contribute to serving 3,600 OVC. The program will improve the lives of OVC in line with the National HIV/AIDS Strategic Framework by delivering

Activity Narrative: 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. In addition the participation of State Ministry of Women Affairs representatives and SACAs and LACAs in program activities will be used to share lessons and support local coordination.

LINKS TO OTHER ACTIVITIES:

Linkages will be established with HIV/AIDS treatment centers 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 counseling 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.

TARGET POPULATIONS:

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. In addition, 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.

EMPHASIS AREAS

This program includes an emphasis on Local Organization Capacity Development and community mobilization, nutrition and training as outlined in Section 1. In addition, an emphasis will focus on increased access to micro-finance for households 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. The program will also 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6724

Related Activity: 13019

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24856	5430.24856.09	U.S. Agency for International Development	Christian Aid	10582	3714.09	USAID Track 1.0 Christian Aid	\$167,342
6724	5430.07	U.S. Agency for International Development	Christian Aid	4165	3714.07	Track 1.0	\$175,665
5430	5430.06	U.S. Agency for International Development	Christian Aid	3714	3714.06	Track 1.0	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13019	9881.08	6370	5266.08	USAID Track 2.0 Christian Aid	Christian Aid	\$1,500,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,600	False
8.1.A Primary Direct	2,400	False
8.1.B Supplemental Direct	1,200	False
8.2 Number of providers/caregivers trained in caring for OVC	1,148	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Benue

Plateau

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5266.08

Prime Partner: Christian Aid

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9881.08

Activity System ID: 13019

Mechanism: USAID Track 2.0 Christian Aid

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,500,000

Activity Narrative: ACTIVITY DESCRIPTION: This activity is related to Track 1 Christian Aid activity in Benue and Plateau state providing comprehensive services to OVC.

Community Care in Nigeria (CCN) project is currently in 4 states (Anambra, Edo, Kano and FCT) working with 13 ex-GHAIN partners. In COP 08 the partnership will expand to 17 including 4 Dioceses in 4 additional states (Adamawa, Benue, Lagos and Niger), bringing the project states to 8. This activity supports the scale up of OVC service provision in 8 States and the development of the capacity of indigenous multipliers and CSOs. CCN is being implemented through a consortium of partners including Christian Aid (CA), the Association of Women Living with HIV/AIDS (ASWHAN), 5 Anglican Dioceses and agencies previously supported under GHAIN.

CCN is developing a community and family-based approach in which communities design and implement OVC protection and care. The approach adopted is based on the CA Track 1 supported program (CBCO). The program offers comprehensive models of care and support to meet the psychological and material needs of OVC and promotes advocacy and learning on issues affecting OVC.

Representatives of OVC households are mobilized into Savings and Loan Associations (SLAs). Members of SLAs save for several months and when their savings become significantly large draw small loans, which they use for income generation activities, school fees and uniforms, etc. To complement this and bolster their food and nutritional security, the groups will also be supported with self-help projects in agriculture (e.g. seed and livestock multiplication) and complementary sectors.

OVC between the ages of 6-11 years, whose guardians are members of SLA groups, will participate in weekly Kids Clubs activities. Trained peer facilitators take the children through a structured manual informed by material developed by the Regional Psychosocial Support Initiative (REPSSI). In this way, these children receive quality psycho-social support. Under-5s will be targeted for preventive health care support, birth registration, weight monitoring and food/nutrition support (training and/or provision of food supplements locally mobilized through existing community groups).

Older OVC between the ages of 12-17 years are mobilized into youth clubs and participate in weekly life skills sessions, reproductive health education and psychosocial support. The sessions are also facilitated by trained peer educators using material informed by Population Services International (PSI) and other reputable organizations.

Within the SLA groups, Child Protection Monitors (CPM) are appointed. The CPMs are responsible for visiting the homes of each of their fellow SLA members at least twice per month. Here, they interact with the OVC providing adult mentorship and ensuring OVC are not being abused, stigmatized, and/or discriminated against. When minor child protection cases occur, carers are counselled to explore alternative ways of treating the children. More serious cases are reported to community-established OVC Support Committees, child protection committees, and/or local government officers/police for resolution. Through this mechanism, the project is working to ensure that all the children are systematically monitored and benefit from child protection, as well as one-one-one counseling support. Further health-related support which will be provided by trained carers will include home-based care to OVC and their families.

Despite the economic strengthening work that is being undertaken, there are still many OVC that are unable to attend school, particularly at secondary level. Given this, rigorous targeting will be undertaken with the OVC Support Committees and SLA groups to identify and provide support for older OVC most in need. Intensive advocacy and resource mobilization drives will be carried out to find more long-lasting solutions to retaining these OVC in school. In addition, older OVC that cannot be integrated into the formal education system due to a lack of a basic education, will be provided with vocational training through local training institutions.

Community organizations will also facilitate referrals to other organizations to fill significant gaps. Partners 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 organizations such as NAPEP. The potential of private sector support for OVC services (school support) will also be explored. Although the provision of direct benefits to OVC is a central part to CCN, attention is also given to longer-term developments that will create an enabling environment for continuation of provision of services to OVC after program close out. Part of this will be support to the strengthening of coordinating structures for OVC activities at State and Federal Government levels.

CCN started in late May 2007 and, in line with its plans for COP08, is expected to include at least 4 new Diocese partners as well as at least 6 new support groups supported by ASWHAN. It will also expand from 4 to 8 States in COP08. Compared to COP07, funding will increase in COP08 by approximately 500,000USD. Targets will increase from 3,000 OVC and 1,000 carers in COP07 to 10,000 OVC and 2000 carers in COP08. In order to ensure these targets are reached, all registered children will be monitored regularly using a Quality Assurance Tracking Database based on the successful model developed by the CBCO program. The Database allows the monitoring of services provided directly by CCN, by referral from CCN, by another organization independently and by services leveraged by CCN. In addition, the Child Status Index (CSI) will be used bi-annually to monitor quality of life of OVC.

All elements of this program will contribute to the national response 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. CCN will address all six objectives included in the OVC National Plan of Action, and will specifically target Objective 3 of the HIV/AIDS National Strategic Framework for Action 2005–09. It will complement and be integrated into other USG-funded and GON programs particularly those involving clinical services such as HCT, PMTCT and pediatric and adult ART. It will contribute to the development of learning networks that can develop best practice for OVC work and stimulate the expansion of quality HIV related services. CA will be the Case Manager for Anambra and Edo States and will monitor ASWHAN to carry out the same role in Benue State. This role entails providing technical backstopping to the Federal Ministry of Women Affairs to roll out policies, plans, and programs as well as capacity building to State Ministry of Women Affairs (SMWA) to plan, monitor, supervise and evaluate OVC programs in the states.

Activity Narrative: The long-term impact of CCN will be the establishment of indigenous regional and national multipliers capable of accessing funds and delivering quality OVC services. To this end, CA will provide technical support to ASWHAN to develop the capacity to directly access USG funds in the future. 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. All other partners in CCN will undergo comprehensive organizational capacity development to better enable them to sustain themselves and OVC services in the future.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: By the end of the 3-year program CCN will directly benefit 12,200 OVC and 5,000 families who will have accessed services. In COP08, the program expects to reach 10,000 OVC and 2,000 families. Christian Aid and partners will assist, through advocacy with State and Local Government stakeholders, the roll out of activities supported at national level by ENHANSE. In addition the participation of SMWA representatives and SACAs and LACAs in program activities will be used to share lessons and support local coordination.

LINKS TO OTHER ACTIVITIES: Linkages will be established with HIV/AIDS treatment centers and community adherence activities, care and support programs, and TB/HIV programs to ensure that OVC and carers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and to PMTCT providers to reduce the increase in numbers of HIV+ children.

TARGET POPULATIONS: 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. In addition, religious leaders 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.

EMPHASIS AREAS: This program includes emphasis on Local Organization Capacity Development and community mobilization, nutrition and training as outlined in Section 1. The program will also focus on increased access to micro-finance for households 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. The program will also 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9881

Related Activity: 13017

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24880	9881.24880.09	U.S. Agency for International Development	Christian Aid	10594	5266.09	USAID Track 2.0 Christian Aid	\$1,400,670
9881	9881.07	U.S. Agency for International Development	Christian Aid	5266	5266.07	APS	\$1,134,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13017	5430.08	6369	3714.08	USAID Track 1.0 Christian Aid	Christian Aid	\$231,770

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	10,000	False
8.1.A Primary Direct	10,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Adamawa

Anambra

Benue

Edo

Federal Capital Territory (Abuja)

Lagos

Niger

Kano

Table 3.3.08: Activities by Funding Mechansim

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5547.08

Activity System ID: 13027

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$2,023,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, ICAP-CU assisted 12 secondary hospitals in Kaduna, Benue and Cross River States to support 2,786 HIV-infected and affected children (OVC) to access health care, and other related services at the hospitals, their referral networks, and surrounding communities. In COP08, ICAP-CU will expand support to 13 new hospital networks in 6 states (Kaduna, Cross River, Benue, Akwa Ibom, Kogi and Gombe), for a total of 25 sites providing OVC services. During COP08, OVC services will be provided to 8,000 OVC including adolescents and caregivers. These OVC include HIV-positive children either on ART or not yet eligible for ART, and HIV-negative children of PLWHA or HIV affected orphans.

The ICAP-CU family-focused model of care utilizes a genealogy form that captures all children within the family of HIV-positive adults accessing TB/HIV, ART, PMTCT and BC&S services. This family-focused approach is applied not only at the facility level but also at the community and home levels through care services. Community based programming leads to identification of OVC through awareness campaigns, support groups, and community-based HCT. OVC are also identified through provider initiated counseling and testing of children accessing care in ICAP-CU supported facilities following national norms regarding counseling and consent of minors. Once OVC have been identified, ICAP-CU's OVC program focuses on providing an appropriate balance of services in the facility, community and home settings.

ICAP-CU OVC programming has several key elements: appropriately identifying OVC who are not receiving services; providing a holistic family centered approach to care of OVC; providing educational support; providing nutritional assessments and support; providing health care services for HIV infected and affected children; and providing enhanced psychosocial support at both facility and community levels. Health care services for OVC will include ongoing monitoring of growth and development, screening and prophylaxis (IPT) for TB when indicated, cotrimoxazole prophylaxis (CPT) following national guidelines, and diagnosis and management of opportunistic infections as needed. Also, as a component of ICAP-CU's HBC program, basic preventive care packages comprised of ITNs, ORS sachets, soap for effective hygiene, water guard and water cans procured from SFH (another USG supported IP) will be given to all clients.

Through its support and capacity building of local NGOs, CBOs and FBOs, ICAP-CU enables the implementation of advocacy and social mobilization, psychosocial support, home based care (HBC), and educational support for OVCs and their households. The psychosocial support provided to OVC, including their care givers, is multifaceted and comprehensive, including counseling on stigma and discrimination, disclosure, and grief, and recreational activities. OVC services are also integrated into community HBC programs. Networking with community organizations and other implementing partners enables leveraging of resources and enhances service delivery and sustainability. ICAP-CU provides capacity building to community and faith based organizations such as Fantsuam Foundation, Tuls Chanrai Foundation (TCF), GAWON Foundation, Catholic Archdiocese of Ogoja (CACA), Grassroots HIV/AIDS Counselors, ARFH and other CBOs and PLWHA groups to provide family-focused OVC services. These CBOs/FBOs provide home based primary care, psychosocial support and links for OVCs to health facilities for basic health care needs by providing transport and other support. Through ICAP-CU support some of these partners will also provide peer education programming at primary and secondary schools.

In COP08 ICAP-CU will work through local partners to provide educational support (e.g., school levies, school supplies) to most at-need children following clearly identified selection criteria. ICAP-CU will also provide nutritional support to OVC and will work with the GON in partnering with Clinton Foundation, as appropriate, to leverage resources for providing therapeutic food for OVC diagnosed with malnutrition. Furthermore, OVC and their caregivers will be linked to the USG-supported education and nutrition wraparound activities in states like Cross River where they will be co-located with CU-ICAP. For sustainability and household food security, linkages to other community-based/faith-based food and microfinance programs through the CBOs/FBOs listed above will be explored. Training provided to care providers through PMTCT programming, such as infant feeding counseling and follow-up, will enhance the counseling, patient education, and linkages that are required for appropriate care of OVC. Such strengthening of the coordination of pediatric services (PMTCT, ART) with OVC allows for seamless movement of clients across these various services.

To achieve these objectives ICAP-CU will provide infrastructure support and training for 200 care providers including clinical staff, counselors, and community/HBC providers using GON National guidelines, OVC NPoA and SOPs. In addition ICAP-CU and local partners will set up a monitoring system using the nationally approved tools that allows the monitoring of services provided directly by ICAP-CU and/or by referral from ICAP-CU to other organizations.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ICAP-CU, in partnership with other organizations, will provide training and scale up of OVC services that will enhance the delivery of quality services to 8,000 OVC enrolled in core programs such as health, educational support, psychosocial support, and food and nutrition. All these activities will improve the lives of OVC reached in line with the national plan of Action on OVC and the National Strategic Framework, and will contribute to meeting PEPFAR goals.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in ART (5404.08), Lab (5544.08), Palliative Care (5552.08), TB/HIV (5551.08), AB (15654.08), and SI (5541.08). HIV-exposed and infected children will be placed on prophylactic cotrimoxazole (CTX) following National guidelines. Household members of OVC will be referred for HCT (5550.08) and children of women enrolled in PMTCT (6622.08) will be offered HCT as well as referred for OVC services. Policy makers and key decision makers in the health and education sectors will be reached by advocacy efforts.

POPULATIONS BEING TARGETED:

This activity targets infants, young children, adolescents and other at-risk children in HIV infected and affected families. It also targets the households, including caregivers, of OVC. The entry point for OVC in the general population will be ICAP-CU supported sites and partner organizations. Health and allied care providers in clinical and community settings will be trained to provide services to OVC. Community and facility based volunteers, traditional birth attendants and support group programs, will be used to increase access to care and support especially to the underserved.

Activity Narrative: EMPHASIS AREAS

ICAP-CU's area of emphasis will be the development of networks, linkages and referral systems as well as capacity development and food/nutrition support. In addition, ICAP-CU will advocate equal access to education and improved legal and social services such as the protection of inheritance rights for women and children, especially for female children, and increased gender equity in HIV/AIDS programming. ICAP-CU will advocate for increased access to income and productive resources for HIV infected and affected women and care givers. This activity will foster necessary policy changes and ensure a favorable environment for OVC programming.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 6694**Related Activity:** 13021, 15654, 13023, 13024, 13025, 13026, 13028, 13030, 13031, 13032**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28549	5547.28549.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$1,115,000
28548	5547.28548.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$400,000
6694	5547.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$334,400
5547	5547.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$155,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food	\$215,077
Estimation of other dollars leveraged in FY 2008 for food	\$10,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	8,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Target Populations

Other

Orphans and vulnerable children
Pregnant women
People Living with HIV / AIDS

Coverage Areas

Cross River
Kaduna
Benue
Akwa Ibom
Gombe
Kogi

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5416.08

Activity System ID: 12999

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$945,000

Activity Narrative: ACTIVITY DESCRIPTION:

AIDSRelief (AR) has a family-centered approach for the care and treatment of PLWHA and those affected by the epidemic, especially orphans and vulnerable children (OVC). In COP07, AR reached 2,239 OVC through 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites in 14 states (Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Taraba). In COP08, AR will work in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Taraba) at a total of 30 LPTFs and 20 satellite sites.

During COP08, a full package of OVC services will be provided to 4,207 OVC including 2,270 HIV-positive children receiving ART, HIV-positive children not yet eligible for ART, and HIV-negative children who are vulnerable or orphaned due to the parent(s) being HIV-positive. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

AR OVC programming has several key elements: appropriately identifying OVC who are not receiving services; providing a holistic family-centered approach to care of OVC; providing nutritional assessments and support; ensuring adequate health care for OVC; and providing enhanced psychosocial support at both the facility and community levels. AR will place significant emphasis on strengthening services to OVC beginning with building skills in LPTF staff and community/home based care providers to identify children who are OVC and providing them with appropriate services. Adequate health care will include strengthening linkages and referrals to other facility services (maternal/child health, inpatient and outpatient departments). Community based services will be strengthened to ensure referral to facilities for OVC households through a family-centered opt-out approach to HCT services for all children <18 years of age and their caregivers.

Once OVCs have been identified, AR's OVC program focuses on providing an appropriate balance of services in the facility, community and home settings. Through the establishment of linkages with CBOs, FBOs and other OVC programs, in particular the Scale-Up Nigeria (SUN Project) of Catholic Relief Services (CRS), AR will ensure that OVCs receive comprehensive care and support services and that there is continuity of care in the home based care (HBC) setting. All OVC households will also receive a preventive care package obtained from the USG-supported Society for Family Health containing ITN, water guard, water vessel, soap, ORS sachets, and IEC materials on self care and common OI prevention. For HIV+ children under care and treatment AR will also provide full OVC comprehensive health services. This includes laboratory analyses (CD4 count) and monitoring for OIs (such as TB). All HIV+ children and HIV-exposed infants (through PMTCT) will receive cotrimoxazole according to GON guidelines. For the AR/SUN collaboration where both collaborators are PEPFAR IPs, the SUN project will cover the costs of OI drugs distributed in the HBC setting and will report these targets. AR, on the other hand, will provide the facility based OI and TB management. To avoid double counting, AR carries out joint quarterly monitoring of these activities using GON tools (FMWA) and OGAC OVC CSI.

All OVC and their households reached by the AR program will be assessed for the identification of specific client/household needs and will be provided with psychosocial support. The psychosocial support provided to OVC, including their caregivers, is multifaceted and comprehensive and includes counseling on stigma and discrimination, disclosure, and grief, and recreational activities.

AR will provide nutritional services including nutritional assessment and micronutrient supplementation. Malnourished children will be provided therapeutic nutritional supplements in collaboration with Clinton Foundation and also via referrals to other PEPFAR-supported organizations offering food program for OVC such as the MARKET activity and CRS 7 Dioceses (7D) in states where they are co-located. AR is exploring the development of similar linkages with Christian Aid. Other services provided by AR include the facilitation of birth registration for OVC within the program. In addition, AR will utilize wraparound services to ensure that all OVC under 5 years are appropriately immunized. AR will also participate in advocating the GON at the state levels for welfare services for OVC (e.g., free primary education).

Ninety healthcare workers will be trained in COP08 using national guidelines, OVC NPoA and OVC standards of practice. Specific training relevant to each level of HCW will be provided at each LPTF for at least one doctor, one nurse and one counselor. AR in partnership with the African Network for Children affected by HIV (ANECCA) has developed a pediatric counseling course which will be rolled out to all LPTFs and also offered to other stakeholders in Nigeria. Increasing skilled providers will help meet the special needs of children and their parents/caregivers and will provide the support needed at the family level by working with HBC programs under the 7D and SUN programs of CRS.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care between LPTFs and communities. Monitoring and evaluation of the AIDSRelief OVC program will be consistent with the national plan for patient monitoring. AR CQI specialists and OVC focal persons will conduct team site visits at least quarterly during which there will be evaluations of OVC services provided, the utilization of National PMM tools and guidelines, proper medical record keeping, referral coordination, and use of standard operating procedures by the HBC and facility providers. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program. AR has developed a sustainability plan in year four of the proposed program focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment, while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the GON to ensure coordination and information sharing, thus promoting long-term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems. In collaboration with CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN). These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

Activity Narrative: CONTRIBUTION TO OVERALL PROGRAM AREA:

Scaling-up OVC services will contribute to the USG/ PEPFAR target of providing comprehensive quality of care to 400,000 children infected and affected by HIV/AIDS in Nigeria. The OVC activity will contribute to the AR overall comprehensive package of care for PLWHAs by ensuring that children's specific needs are met. Training activities will contribute to overall program sustainability by building the knowledge and skill base across all supported sites.

LINKS TO OTHER ACTIVITIES:

AR activities in OVC are linked to HCT (5425.08), ARV services (6678.08), PMTCT (6485.08), ARV drugs (9889.08), laboratory (6680.08), AB (15655.08), TB/HIV (5399.08), injection safety (6820.08), blood safety (5392.08) and SI (5359.08) to ensure that OVC are provided a continuum of care. Linkages to CRS SUN, 7D and other CBOs will ensure the full provision of community and HBC services to OVC clients.

POPULATION BEING TARGETED:

This activity targets infants, young children, adolescents and other at-risk children in HIV infected and affected families. It also targets the households, including caregivers, of OVC. Health and allied care providers in clinical and community settings will be trained to provide services to OVC.

EMPHASIS AREAS:

The activity has an emphasis on human capacity development through training and commodity procurement. Other areas of emphasis include wraparound services (food, immunizations) and SI.

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 AR-supported LPTFs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6679

Related Activity: 12991, 12992, 12993, 12994,
12996, 12997, 12998, 13000,
13001, 13002, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25274	5416.25274.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$750,000
25273	5416.25273.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$330,000
6679	5416.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$288,000
5416	5416.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$150,625

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$20,194

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	4,207	False
8.1.A Primary Direct	4,207	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	90	False

Target Populations

Special populations

Most at risk populations

 Street youth

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Lagos

Nassarawa

Abia

Adamawa

Enugu

Imo

Ondo

Taraba

Ebonyi

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$19,423,521

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Approximately 4.4% of Nigerian adults are infected with HIV; given Nigeria's large population, approximately 3 million adults are infected (2005 Nigeria ANC Survey). Cumulative accomplishments in this program area by PEPFAR Nigeria through June 2007 are estimated at 1,089,499 individuals tested—about 1% of the adult population. A huge expansion of HIV counseling and testing (HCT) services is essential to enable Nigerians to know their HIV status and access HIV prevention, care, and treatment services.

The USG support for HCT in Nigeria has increased significantly since 2005, and the number of Nigerians getting testing with PEPFAR support has increased dramatically. In the first half of COP05, 15,104 persons received HCT services with PEPFAR support. Between October 2006 and June 2007 (9 months), however, and additional 568,467 Nigerians received counseling, testing and their results from 296 HCT service outlets. In terms of geographic coverage, by the end of COP07, 20 out of 36 states will have PEPFAR supported HCT services. This will increase to all 36 states by the end of COP08. In COP08, the target for HCT is to test 808,918 individuals and train 2,933 individuals at 626 sites excluding testing in PMTCT and TB/HIV settings, which account for 407,650 and 119,840 tests respectively.

The areas of strategic focus for COP08 are: 1) to promote the utilization of lay counselors for HCT service provision; 2) to increase the entry points to HCT for a variety of target populations (HIV-exposed infants, couples); 3) to focus mobile and outreach HCT services on high risk populations; 4) to improve referral systems for access to treatment and care; and 5) to standardize training on HCT. These strategies embrace and expand on the USG Nigeria 5 year plan. An HCT technical assistance visit was conducted in Nigeria in August 2007, and the findings and recommendations are incorporated the COP08 HCT implementation plan.

The GON adopted the "Heart to Heart" brand as a national logo for HCT. In COP07, service outlets adopted the use of this logo, which is widely recognized and associated as venues where confidential, high quality HCT services can be accessed. The use of the logo will be expanded in COP08 and all USG-IPs will use this brand at all HCT service sites. The HCT TWG will also work with IPs and the GON to include acceptable behavioral change messages using the logo. USG Partners promote HCT services through a combination of print materials, posters, radio, and community outreach.

The use of non-cold chain dependent Rapid Test Kits (RTKs) has resulted in the increased use of non laboratory staff, including lay counselors, providing HCT services. Continued dialogue with the Medical Laboratory Science Council of Nigeria (MLSCN), and the Association of Medical Laboratory Scientists of Nigeria (AMLSN), has resulted in less concern by laboratory groups about the use of non-laboratorians in HIV testing. The HCT TWG will continue this dialogue in order to get a formal approval from the MLSCN and the ASMLS, for task shifting in HIV testing services.

In April 2007, the first phase of a RTK, evaluation was completed in Nigeria. One of the outcomes from this evaluation will be a shift from the current 'interim' parallel testing algorithm to a serial testing algorithm using all non-cold chain RTKs. There will be re-trainings on the use of the new algorithm when approved. The re-training will be provided by the USG-team in a TOT format, to all IPs and GON trainers who will, in turn, provide follow-on step-down trainings to their site staff. These trainings and the algorithm switch will be implemented in phases to cover the entire country. The current use of finger-prick samples and non-cold chain RTK at several sites has facilitated HIV testing during mobile and outreach campaigns; it has also improved the use of in-room testing by trained care providers. In-room testing promotes same-day and, better still, same-hour results. All these have greatly improved access to HCT services in Nigeria. In COP08, the USG team will work to ensure that this approach is extended to all PEPFAR supported sites.

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 HCT together but the number remains modest. In July 2007, all PEPFAR/Nigeria IPs received training on Couples HIV Counseling and Testing (CHCT). This training will be followed by a TOT and national rollout to all HCT sites. In COP08, some USG Partners will be providing psychosocial support and counseling to women who test positive to help address negative outcomes that they may face in disclosing their HIV status. This will be done by linking identified women to support groups. In addition to this, some partners will also begin providing home-based HCT as a service model on its own or as an expansion of the home based care and support program already in existence. These models will adopt the family-centered approach in HCT services by providing HCT to family members, including children, and linking them to appropriate prevention, care and support services, and providing needed counseling and psychosocial support that will help minimize stigma and discrimination.

In COP07, the USG supported the pilot phase of Early Infant Diagnosis (EID) in Nigeria using Dried Blood Spots (DBS). With the

support of PEPFAR laboratories, EID is being scaled-up across the country following a national plan. The EID will increase access to pediatric testing and improve access to pediatric care and treatment.

In clinical facilities, HCT is available in dedicated HCT sites and Provider-Initiated HCT (PITC) is provided on medical wards, ANC clinics, TB units, and other service locations. Several IPs have commenced HIV testing for TB patients and are adopting the use of PITC for their facility based HCT services. IPs that work at secondary and primary levels of care are increasing their outreach and mobile services at the community level, particularly targeting high risk groups.

As part of efforts to facilitate task shifting in HIV testing, the GON recently developed a protocol for HCT for use in primary health care (PHC) outlets. The GON has also commenced the training of non-laboratory personnel to conduct PICT in PHC outlets, including testing in the Out Patient Department (OPD), ANCs, and for couples. Discussions on the use of laboratory staff for training, quality assurance and control and supportive supervision is on-going. A HCT training curriculum for use at the PHC level has just been adopted for use. Continued dialog and appropriate implementation of this approach will be pursued in COP08.

HCT in community locations is increasing, and will continue to be supported by PEPFAR in COP08. Several IPs have begun providing mobile or outreach HCT at the community level, and have experienced an enthusiastic response in the communities where the services are provided. Based on a review of the positivity rates from mobile services, the USG has requested that certain IPs target their mobile testing services at Most at Risk Populations such as commercial sex workers, long distance drivers etc. A challenge in providing mobile services is in ensuring referral linkages to access care, treatment and support for those testing positive. The use of standard referral tools by all USG Partners will be pursued in COP08 to help address this. Currently IPs are providing clients with referral cards to help with tracking, which they collect from HIV care and treatment clinics. The GON is planning to develop a national referral directory, and IPs are beginning to address the trend of referring clients to facilities other than their own sites. The focus is now shifting towards ensuring that clients are referred based on their needs, regardless of which partner is providing the service, and the Nigeria PEPFAR team continues to reinforce this.

Nigeria is in the process of adapting the WHO/CDC Rapid HIV Test Training Package and an initial TOT has already been conducted, along with the development of a step-down plan. In COP07, the USG/Nigeria initiated activities to develop protocols for HCT in children. COP08 will see a strengthening of this process and the implementation of the plans. In COP08, all partners will continue to procure RTKs through the partnership with Supply Chain Management System (SCMS), which will also provide technical support to partners in quantifying their needs.

USG/Nigeria will continue to collaborate with the GON on expansion plans, training, and policy development, and will leverage funds from donors including the Global Fund and DFID through the Society for Family Health (SFH) for the procurement of condoms used in C&T. These collaborative efforts will be strengthened in COP 08, and prevention and risk reduction messages will be incorporated into HCT as a priority.

Improving training and supervision of counselors skills will continue to be a high priority. PEPFAR is currently working with the GON to harmonize the various M&E documents used by different sites and IPs and to establish one national approach to data collection at HCT sites, including a national HCT register. In COP08, the implementation of standard quality control (QC), and external quality assessment (EQA) for HIV rapid testing at all HCT sites by adopting the "Quality System" approach will be a priority. Proper and safe waste handling and disposal is an important part of this approach.

In summary, the Nigeria PEPFAR program has seen a recent rapid increase in the number of persons accessing HCT services, but given Nigeria's population and prevalence rate, further increases in HCT are required to identify persons in need of ART and care, and to provide focused HIV prevention counseling for HIV+ and HIV- clients.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	626
9.3 Number of individuals trained in counseling and testing according to national and international standards	2933
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	808918

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3688.08	Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 5425.08	Planned Funds: \$980,000
Activity System ID: 13000	

Activity Narrative: ACTIVITY DESCRIPTION:

AIDSRelief (AR) will increase support for counseling and testing (HCT) services from 28 Local Partner Treatment Facilities (LPTFs), 2 PMTCT sites and 10 satellite clinics in COP07 (in 14 states Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau, and Taraba) to an additional 2 LPTFs and 10 satellite sites in COP08 in 16 states (14 above plus Abia and Imo). In COP08 HCT activities will be expanded from 26 to 31 stand alone TB DOTs sites as well; these activities are funded and outlined in the TB/HIV program. An emphasis will be placed on expansion into rural areas. 70,000 persons will receive HCT and receive their results. This includes 63,000 adults and 7,000 pediatric clients. AR will build the capacity at existing and new LPTFs to enable them to integrate HCT services within care and treatment systems and to increase uptake of HCT services in all points of service in the facilities to ensure sustainability.

All HCT service outlets will be branded with the "Heart to Heart" logo. AR will utilize Provider Initiated Testing and Counseling (PITC) and opt-out testing in COP08 in all supported healthcare facilities. These approaches to HCT will be actualized by AR technical and programmatic staff through organized HCT training, onsite mentoring /preceptorship of providers and the engagement of leadership at AR-supported facilities. AR will also scale-up couples counseling and testing in all supported sites. AR will promote HCT as a necessary and important arm of HIV prevention in terms of averting new infections and providing treatment for those in need, and posttest counseling will be strengthened to lay emphasis on prevention for positives. Posttest counseling will include full and accurate information on all prevention strategies. Referrals to outlets that provide other prevention services not available at AR-supported facilities will be provided and tracked.

All HCT sites will provide same day results and will use the current National testing algorithm. A switch to the serial algorithm will occur if the national algorithm changes as expected. For infants and children less than 18 months Early Infant Diagnosis (EID) will be available at PMTCT sites; lab testing for EID will be done in conjunction with other IPs. The USG team will provide AR with rapid HIV test kits and AR will be responsible for their warehousing, storage and distribution to LPTFs. Sites will be trained on forecasting and stock control using bin cards and will maintain a three month buffer. LPTFs will report on inventory and forecasting to the central office on a monthly basis. AR HCT sites will use the GON Heart-to-Heart logo for ease of recognition by clients.

In COP08, AR will target the provision of HCT services PABAs as well as STI patients and TB DOT clients at the LPTFs. AR will also provide HCT services as a routine component of blood transfusion services. All HCT clients will be linked to prevention services, as well as treatment, care and support services where applicable.

AR will train and retrain 320 LPTF staff on counseling and testing using the GON HCT training curriculum. Counselor training will include couple counseling to strengthen this aspect of the program. This will ensure the availability of a pool of trained counselors to promote continuity. In addition, providers will be sensitized on the adoption of PITC and opt-out testing. Non-laboratorians will be used at multiple points of service for facility based HCT where appropriate and when allowed by national policy. To this effect AR will train HCW (counselors, nurses and outreach workers) that will be supervised by onsite laboratorians to assure quality. To expand HCT services within the network of faith based organizations and increase rural access to HCT, AR community based HCT will advocate for greater use of non-laboratory staff to conduct testing in the community setting as well.

AR will carry out quarterly monitoring visits which focus on quality assurance and onsite mentoring. There will be evaluations of counseling techniques, HCT testing algorithms, the utilization of the National CT Register, proper medical record keeping, referral coordination, patient flow, and use of standard operating procedures for HCT. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Semiannual partner meetings will provide an additional forum for sharing of new information between sites and communities.

AIDSRelief will collaborate with faith based and community based organizations, in particular the 7-Dioceses program of Catholic Relief Services, in carrying out community based and mobile HCT services. AR will also collaborate with state and local government HCT programs by carrying out joint trainings and monitoring visits. AR will also continue collaborations with FHI/GHAIN who will carry out HCT services including mobile HCT services, training activities, and provision of IEC materials.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AIDSRelief will provide HCT services at 52 sites at the primary and secondary levels in rural and previously underserved communities to provide services to 70,000 clients including 7,000 children thus contributing to the PEPFAR and GON targets for increasing access to HIV counseling and testing. The HCT services will enable the identification of HIV positive individuals in a timely manner and will direct them into care and treatment services. HCT will also support AIDSRelief's target of placing 10,200 new clients on ART in COP08. In addition, HCT services will add to the prevention strategies of averting new infections through efficient and effective posttest counseling and patient education. HCT services will further contribute to the National goal of universal access to HIV/AIDS services. By building LPTF capacity through training, salary support to faith based institutions and refitting of LPTF counseling rooms, AR will contribute to the sustainability of HCT activities at these sites and in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in ARV services (6678.08), ARV drugs (9889.08), laboratory (6680.08), care and support (5368.08), PMTCT (6485.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08). Linkage of HCT services to treatment, care and support services shall be strengthened within and across programs and between other implementing partners using standard referral tools. AR will establish referral linkages with National TB DOTs centers to ensure that TB patients are routinely screened for HIV and those testing HIV+ are referred to AR LPTFs for HIV/AIDS care and treatment. The LPTFs will ensure integration of the AR-supported HCT program with other departments to provide routine HCT services to all patients and to ensure that those testing HIV+ are referred for appropriate care.

POPULATIONS BEING TARGETED:

This activity targets the general population and in particular PABAs, STI patients, and TB patients.

Activity Narrative:**EMPHASIS AREAS**

This activity has emphasis on training including supportive supervision and quality assurance/quality improvement. There is an emphasis on local organization capacity building, community mobilization, infrastructure development/renovation, and the development of linkages/referral systems.

The expansion of free HCT services will ensure gender equity in access to HCT services in rural and previously underserved communities. It will also ensure that HIV-positive people are identified and linked to timely life-saving ART services and HIV-negative clients are educated on the importance of avoiding risky behaviors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6681

Related Activity: 12991, 12992, 12993, 12994,
15655, 12995, 12996, 12997,
12998, 12999, 13001, 13002,
13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25275	5425.25275.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$90,000
6681	5425.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,025,000
5425	5425.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$240,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	52	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	320	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	70,000	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Nassarawa

Adamawa

Ebonyi

Enugu

Ondo

Taraba

Abia

Imo

Table 3.3.09: Activities by Funding Mechansim

Prime Partner: Africare

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 6642.08

Planned Funds: \$410,000

Activity System ID: 12987

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, Africare provided HCT services at 15 service outlets (4 stand alone sites, 11 facility integrated sites) in 2 states (Lagos and Rivers). The facility-based testing is fully integrated whereby HCT points of service are available in the general outpatient departments, the inpatient wards, and the ANC settings. For testing done at ANC points of service, Africare provides referrals for pregnant women testing HIV positive to PMTCT programs. The 4 stand alone sites are at motor parks where long distance truck drivers congregate and are in close proximity to brothels and markets. In addition, Africare provides outreach HCT services at a prison, in markets and in other motor parks. In COP08 HCT services will be continued at these 15 service outlets and 4 additional outlets will be added for a total of 19. Africare will continue to offer HCT services in Lagos and Rivers states and will expand to Bayelsa state. HCT will also be occurring in TB DOTS sites under the TB/HIV program area; refer to this narrative for details. In COP08 Africare will provide HCT and give results to 18,500 clients.

The project uses the provider initiated and opt-out models for maximum uptake of HCT services at the healthcare facilities. Africare's community and mobile HCT programming targets most at risk populations (MARPs) such as long distance truck drivers, commercial sex workers, oil workers, incarcerated persons, and in and out of school youth. Africare partners with community based organizations (CBOs) and faith based organizations (FBOs) to carry out community HCT activities utilizing volunteers from these organizations. Africare's HCT program is closely linked with its prevention services, including prevention for positives which encourages HCT for family members and sex partners; healthy lifestyles and positive living; and provides prevention messages and IEC materials on disclosure. The program encourages (through mobilization and advocacy) couples counseling and testing, particularly for discordant couples. In addition, the activities promote disclosure to partners and family members. Other prevention services provided in the HCT setting in COP08 will include STI syndromic management and treatment. Clients that test HIV positive will be referred to the project's care and support program; those subsequently identified as needing treatment will be referred to USG/GON supported sites providing ART services. All individuals presenting to HCT sites, even those who ultimately opt-out or decline results, will be reached with balanced ABC messaging and offered condoms.

HIV testing will be carried out using the National Testing Algorithm. An ongoing QA program, which consists of quarterly proficiency testing and blinded rechecking, will be continued during COP08. Africare will work with the USG laboratory technical working group to maintain an effective QA program. Client satisfaction questionnaires are utilized to evaluate counseling provided.

Thirty-five health care providers, laboratorians, 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 in order to appropriately make referrals for laboratory diagnosis. Additional training will be in STI syndromic management and treatment. There will be refresher trainings for previously trained counselors on updated national guidelines on HCT. All trained HCT providers will receive SOPs as reference materials. The capacity building of health workers, CBOs, FBOs and volunteers, will ensure sustainability after the project close out.

Test kits will be procured using the Supply Chain Management System. Test kits and other consumables 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. Condoms will be sourced from Society for Family Health for provision along with HCT activities. BCC/IEC materials appropriate for its clientele are adapted and reproduced by the project. Africare's M&E staff will track activities at project sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Africare's HCT program, through its advocacy and mobilization activities, is expected to increase the number of people accessing HIV testing services. Increased availability of diagnostic counseling and testing services at health facilities plus in the communities will assist in identifying the number of clients with HIV 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 networks and linkages established with CBOs/FBOs, state and local health facilities will close existing gaps in the provision of services to the communities. The referrals for treatment will help link clients to treatment programs 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 AB (15680.08), condom & other prevention (15667.08), OVC (15666.08), basic care & support (6493.08), TB/HIV (9879.08) and Strategic Information (15668.08) programs. The HCT program 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. All clients are linked to HIV prevention services with ABC and other prevention as appropriate. 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.

POPULATIONS BEING TARGETED:

Africare's HCT activities are targeting MARPS (including truck drivers, mobile populations, commercial sex workers, oil workers, incarcerated persons, in and out-of-school youth), couples, and PLWHA family members. Project activities will make counseling and testing available to the care givers and family members of PLWHA. Training on HIV programs will be made available to medical staff, community groups and other relevant organizations.

EMPHASIS AREAS:

Africare's HCT activities' will be focusing on building networks/linkages/referral systems. In addition, Africare will focus 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 testing. 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.

Activity Narrative: The project activities will also increase gender equity in programming through HIV counseling and testing targeting adults, especially women of child bearing age and men who do not routinely present to health care facilities. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6673

Related Activity: 15667, 12985, 12986, 15666, 15668, 15680

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25296	6642.25296.09	HHS/Centers for Disease Control & Prevention	Africare	10726	4133.09	HHS/CDC Track 2.0 Africare	\$90,000
6673	6642.07	HHS/Centers for Disease Control & Prevention	Africare	4161	4133.07	Cooperative Agreement	\$550,000
6642	6642.06	HHS/Centers for Disease Control & Prevention	Africare	4133	4133.06	Cooperative Agreement	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15680	15680.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$50,000
15667	15667.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$150,000
12985	6493.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$170,000
12986	9879.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$337,500
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
15668	15668.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$40,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	19	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	35	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	18,500	False

Target Populations

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Lagos

Rivers

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3689.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5422.08

Activity System ID: 13008

Mechanism: USAID Track 2.0 CRS 7D

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$365,000

Activity Narrative: ACTIVITY DESCRIPTION:

The CRS Seven Diocese Project provides HCT in 135 sites in eight states of Nigeria including the FCT. These states are FCT, Edo, Kaduna, Kogi, Nassarawa, Niger, Jos Plateau and Benue. Of these 65 are integrated, 44 stand alone and 26 mobile sites. Home based HCT is also provided during the Home Based Care activities conducted by trained Parish AIDS Volunteers (PAVs).

The requested funding in COP08 will be used to support the procurement of medical supplies (disposable gloves, etc.), the provision of various CT services, the training of staff in the provision of CT services, quality assurance, and strengthening of post-test counseling services offered to clients.

CRS 7 Dioceses will continue the provision of HCT services in all the 135 supported sites. No site expansion will be undertaken in COP08. Instead the program will focus on improving the quality of services and targeting high risk populations such as commercial sex workers and prisoners.

In all the 7D supported hospital facilities Provider Initiated Counseling and Testing (PICT) strategy will be adopted by establishing linkages between HCT sites within the facilities and STI, TB, OPD, ANC, and other wards and clinics. This linkage will ensure that patients in wards, clinics and departments are routinely offered HCT services using opt out model and appropriate referrals to care and treatment services. In health facilities that support blood transfusion services, HCT will be provided as a routine component of blood transfusion services to enable blood donors access HIV C&T services and linkages to prevention, treatment, care and support services. This will entail provision of rapid test kits, training of service staff and regular quality control and oversight support.

CRS 7D will strengthen its couple counseling and testing services by ensuring that HCT services are provided to couples following standard guidelines and protocols. Couples Counseling and testing will also be integrated with the BC&S, AB & PMTCT programs. CRS staff have received Couples Counseling and Testing training provided by the USG and will continue to participate in the planned Couples HCT Training of Trainers (TOT), training. This is part of the Couples Counseling HCT roll out plan for Nigeria. Home-based HCT will continue to be provided to households of clients being served by different programs. At least 6,000 People Affected by AIDS (PABAs) in the 13,000 households to be reached with BC&S services will be counseled and tested. This is detailed in the BC&S program area. This will ensure that family members of PLWHA know their HIV status and are linked to appropriate prevention, care and support services. Pediatric CT will be increased with access to the pediatric clients through CRS OVC program, children of individuals with HIV, and PMTCT clients.

In COP08, mobile testing activities will be continued and strengthened to provide HCT services in community outreach activities and will be coupled with prevention messages encouraging partner reduction and faithfulness. Strategies will be developed to make HCT services as youths friendly as appropriate. This will increase service uptake and enhance active case detection. Prevention information based on ABC will be provided and referral to prevention, care and support services made.

In all 7D supported sites HIV Testing will be provided using the current national testing algorithm, and a shift to serial algorithm will be made when finally approved by GON. Post test counseling will include counseling on AB and accurate information on correct and consistent use of condoms. Where condoms cannot be provided, clients will be referred to the nearest condom outlet. Support Groups of People Living with HIV/AIDS (SGP+) will carry out continuous counseling to encourage individuals to disclose their status to partners and family members. When necessary, individuals encountering difficulties with disclosure will be referred for spiritual and psychosocial counseling for added support. Formation and management of post test clubs and SGP+, development of post-test information packages, materials and curriculum development for ongoing post-test counseling as integral part HCT, will be done through the AB program area. 7D will get the mentioned materials approved by the USG HCT technical working groups to ensure correct and balanced messaging.

The 7D project will take deliberate steps in maintaining internal and external quality control measures in its HCT Program. At least one integrated C&T site will be designated to provide laboratory support for external and internal quality control of C&T in each service area. Quarterly site monitoring assessment for quality control will be provided by CRS laboratory staff. In COP08, 2 laboratory scientists will be employed to provide this technical support while 2 laboratory scientists will be kept on retainer for training and oversight needs at 7D HCT and PMTCT sites. Trained PAVs carrying out HCT services will be supported with a modest per diem to offset transport and time costs. This practice will enable high quality C&T in the service sites, which will be branded with the national Heart to Heart logo.

The procurement of test kits will be through the SCMS. CRS will distribute the kits to partners according to partner-developed testing projections in collaboration with SCMS. The kits and associated commodities will be replenished periodically. Partners will be supported by CRS Program Managers and diocesan staff to develop and manage the inventory of test kits and associated commodities. CRS will continue to support and participate in the harmonization process led by FGON with regard to LMIS, ICS and CT for non-laboratory staff.

Given the pending shift to serial testing, 7D project will collaborate with AIDS Relief, IHV, GHAIN and other IPs in capacity building and training of counselors to adopt serial testing. Training and re-training will be conducted for 270 people (2 from each of the 135 sites), using the GON nationally approved C&T curriculum. 7D will collaborate with AIDS Relief, IHV, GHAIN and other partners in training the HCT site staff. The trainings will include CT services, medical waste disposal and quality assurance. Individuals trained will receive a 1-day refresher training every 6 months at the arch/diocesan level.

M&E of CT activities will be on monthly basis by arch/diocesan staff, primarily the Referral Coordinator and Monitoring and Evaluation Officer and CRS program managers. The National HCT registers and M&E tools will be used for data collection at all HCT sites.

As part of its direct targets, 7D will counsel and test 22,500 individuals, 10% (2,250) of which will be pediatric clients who will be tested following standard protocols and guidelines. At least 22,450 individuals, 2,230 of which will be pediatric clients, will receive their test results. Indirect targets will include the training of LGA health facility staff on CT; and the provision of technical support for CT implementation and

Activity Narrative: monitoring at the LGA health facility level. Training, capacity building, and working within existing church structures will lay the foundation for sustainable programming in the long run.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The CT services will further contribute towards 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 entry point of access to prevention, care and support services. This project will strengthen testing and psychosocial and spiritual support services. The 7D project will continue to support post-test clubs at the parishes which will decrease stigma and discrimination experienced by PLWHA. In addition, it will feed into care and treatment services that further refer HIV positive individuals to comprehensive 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, and OVC specifically. Adults who undertake a test will be invited to become volunteers, or post-test club members. Youth who undertake a test will be invited to become active members of the Abstinence Diocesan Youth Groups, as well as referred to OVC (3.3.08) services if they qualify. Adults testing positive will be referred, in addition to Post Test Clubs, to SGP+, referred to PMTCT for pregnant women, and to ART centers. Youth testing positive will be linked to pediatric ART (3.3.11 and 3.3.10) and OVC services.

POPULATIONS BEING TARGETED:

This activity will target adults and youths accessing health care services, in and out of places of work, in and out of institutions of learning, HIV&AIDS affected families, Faith-Based Organizations, Private Health Care facilities, and Health Care Workers. 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.

EMPHASIS AREAS:

Human capacity development will be an emphasis of this activity. The parish stand-alone CT centers will primarily focus on development of network/linkages/referral systems. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6687

Related Activity: 13005, 13006

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24871	5422.24871.09	U.S. Agency for International Development	Catholic Relief Services	10591	3689.09	USAID Track 2.0 CRS 7D TBD	\$105,000
6687	5422.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$365,000
5422	5422.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$365,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13005	5348.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$1,200,000
13006	5312.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$2,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	135	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	270	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	22,450	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

Edo
Federal Capital Territory (Abuja)
Kaduna
Kogi
Nassarawa
Niger
Plateau
Benue
Benin

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5550.08

Activity System ID: 13028

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,710,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, ICAP-CU supported HIV counseling and testing (HCT) at 45 sites including 10 secondary hospitals, 20 primary health centers and 15 non-hospital facilities (two VCT sites, six DOTS sites, seven stand-alone VCT centers) in Kaduna, Benue and Cross River States. In COP08, this support will increase to a total of 50 HCT sites (25 secondary hospitals, 25 non-hospital facilities which are CBO/FBO based with their associated mobile testing) in six states including Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi. Included within the non-hospital facilities are linkages to private health facilities. At least 112,500 individuals will receive counseling & testing (in a non-TB/non-PMTCT setting) and receive their results. This will include HCT for a minimum of 2500 non-remunerated blood donors. ICAP-CU's HCT support has 5 themes: supporting provider-initiated opt-out HIV testing (PIHCT) in all health care facilities, including TB DOTS sites; providing HCT services throughout health care facilities by strengthening point of service (POS) testing in both inpatient and outpatient settings; expanding access to HCT centers; strengthening opt-out HCT in the ANC setting; and promoting case-finding via the family-focused approach to HIV/AIDS diagnosis, care, and treatment.

ICAP-CU will ensure quality HCT services through the implementation of training courses for staff and volunteers. In FY08, 350 individuals, including health care providers and laboratory staff at the facility and community levels, will be trained to provide services in these 50 HCT outlets in the six states. ICAP-CU will support HCT 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 and testing following the best practice protocol in all supported sites. Refresher trainings will be provided to site staff as needed. In addition to the HCT specific training, ICAP-CU will also provide trainings to improve monitoring and evaluation.

Innovative approaches will be instituted to reach as many people as possible, especially the most at risk populations. ICAP-CU will support local nongovernmental organizations to partner with NYSC-trained peer educators in each region to reach the student population (especially at tertiary institutions around each region). Existing youth-friendly centers in supported states will be strengthened to provide information (written, audio-visuals) on HCT to young people in and out of school, following the standardized consent procedures where necessary. ICAP-CU will work to provide training of Youth Corp Volunteers as lay counselors for HCT services through community outreach programs which could easily serve as their required community development activity and provide a much needed service. ICAP-CU will also expand access to HCT outreach to high risk communities such as long distance truck drivers' parks, regular motor parks, prisons, artisans (e.g., auto mechanics), and out of school youth including the female population. ICAP-CU will support outreach teams from nongovernmental and faith based organizations to ensure regular outreach to communities, churches and mosques to promote HCT. ICAP-CU will support the use of multidisciplinary teams including lay counselors where appropriate, and will pilot the use of nursing and health technology students as counselors in selected training institutions. ICAP-CU will also facilitate the training of lay counselors in rapid testing especially in churches and mosques. The national 'Heart to Heart' logo will be used at HCT sites for integration with national branding of HIV testing services. ICAP-CU will support community-level HCT services through identified CBO/FBO outreach initiatives, further strengthening the network of HCT available to the community. ICAP-CU will ensure that secondary and primary healthcare facilities are key partners in these networks.

At all health facilities, an "open access" approach will be promoted to ensure that HCT is available to all patients utilizing a facility. ICAP-CU will foster linkages of HCT services to treatment, care and support services within and across programs and between other implementing partners using standard referral tools, ensuring quality implementation of HCT data management and reporting systems. HCT services will promote couples counseling and testing at the service outlets with a special emphasis on HCT for discordant couples. In addition, posttest counseling resources, such as support groups and peer educators, will support disclosure when appropriate and address the special issues facing discordant couples. Posttest 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. Posttest counseling for clients shall include appropriately balanced messaging, including abstinence, be faithful, and information on correct and consistent condom use. Male and female condom distribution will be supported by ICAP-CU 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. IEC materials on HCT and prevention messaging will be available to all clients.

Laboratory QA will be provided by ICAP-CU laboratory advisors to ensure quality HIV testing. HIV testing will be conducted using the current interim National testing algorithm and will change to the new testing algorithm once it is approved. ICAP-CU 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. ICAP-CU will work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported HCT sites and to participate in the GON-led harmonization process of the LMIS system in Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to the overall 2008 emergency funding plans by enabling 25 secondary hospitals and 25 non-hospital facilities in six states (a total of 50 service outlets) to provide access to HCT services to at least 112,500 people who will also receive their results. HIV positive clients will be provided with access to care and treatment, including ART when needed. Three hundred and fifty individuals, including health care providers and laboratory staff at facility and community levels, will be trained to provide services. ICAP-CU 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 (5404.08), Palliative Care (5552.08), TB/HIV (5551.08), OVC (5547.08), HCT (5550.08) and PMTCT (6622.08). The HCT activities in the sites supported by ICAP-CU will encourage the enrollment of patients and family members into care through multiple entry points. ICAP-CU will also support community HCT linked to the hospital networks, enabling referral of HIV positive clients to the hospitals to access care and treatment as appropriate.

POPULATIONS BEING TARGETED:

Activity Narrative: This activity targets the general population especially young women and other most at risk populations such as truck drivers and sex workers. ICAP-CU will target the provision of HCT services to family and household members of HIV+ clients using a family focused approach at multiple entry points. Community based and faith based organizations/facilities will be targeted for training to provide HCT to increase access in non-clinical settings. The availability of trained volunteers will further increase uptake.

EMPHASIS AREAS:

Emphasis areas include human capacity development, increasing gender equity in HIV/AIDS programs, local organization capacity building and SI.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6695

Related Activity: 13021, 15654, 13022, 13023, 13024, 13025, 13026, 13027, 13029, 13030, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28550	5550.28550.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$120,000
6695	5550.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$756,667
5550	5550.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$410,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13029	5493.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$9,393,931
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	50	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	350	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	112,500	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Tuberculosis patients

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Rivers

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 3230.08

Activity System ID: 13041

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$3,703,000

Activity Narrative: ACTIVITY DESCRIPTION:

The Global HIV/AIDS Initiative Nigeria (GHAIN) will provide counseling and testing (CT) services to 229,900 individuals by supporting 79 existing CT sites branded as Heart-2-Heart (H2H) centers and will increase coverage of the mobile voluntary counseling and testing (VCT) services in under-served rural communities in all its current focus states (FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, Akwa Ibom) and expand services to additional states inter alia Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States. GHAIN will complement the USG strategy to provide PMTCT service coverage at the LGA level, by expanding CT services into an additional four PMTCT sites in four LGAs in Lagos (Amuwo-odofin, Kosofe, Ajeromi-Ifelodun, and Apapa), two LGAs in Cross River (Odukpani and Akpabuyo), and three LGAs in Anambra (Orumba South, Aguata and Nnewi South) to give a total of 88 HCT service outlets.

Mobile CT in all the zonal offices will be strategically located to provide adequate coverage of their catchment areas and to ensure targeted access to most at risk clients that will feed into the GHAIN supported comprehensive antiretroviral therapy (ART) services. In facilities, integrated CT services including provider-initiated CT in the wards and the out-patient departments (OPD); routine (opt-out) CT in antenatal, tuberculosis, family planning, and sexually transmitted infection clinics, in order to increase uptake of services and provide an opportunity for those who require care, treatment and support services to access them. Provider-initiated counseling and testing will be offered in all secondary health facilities through capacity building of care providers (doctors, nurses and other care providers) working in various points of service within the facility. GHAIN will provide support to all health facilities providing blood transfusions to ensure counseling and testing is routinely offered to all blood donors.

VCT services will be located within health facilities for self-referrals, as well as in community outreach services. GHAIN will use the interim national approved testing algorithm and will adopt the serial testing algorithm as soon as it is approved by the Government. This will assist in the expansion of CT services to rural areas and the use of lay counselors to conduct HIV testing. To ensure quality of CT services, a representative number of samples will be sent to an identified laboratory for external quality assurance. In addition, proficiency testing, training and retraining and regular on-site monitoring, including proper waste disposal will be done in each site to ensure quality. GHAIN will support the training of 100 individuals in CT, including couples counseling and will subsequently step down the training to other counselors using the curriculum at the CT sites to ensure couples have the opportunity of learning their status together.

GHAIN will provide targeted mobile CT services to address the health needs of most-at-risk-populations (MARPS) such as long distance drivers, commercial sex workers and their clients, and armed forces personnel. Mobile VCT services will also be extended to the youth in churches, mosques, market places, and women/men's groups. Emphasis will be laid on couples counseling, partner notification and disclosure of test results as well as pre- and post-test counseling opportunities for both positive and negative clients. GHAIN will utilize the mobile CT teams to support and provide counseling and testing to private organizations and will link up with other partners working with unions, associations, and workplace HIV/AIDS initiatives to provide counseling and testing.

In order to support the national government in the fight against HIV/AIDS, GHAIN will build the capacity of 500 care providers in counseling and testing for the government of Nigeria and the Global Fund supported programs. The staff will come from public and private facilities across the country. GHAIN Nigeria will also explore models for public/private partnerships to provide counseling and testing and will build the capacities of private practitioners to implement provider-initiated testing and counseling and will assist in supporting clients who patronize them.

In order to emphasize HIV prevention for both those who test positive as well as those testing negative, FHI will liaise with Society for Family Health to receive condoms which will be distributed to all CT sites. GHAIN will ensure that every client is offered condoms after post- test counseling. These condoms will include both male and female condoms and will be restocked when exhausted.

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 for all the new sites and support to the old sites. Rapid test kits will be centrally procured by SCMS (through the USG) 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 at least one 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 HCT-monitoring and evaluation (M&E) system GHAIN has designed for the government of Nigeria (GoN).

In COP07, GHAIN supported CT services in over 79 points of service in addition to mobile CT services across the 6 focus states. Significant changes from COP 07 will include the intensification of mobile CT services across the new states. Discussions have already commenced with various State governments regarding the modalities for handover of selected sites for management by the GFATM program. A total of 79 implementing agencies will continue to be supported to provide CT services in the focus States.

For support of EID and VL monitoring, GHAIN will continue to receive support from those PEPFAR IPs with PCR capacity. GHAIN will also work towards developing the PCR capacity at one of its supported sites, contingent upon meeting the requirements set out by the PEPFAR-Nigeria LTWG (employing the services of a molecular biology specialist to support this program, collaboration with IPs and/or other organizations with experience in PCR development and dialog with PEPFAR on the placement of the new PCR lab).

CONTRIBUTION TO OVERALL PROGRAM AREA

GHAIN will continue to provide CT services in all its current focus states (FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, Akwa Ibom) and expand services to additional to additional states inter alia Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States, thus contributing 229,900 individuals counseled and tested to the overall emergency plan's CT targets for Nigeria. The introduction of the non-cold chain dependent algorithm has expedited the release of results

Activity Narrative: and reduced the time between when patients are tested and when they become aware of their status. Planned Mobile CT services will improve equity in access to HIV prevention and care services in the currently underserved rural communities.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in HTXS, PMTCT, HVOP, HBHC, and HVTB. Linkages will be strengthened between the various components listed above to provide total care to individuals who test positive to HIV and make appropriate referrals. 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 United States Government (USG) and the GON. 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 program level showing how it will work with the health facilities implementing comprehensive CT programs to build their capacity and to customize a specific plan and schedule for each facility.

POPULATIONS BEING TARGETED

CT services will target the general population as well as MARPs, people in workplaces/business/private sector, and family members of index clients, especially discordant couples. Other target audiences will include adult males and females, out-of-school youth (males and females), street youth, pregnant women, TB patients, and people living with HIV/AIDS (PLWHA). The Heart-to-Heart centers and 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).

EMPHASIS AREAS

This activity includes an emphasis on local organization capacity building and human capacity development. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6702

Related Activity: 16296, 13037, 13038, 13039, 13043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24897	3230.24897.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$177,350
6702	3230.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$4,307,795
3230	3230.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$5,075,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751

Emphasis Areas

Gender

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

Human Capacity Development

- * Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	88	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	600	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	229,900	False

Target Populations

Special populations

Most at risk populations

Street youth

Tuberculosis patients

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Akwa Ibom
Enugu
Kogi
Niger
Adamawa
Bauchi
Benue
Taraba
Katsina
Kebbi
Nassarawa
Sokoto
Zamfara

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 555.08

Prime Partner: International Foundation for
Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5668.08

Activity System ID: 13067

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$300,000

Activity Narrative: ACTIVITY DESCRIPTION:

Under COP08 funding, IFESH will provide access to quality HIV counseling and testing (CT) services to 13,000 individuals who will also receive their results. HCT services under COP07 were provided at 10 sites; in COP08 IFESH will expand to 20 sites in Rivers and Imo States (10 per state). From these 20 sites, staff and volunteers will also conduct community outreach HCT activities. 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 provide them with appropriate counseling, care and treatment. A total of 13,000 people will be counseled, tested and receive results. All individuals requiring treatment will be referred to ART treatment sites in the states. Under COP07, IFESH provided HCT at all points of service within all IFESH-supported health care facilities using provider initiated and opt-out approaches. In COP08, IFESH will continue to provide these services and will employ the same model in newly supported health care facilities.

Counseling and IEC materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC), providing this messaging in a balanced approach appropriate for each individual client. For clients testing HIV positive, prevention with positives services will be provided, including HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure. Post-test counseling for those testing negative will focus on prevention using the ABC approach as well, and partner testing will be encouraged when necessary. Based on risk assessment, a follow-up testing interval will be recommended.

Funding will be used to support the training of staff utilizing HIV counseling and testing SOPs and the standardized National training curriculum. Fifty people will be trained on counseling and rapid testing at the 20 service outlets. Some of those trained will be community health workers who will do mobile HCT in order to carry out family HCT and house-to-house testing campaigns during home care visits for PMTCT, OVC, and basic care and support clients. 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 HCT teams 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 HCT 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 that appropriate counseling messages are conveyed to the clients.

All testing will be conducted using the nationally approved algorithm for HIV testing that utilizes rapid test kits and same day results. IFESH laboratory program officers will provide training and supportive supervision. A quality assurance program will be put 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 COP08 through submitting blood samples to a designated reference laboratory for testing and sending certified counselors for site assessments. IFESH will communicate with the USG laboratory team and other IPs to ensure that its laboratory QA system is of high quality.

CONTRIBUTION TO THE OVERALL PROGRAM:

The activities supported with these funds are in-line with both the Government of Nigeria and the Emergency Plan 5-year strategy for addressing HIV/AIDS. Increasing access to HCT, 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 to remain negative.

LINKS TO OTHER ACTIVITIES:

This activity is linked to Basic Care and Support (#5665.08), PMTCT (#3248.08), Condoms and other prevention (#15664.08), TB/HIV (#15665.08), OVC (#15678.08), AB (#15679.08), Strategic Information (#15669.08).

POPULATIONS BEING TARGETED:

This activity targets those individuals known to be at increased risk of HIV infection in Nigeria. These include most at risk populations (MARPS), hospital patients, commercial sex workers, uniformed populations, mobile populations, truck drivers, and out of school youth. To accomplish this, HCT services will be located where such populations are known to congregate.

EMPHASIS AREAS:

This activity includes an emphasis on training.

COVERAGE AREAS:

Sites are located in states chosen upon high prevalence in the most recent 2005 ANC survey and include Rivers and Imo states.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6748

Related Activity: 13065, 15679, 15664, 13066,
15665, 15678, 15669

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26338	5668.26338.09	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	10720	555.09	HHS/CDC Track 2.0 IFESH	\$80,000
6748	5668.07	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	4172	555.07	Cooperative Agreement	\$275,000
5668	5668.06	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	2774	555.06	Cooperative Agreement	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15679	15679.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$50,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
15678	15678.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$500,000
15669	15669.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	13,000	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Other

Discordant Couples

Coverage Areas

Rivers

Imo

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 544.08

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5424.08

Planned Funds: \$1,087,000

Activity System ID: 13058

Activity Narrative: ACTIVITY DESCRIPTION:

This activity provides comprehensive counseling and testing services (HCT) to at risk individuals, delivered through 40 service outlets (28 comprehensive APIN+ sites, 8 additional PMTCT sites with ART services for HIV+ children identified through PMTCT services, and 4 stand alone HCT centers) in 9 states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). This is an increase from the 20 active sites at the end of COP07. At these sites 78,500 individuals will receive HIV counseling & testing and receive their results; targeted populations include Most At Risk Populations (MARPs), clients presenting to the health care facilities, blood donors, and family members of PLWHA. Provider initiated HIV testing is utilized as an additional strategy to reach clients at the health care facilities. Seventeen of these additional sites will be in primary health centers and secondary hospitals some of which will be activated through the implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states.

Individuals identified as HIV-infected at stand-alone HCT clinics will be referred for palliative care, PMTCT and ART services as appropriate. Those identified as positive at APIN+ comprehensive sites will be referred to PMTCT and ART clinics for treatment and palliative care services. Prevention for HIV positive individual will be incorporated into HCT activities including promotion of HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure. APIN+ sites use family counseling sessions and "love letter" strategies to encourage partners of HIV-infected patients to access HCT so that couples receive HIV counseling and testing together. Counselor training will include couple counseling to strengthen this program. Pediatric patients that are identified at testing points of service will be enrolled into the APIN+ supported OVC program and ART as necessary. HCT will also be offered to patients receiving TB services at each of the APIN+ sites throughout TB/HIV program activities. HCT is offered to blood donors as per Blood Safety activities. Patients identified as HIV-infected are provided with referrals to ART and palliative care services.

APIN+ will use the National "Heart to Heart" logo at supported HCT sites so as to reflect the integration within the national program. Through these activities, 4 stand-alone HCT service outlets are also maintained which provide HIV testing as well as pre- and post-test counseling and condom distribution. At all HCT outlets, 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, providing information about healthy behaviors, safer sexual practices, STI prevention, PMTCT, and condom usage.

HCT services are also provided in community settings in conjunction with projects in Lagos, Plateau and Oyo states that serve specific MARPs including: outpatient STI patients, bar workers, sex workers, border traders, military personnel, fashion designers, and motor mechanics. Mobile HCT services will be used to reach these populations. Activities targeting these populations are linked with APIN+ sites to provide referral linkages to PMTCT, Palliative HIV/TB and ART services depending on eligibility for ART.

Condoms will be made available at all HCT sites in conjunction with the delivery of AB messages. The Society for Family Health (SFH) will supply condoms. Training of 420 individuals in counseling and testing will use the National testing algorithm and will educate trainees on appropriate counseling messages specific to the different high risk groups with which they work. Refresher training will be provided during the year, particularly after final revision of the National training curriculum. HIV testing is performed with rapid test assays and same day results are given. Following HIV diagnosis with the National testing algorithm, immunoblot confirmation will be provided during assessment for ART. This is done by HIV laboratories at APIN+ comprehensive ART treatment centers.

The UCH Virology lab will establish and coordinate a regular QA/QC program to insure that HIV serologic testing at HCT 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 APIN+ with rapid test kits that will be managed by the pharmacy logistics team in Lagos and stored and distributed from the APIN+ central warehouse. APIN+ will continue to harmonize the logistics process with GON LMIS and ICS activities.

CONTRIBUTION TO OVERALL PROGRAM AREA:

APIN+ HCT activities are consistent with the PEPFAR 2008 goals for Nigeria, which aim to increase uptake of HCT by supporting HCT 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 HCT 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 HCT outreach initiatives identifying infected individuals. The network of HCT centers linked to HIV services and care will provide a sustainable network for infected and affected individuals in APIN+ catchments areas.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in Palliative Care & Support (3222.08), Condoms and Other Prevention (9216.08), TB/HIV (3222.08), ART Services (6715.08) and OVC (5415.08). Through these activities, APIN+ has incorporated a number of currently funded HCT prevention programs (i.e., 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+ sites are linked in order to provide laboratory and specialty care support, as related to the HCT activities.

TARGET POPULATIONS:

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 HCT 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 HCT. In addition, target populations include orphans and vulnerable children.

EMPHASIS AREAS:

Emphasis is on in-service training contributing to human capacity development, and quality assurance and

Activity Narrative: supportive supervision. These activities will also address gender equity issues by providing equitable access to HCT services for men and women. In some cases, the activities seek to target men who may be at high risk for HIV in order to provide a mechanism for HCT 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6721

Related Activity: 13048, 13049, 13050, 16297, 15652, 13052, 13053, 13054, 13055, 13056, 13057, 13059, 16920, 13060, 13061, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25221	5424.25221.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$84,437
6721	5424.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$950,000
5424	5424.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	40	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	420	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	78,500	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Tuberculosis patients

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Borno

Lagos

Oyo

Plateau

Kaduna

Benue

Enugu

Ebonyi

Ogun

Table 3.3.09: Activities by Funding Mechanism

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 6643.08

Activity System ID: 13084

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$3,725,000

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of counseling and testing (HVCT) related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure HVCT related supplies and equipments including medical supplies, such as HIV test kits (TKs), and non medical supplies, such as vehicles for mobile HVCT, for IPs and DoD.

Through its continuous support to and strengthening of commodity security in PEPFAR HVCT programs, SCMS works towards ensuring uninterrupted availability of needed commodities to populations targeted by these programs including children, adolescents and adults in the general population as well as most at risk populations.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. The budget is broken out as follows: 1) Provision of HIV test Kits to all PEPFAR HVCT programs: Total \$3,500,000 to support DoD (#554.08); Columbia University (CU)/ICAP (#2768.08); Family Health International (FHI)/GHAIN (#552.08); Harvard University School of Public Health (HSPH)/APIN+ (#544.08); University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#632.08); Catholic Relief Services (CRS)/AIDSRelief (#3688.08); Catholic Relief Services (CRS)/ 7 Dioceses (#3689); The International Foundation for Education & Self-Help (IFESH) (#555.08); Society for Family Health (SFH) (#3682); Africare (#4133); LMS (#7144); and Excellence Community Education Welfare Scheme (ECEWS) (#3809); USAID's APS (#5236.08); and CDC's RFA (#5230). 2) Provision of other HVCT related supplies, equipment or technical assistance for for one IP and DoD, each of which has attributed specific funds to SCMS for these services: DoD (#554.08), \$125,000, and UMD/ACTION (#632.08), \$100,000.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: Product Selection in accordance with the Federal Government of Nigeria's (FGON) HIV testing algorithm, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. It is anticipated that the national HIV testing algorithm will change from a parallel to a serial testing algorithm in the next coming months. In addition to procuring required test kits for both training and use, SCMS will support PEPFAR HVCT programs to transition from the old to the new algorithm by supporting the estimation of needs and development of a supply plan based on in country stocks and anticipated consumption rates.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service).

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. With support from SCMS field office, USG Nigeria team will coordinate and aggregate HIV test kits requirements on behalf of PEPFAR IPs and DoD. IPs' requests for commodities other than test kits will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs and supplies; HIV test kits for all IPs will be delivered to the CDC warehouse in Abuja unless otherwise agreed upon. For other supplies and equipments SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS one of the 16 SCMS team member organizations, or will work with the individual IPs to ensure the distribution mechanism most appropriate for their program needs. SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local

Activity Narrative: organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their HVCT planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to put 2 million people on treatment, avert 7 million infections and provide care to 10 million individuals worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities contribute to the scale up of HIV/AIDS treatment PEPFAR programs in Nigeria to reach national targets of providing treatment to 350,000 PLWHA (People Living with HIV/AIDS), thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA

Human capacity development

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6742

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26358	6643.26358.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$280,485
6742	6643.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$4,792,450
6643	6643.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4043	4043.06	SCMS	\$804,600

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 632.08

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5426.08

Planned Funds: \$1,705,000

Activity System ID: 13113

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ACTION will provide Counseling & Testing (HCT) services to 157,000 people at 121 points of service (POS). \$655,000 of COP07 reprogrammed funds will be applied against COP08 targets. HCT services will be supported at 78 ART POS, 28 PMTCT and HCT sites, and 15 HCT stand alone sites for a total of 121 service outlets in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). With a mobile HCT van in 5 regions, ACTION will collaborate with indigenous NGOs to offer testing to most at risk persons (MARPs) using a mobile strategy linking HCT to Condoms and Other Prevention (C&OP) activities. HCT carried out at an additional 92 TB DOTS POS will be supported under the TB/HIV program.

HCT services will be provided by trained counselors using the national testing algorithm and opt-out approach in accordance with the national HCT SOP and testing strategy. The national "Heart to Heart" branding logo will be utilized at all POS. Counseling and IEC materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC). In addition, IEC materials will include information promoting couple counseling and counselors will be trained on partner based approaches to counseling. Discordant couples will receive a package of services including safer sex behavior messages, condoms and information targeting both positive and negative partners. This activity will be linked to PwP (prevention with positives) as detailed in the Basic Care & Support narrative. Whenever feasible, client witnessed testing will be carried out to encourage client confidence in the result. Intensive advocacy for implementation of HIV testing by non-laboratorians has taken place, thus counselors will carry out rapid tests in most settings. To ensure the quality of test results, laboratory program officers assist with training and a QA program focused on rapid test monitoring is in place. Prevalence will be monitored regularly to optimize targeted screening of populations with high rates of infection.

Posttest counseling for those testing negative will focus on prevention using a balanced ABC approach, and partner testing will be encouraged. Based on risk assessment, a follow-up testing interval will be recommended. Posttest counseling for those testing positive will include PwP counseling which also includes balanced ABC messaging as appropriate. Counselors are trained to encourage disclosure to spouse and sexual partners while addressing potential negative consequences of such disclosure. PLWHA treatment support specialists are employed at ART treatment sites to ease the referral and linkages for newly diagnosed clients. Newly identified HIV+ clients at free standing or community based HCT centers will be linked to HIV care centers in the network.

Hospital-based HCT services will be provided in all tertiary, secondary and primary health facilities supported by ACTION. These services will be available to all individuals within the institution and the catchment area of the facility. HCT services will be emphasized throughout facilities, and particularly to MARPs such as STI patients. Other strategies to increase access and target HCT in facilities will be the training of health care providers to facilitate the provider initiated HCT approach. HCT staff will round regularly on the wards to identify inpatients in need of HIV testing in collaboration with medical staff. For those health facilities providing blood transfusion services, all potential blood donors will be offered HCT at the facility and receive standard HCT services as part of pre-donation screening. In addition, HCT staff will support DOTS center staff in the provision of HCT services to patients presenting for evaluation as detailed in the TB/HIV narrative.

Community based mobile HCT services will be expanded, with one van based at each of the five ACTION regional offices, to assist hospital based HCT teams that frequently provide HCT in the community setting and to link HIV+ patients identified to the points of service. The M&E staff will compile data on rates by target population and venue and use data to guide systematic screening strategies. Under COP06, the HIV seroprevalence among clients tested in a mobile setting was 19.1% and this has risen to 27.5% in the first quarter of COP07, demonstrating the ability to identify communities at high risk of HIV acquisition and transmission. Another strategy to increase access to HCT outside of facilities is to train and equip HBC teams to provide home-based HCT to family members of HIV+ HBC clients. In addition, 15 community based testing sites will be developed through collaborations with indigenous NGOs and local public health clinics. The NGOs will establish stationary HCT sites and utilize the mobile HCT van at truck stops and other venues appropriate to access hard to reach MARPs as detailed in the C&OP narrative. Those testing HIV+ will be linked to care within the network. MARPs testing HIV- will be linked to C&OP services offering education, counseling, social support, and syndromic STI management.

The M&E system will be primarily ledger based to maximize time devoted to service provision and facilitate services in the primary health center and community mobile settings. Aggregate data will be reported to the ACTION regional M&E program officer monthly. A referral tracking system for HIV+ clients has been developed and will be utilized. The quality assurance (QA) strategy for counseling will include posttest client surveys, quarterly site monitoring visits using an existing quality assessment tool, and routine reviewing of M&E data. A major metric of the QA process will be the percentage of positives entering care. Feedback to sites will occur quarterly with targeted refresher courses and regional TA for those needing capacity building. An extensive laboratory QA program (described under lab program area) is in place to ensure the accuracy of HIV rapid testing. Test kits and disposables will be warehoused by ACTION and provided to sites based on a pull system using site level inventory control systems linked to ACTION's 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.

Under COP07, a cadre of master trainers drawn from sites was developed. ACTION program staff and the Master Trainers will use the National HCT Training Curricula and SOPs for regional and site level training. Training will target staff from new and existing sites, ensuring that refresher training is provided and couples counseling is integrated at all sites. A minimum of 3 staff from each HCT POS will be trained for a direct target of 363. This target will include the identification and training of 30 new Master Trainers from the 5 ACTION regions. They will conduct step-down trainings to reach 5 additional counselors each for a total indirect target of 150. Training to facilitate the provision of HCT at DOTS POS is described under the TB/HIV Program Area.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity supports the national HCT scale up plan by promoting the accessibility of HCT services using a FMOH approved training curriculum and procedures. HCT services are essential to identifying HIV+ people

Activity Narrative: to meet national prevention goals and the national ARV/HIV care scale-up goals. HCT 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 sites.

LINKS TO OTHER ACTIVITIES:

This activity is linked to care and support (3259.08), OVC (5417.08), ARV services (3255.08), condoms & other prevention (9210.08), AB (15651.08), lab (3256.08) and SI (3253.08). PwP counseling and a prevention care package will be integrated with posttest counseling for HIV+ persons. Access to care services and ARV services will be provided. Other at risk family members including vulnerable children will be identified through community based HCT approaches and referred to services. In appropriate settings, testing will be carried out by counselors with training and oversight by ACTION laboratory staff. HCT sites are incorporated into the laboratory QA program to ensure that HIV testing is of high quality.

POPULATIONS BEING TARGETED:

This activity serves children, youth and adults in the general population who will be offered HCT. However, special focus will be given to MARPs, including commercial sex workers, discordant couples, mobile populations, partners/clients of commercial sex workers and those who abuse alcohol and other substances. Training targets health care workers, counselors and community volunteers.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development as nearly all supported personnel are technical experts who focus on this at the central and site level. Other areas of emphasis include local organization capacity building and SI. This activity addresses the issue of stigma and discrimination since HIV counseling reduces stigma associated with HIV status through education.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6772

Related Activity: 13106, 15651, 13108, 13109, 13110, 13111, 16916, 13112, 13114, 13115, 13116, 13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25246	5426.25246.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$135,012
6772	5426.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$2,495,383
5426	5426.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$682,150

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	121	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	363	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	157,000	False

Indirect Targets

The indirect targets for this area will include the 150 counselors trained by the 30 master trainers from the five regions.

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Tuberculosis patients

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

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
Kwara

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3682.08

Prime Partner: Society for Family Health-
Nigeria

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5423.08

Activity System ID: 13100

Mechanism: USAID Track 2.0 SFH

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$300,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is linked to Abstinence and Be Faithful (5316.08, 5315.08), Condoms and Other Prevention (5372.08) and OVC (6497.08) and other Counseling and Testing activities (5426.08)

HIV counseling and testing is a good entry point for HIV/AIDS prevention and control efforts and serves as a platform for linkage of reproductive health initiatives. Although awareness of HIV in Nigeria is high at 98%, only 11% of females and 10% of males have taken an HIV test (NARHS, 2005). However 43% of respondents in this survey expressed the desire to have an HIV test. Concerted efforts have since being made by the Government of Nigeria and development partners to provide services for this unmet need and it is expected that the number of persons who now know their HIV status will have increased. Based on data collected and collated during outreaches conducted in COP06 and COP07 SFH recorded a positivity-rate of 3.7% and 5.7% respectively among the MARPs where they offered services. The 2007 rate is slightly higher than the national average of 4.4%.

Society for Family Health (SFH) will continue its demand creation for HCT through its community mobilization activities among the most at risk persons (MARPs) and the general population. This service will be scaled up from 23 to 27 states across the country. In 2008, SFH will work with 40 Civil Society Organization (CSO) partners in 40 new sites across the country. SFH has 16 regional offices, each with four behaviour change coordinators of which one person is designated as service delivery team leader. In order to ensure provision of quality services, SFH in collaboration with the Institute of Human Virology, Nigeria (IHVN) will train new counselors from among SFH staff, CSO/CBO, Prison services health facility staff and FBO partners. SFH currently employs youth corps in the regional offices, and these persons will also be trained to assist in the provision of mobile HCT services. All HCT counselors will be provided with update training on couples and youth counseling initiatives. A total of 150 persons will be trained to reach 20,000 persons with HCT services. Estimated costs of training for ten days according to national guidelines is \$1200.00

SFH will conduct mobile HCT services within the MARPs communities and other populations on request. SFH will continue to use the current interim national, non-cold chain dependent, parallel rapid test algorithm and will switch to the new algorithm once approved by the GoN. At the community level SFH will conduct mapping of referral services for confirmatory testing, comprehensive post test counseling, anti-retroviral treatment (ART), and support services for People Living with HIV/AIDS (PLWHA) prior to onset of HCT services. SFH will provide additional links for its clients to TB, family planning and STI services funded by both the GoN and USG. As part of the services under the condom and other prevention component SFH will support training of partner health facility staff on syndromic management of STIs. These persons may accompany HCT counselors during outreaches to enable them offer prompt services to persons with STIs.

The traditional MARP community remains; transport workers, female sex workers, uniformed servicemen, and male and female out of school youths. However SFH will extend its target population to include the paramilitary sector comprising of Customs and Immigration Services, police forces, prison officers, and prison populations. SFH will continue to collaborate with AFPAC by providing quarterly mobile HCT service to USM in hard to reach communities.

Through the AB program area SFH will collaborate with FBO partners in four selected states across the country. Through this partnership SFH will provide HCT targeted at youth, FBO members and host communities. In order to expand and sustain services, SFH will train four youth leaders per FBO as HCT counselors. SFH will continue to collaborate with Population Council, Nigeria and their FBOs partner to provide HCT services in their Northern sites.

SFH will continue the provision of HCT mobile services at the National Youth Corp Service (NYSC) orientation camps in 10 states per batch. The services will target corps members, staffs and their host communities. Mobile services will also be extended to tertiary institutions, workplace sites, night time intervention sites with "moonlight HCT" and to other establishments that may require the services.

Persons who test negative will be counseled, assisted to develop risk reduction plans and if sexually active, they will be counseled on correct and consistent use of condoms for all sexual acts. Condom demonstration will be conducted for clients during community outreaches. SFH will distribute sample condoms to sexually active clients and PLWHAs as required and clients will be encouraged to purchase the socially marketed condoms for subsequent use. Emphasis will be placed on condom use for discordant couples and women will be trained on the use of the female condoms for dual protection.

Test kits will be provided by the Supply Chain Management System through USAID and the estimated number of individual kit required is 28,000 units. Test kits will be stored centrally at the headquarters of SFH in Abuja and distributed quarterly along 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 the harmonization of the logistics tracking system led by the Federal Government of Nigeria with regard to the Logistics Management Information System (LMIS).

Quality assurance (QA) measures for testing will involve submitting whole blood samples from every tenth client to a designated reference laboratory for retesting and confirmation. Services of two medical laboratory scientists will be engaged as required to provide oversight on QA measures and on waste management. QA for counselors will involve supervisory visits to prevent counselor burn-out and identify training needs of counselors. All trained counselors will hold monthly and quarterly meeting at regional and zonal levels respectively to share experiences and deliberate on replicable best practice models for providing quality HCT services.

All mobile units will use the National HCT data collection tools to assist in monitoring and evaluation of these activities. Population Services International (PSI), an affiliate of Society for Family Health will continue to provide oversight functions and share international best practices from their East African HCT programs. PSI has a wealth of experience with the New Start HCT program in Kenya, Zimbabwe and has successfully integrated TB screening, family planning and other services into their program.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 6736**Related Activity:** 13096, 13097, 13099, 13113,
13091**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24933	5423.24933.09	U.S. Agency for International Development	Society for Family Health-Nigeria	10611	3682.09	USAID Track 2.0 SFH	\$25,000
6736	5423.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$255,000
5423	5423.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$16,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13091	5315.08	6386	3691.08	USAID Track 2.0 Pop Council	Population Council	\$1,000,000
13096	5316.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$7,000,000
13097	5372.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,871,500
13099	6497.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,750,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	40	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

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 Mechansim

Mechanism ID: 1561.08 **Mechanism:** HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 6816.08 **Planned Funds:** \$120,000

Activity System ID: 13140

Activity Narrative: ACTIVITY DESCRIPTION:
 This HVCT activity relates directly to all Nigeria VCT COP08 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 Program Specialist staff position and two partial staff positons for VCT, approved and hired under COP07 authority and funding. The budget includes funding for 2 FTE FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

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 (#5462.08), Harvard SPH-APIN (#5424.08), Columbia University, SPH-ICAP (#5550.08), Africare (#6642.08), International Foundation for Education and Self-Help (IFESH) (#5668.08), Catholic Relief Services-AIDSR relief (#5425.08) and new partners selected by CDC RFA (#12972.08). HHS/CDC VCT staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#3230.08), Catholic Relief Services-7 Dioceses (#5422.07), 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 (#3241.08) 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 15 implementing partners in over 350 VCT sites in COP08.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6816

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25978	6816.25978.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$160,192
6816	6816.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$100,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 554.08 **Mechanism:** DoD Track 2.0 Program

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 3241.08

Activity System ID: 13156

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$225,000

Activity Narrative: ACTIVITY DESCRIPTION:

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free access to counseling and testing (CT) services in 14 military facilities and communities. In COP08, the program will expand to six new sites. All 20 sites also provide HIV prevention, care and treatment services.

Provider initiated (opt-out) voluntary counseling and testing will be expanded in all sites to include out patient clinics, in-patient wards and TB clinics to improve identification of HIV+ among these populations. In these integrated sites, counseling and testing recommendations are provided at each hospital department, but due to manpower and physical structure limitation, formal one on one CT is provided in a single location within each site. Providers will encourage and discuss the importance of HCT and provide referrals to the site's HCT center. Volunteers (e.g., Officers Wives Clubs, PLWHA Support Group members) will be provided to escort patients to the CT center to facilitate access and uptake of CT services. CT will also be offered or linked at STI, family planning, antenatal, patient encounter activity and blood donation. All blood donors will be able to receive their HIV status, get prevention messaging and referral to treatment, care and support.

In addition, all individuals who test HIV+ will be referred for TB diagnosis. It is anticipated that CT services will be accessed by 29,821 individuals by September 2009, of whom 28,401 (95%) will receive their results. Through networking and training Local Government Area (LGA) staff (two per site), a further 2,500 individuals 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. CT services will promote "couple counseling and testing" at the service outlets. Staff will counsel clients on their disclosure of HIV status and partner/family notification with an emphasis on client safety. Partner referrals for CT (individual and/or couple) will be provided. Also, referrals to community-based and barracks-based support groups will be provided to HIV+ clients. Linkages will also be enhanced by counselors who are members of PLWHA support groups.

All HCT and other HIV clinical services will link to prevention messaging for HIV+ and HIV- clients supports under Palliative Care, AB and Other Prevention entries. This includes counseling on partner reduction, prevention-for-positives messaging, abstinence messaging and correct and consistent condom use messaging with condom provision (where appropriate). The integration of CT, treatment and prevention programs will follow a family-centered, community-based approach, including a decentralized, community-based model in partnership with the GON at all levels, utilizing a nationally accepted testing algorithm (when adopted by GON). In COP05 – COP07, the testing algorithm is HIV screening by two parallel rapid tests with a third rapid test kit as a tie-breaker, followed by confirmatory testing via Western blot analysis. In COP08, internal quality control will utilize Western Blot analysis with a selection of positive and negative patient samples as compared to positive and negative controls. Quality assurance will be completed through externally provided panels for all sites conducting HIV diagnosis. Other partners working with the military, such as SFH and small indigenous organizations, will be involved in this approach. Counseling and testing centers will display the national logo in support of the National program and consistent branding.

Sites will also employ outreach HCT to increase the uptake of services by populations who do not access CT at the military facility. Mobile CT (utilizing tents) will continue to be incorporated into ongoing activities in the community, such as health bazaars, football matches or entertainment activities where military personnel frequent. Four hundred and forty-five Nigerian Air Force Hospital (Ikeja) will be provided with support to operate its mobile CT van and outreach activities.

A unique aspect of this activity with the Nigerian Military is that its CT policies include compulsory counseling and testing for specific populations: military applicants, personnel posted overseas and those selected for overseas training. Through PEPFAR, the DOD – NMOD partnership has ensured that prevention messages and pre/post-test counseling is provided during compulsory counseling and testing. Pre accession applicant testing will be supported by pushing testing availability to the initial point of entry, providing significant advantages to the GoN and applications. Previously, counseling and results were not always provided to new applicant. The DOD will continue to support post-test counseling for military applicants. If the applicant is found to be positive, the individual will be counseled and referred to the nearest ART facility for evaluation. Data collection will provide critical prevalence information for the military eligible population. Support will expand in 2008 to the Armed Forces Programme on AIDS Control (AFPAC) to conduct recruitment/applicant HCT.

In collaboration with AFPAC, funding will support training, and refresher training, of 226 of NMOD staff and volunteers, including PLWHAs, in counseling and testing, mainly through location, site-based programs and in conjunction with other partners and agencies, utilizing the national curriculum. A new emphasis in COP08 will include the training of non-laboratory staff on the WHO/CDC HIV Rapid Test training package to assist in addressing a lack of laboratory manpower in the military.

To ensure confidentiality, support for clinic renovations and/or the purchase of privacy screens will be provided. This is particularly important for military settings as NMOD has had lower uptake of HCT by senior military officers due to fear of stigma and perceived lack of privacy.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, are essential components of this program. This includes quarterly site visits by NMOD/DOD staff and appropriate partners.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

The DOD-NMOD service will enable the identification of HIV positive individuals in an efficient and timely manner and feed into care and treatment services for both HIV and HIV/TB. This contributes to the

Activity Narrative: PEPFAR Nigeria and GON goals of increasing access to counseling and testing, as well as linking HIV positive individuals to ART services. In addition, HCT services will add to the prevention strategies of averting new infections through efficient and effective post-test counseling and education.

LINKS TO OTHER ACTIVITIES:

HCT activities will be linked to activities in Abstinence/Be faithful (5313.08), Condoms and Other Prevention (5362.08), TB/HIV (3240.08), OVC (5409.08), PMTCT (3246.08) and SI (3245,08), and will support other partners, including GON, in delivering quality, integrated services.

POPULATIONS BEING TARGETED:

This activity targets the military, civilian employees, dependents and the general population surrounding the 20 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.

EMPHASIS AREAS:

This activity has an emphasis on human capacity development.

The expansion of free HCT services to additional sites and community settings will provide services 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 and reduce stigma and discrimination associated with HIV and AIDS. HCT data collection and analysis will contribute to improving data at the national level.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6796

Related Activity: 13149, 13150, 13152, 13154, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25197	3241.25197.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$60,000
6796	3241.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$710,833
3241	3241.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$440,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	226	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	28,401	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Civilian Populations (only if the activity is DOD)

Discordant Couples

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Cross River

Enugu

Kaduna

Benue

Borno

Delta

Oyo

Plateau

Benin

Anambra

Imo

Kano

Niger

Rivers

Sokoto

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 16941.08

Planned Funds: \$70,000

Activity System ID: 16941

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents new funding for a full-time, contracted Nigerian program officer for HIV Counseling and Testing (HCT) activities. This new request for funding responds to the recommendations of the COP07 HCT Technical Assistance Team to strengthen the coordination of HCT efforts within the Nigerian Military. An emphasis in COP08 will be the training of non-laboratorians to conduct HIV testing, support of zonal recruit testing and deployment related testing. The budget includes one FSN salary, overhead charges, funding required for domestic travel, training funds and allocated minor support costs.

The HCT program officer will work as a member of the USG HCT Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group. The HCT program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site HCT programs. The HCT program officer will also support the Armed Forces Programme on AIDS Control to coordinate pre- and post-deployment HCT. The HCT program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and promote the GON national guidelines and the national testing algorithm. The program officer will spend 100% of his/her time in this program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13149, 13150, 13152, 13154,
13155, 13160

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Anambra
 Benue
 Borno
 Cross River
 Delta
 Edo
 Enugu
 Federal Capital Territory (Abuja)
 Imo
 Kaduna
 Kano
 Lagos
 Niger
 Oyo
 Plateau
 Rivers
 Sokoto

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1532.08	Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 16938.08	Planned Funds: \$86,881

Activity System ID: 16938

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” costs of a full-time Nigerian technical program officer advisor for HCT. The HCT 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) interfacing with the USG/Nigeria HCT team lead by USAID. S/he will As USAID has the technical lead for the VCT program area within the USG team, this fifth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing HCT programs.

This position is being requested for the first time in this COP, as the dollar amounts to be programmed and the number of partners providing programming in this area have increased dramatically over the past year. The provision of HCT services in other program areas, such as TB/HIV and PMTCT also mean that there is an increased need for quality assurance and monitoring visits to a much larger and geographically diverse listing of service delivery points. As Nigeria will be shortly adopting a new testing algorithm, there is also an increased need to ensure the proper training on the new test protocols, and a dedicated staffer would provide the necessary guidance for this shift. Oversight, supervision, monitoring and capacity-building needs are all more intense for new and inexperienced partners and sites, and the HCT officer will contribute to meeting these needs by making regular supervision visits to the field.

This advisor spends 100% of his time advising in the VCT program area, under the guidance of the Lab/HCT Advisor. The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13121, 13122, 13123, 13124,
13125, 13126, 13127, 13128,
13129, 13130, 13131

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3809.08

Mechanism: HHS/CDC Track 2.0 ECEWS

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 16907.08

Planned Funds: \$275,000

Activity System ID: 16907

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ECEWS will begin activities in HIV counseling and testing (HCT) and will provide services to 12,000 people who will be counseled, tested, and receive their results. These HCT services will be provided at 10 fixed points of service (POS), including 7 public health care facilities and 3 private health care facilities, and 1 mobile point of service that will target most at risk persons (MARPs) including incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers, for a total of 11 points of service in the states of Akwa Ibom and Cross River. Staff and volunteers on the mobile team will actively visit communities where MARPs are located through community outreach HCT activities.

The national "Heart to Heart" branding logo will be utilized at HCT points of service for easy recognition. Counseling and IEC materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC), providing this messaging in a balanced approach appropriate for each individual client. For clients testing HIV positive, prevention with positives services will be provided, including HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure. Posttest counseling for those testing negative will focus on prevention using the ABC approach as well, and partner testing will be encouraged when necessary. Based on risk assessment, a follow-up testing interval will be recommended.

Facility based HCT services will ensure that services are available to all high risk individuals within the institution and the catchment area, for example HCT services in a given facility will be available at TB DOTS, inpatient wards and the general outpatient clinics including where STI patients are seen. HCT staff will round regularly on the wards and, where applicable, with the medical staff will identify inpatients in need of HIV testing. Blood donors will also be provided HCT services. Each of the ECEWS facility POS will be linked to comprehensive treatment hospitals and facilities for referring HIV positive patients for full evaluation including eligibility for ART. Additional strategies such as equipping home based care teams with HCT capacity to implement home based testing and prevention outreach will be evaluated to target high risk discordant couples and family members. ECEWS mobile HCT services will reach substance abuse populations in selected locales. HIV testing will be carried out by counselors using the nationally approved algorithm with results available immediately.

In appropriate settings and in line with GON, testing will be carried out by staff who are not trained laboratory scientists. Where this is the case, ECEWS master trainers will train and work with these staff to ensure that HIV testing provided within the HCT context is of high quality by incorporating HCT sites into the laboratory QA program. Whenever feasible, client witnessed testing will be carried out to encourage client confidence in the result. QA for HIV testing will be carried out regularly and will include retesting of blood samples and routine site assessments. ECEWS will partner with PEPFAR IPs specializing in lab programs to facilitate QA programs to ensure quality of services.

Using established SOPs and a standardized National training curriculum, new counselors will be trained either centrally or at the site level, and refresher courses for existing counselors will be conducted. Counselors will be trained to counsel clients concerning disclosure to spouse and/or sexual partners and to encourage disclosure, while exploring and addressing potential negative consequences. ECEWS will also seek out training opportunities for counselors on couples counseling using a standardized curriculum. ECEWS will train, either itself or through leveraging training programs provided by other PEPFAR IPs, 25 counselors in the provision of HCT. The quality assurance (QA) strategy for counseling will include posttest client surveys and periodic refresher training. 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.

Condoms, supplied by other donors and provided to all IPs through Society for Family Health will be available at ECEWS-supported centers at no charge. Test kits and disposables for testing will be warehoused by ECEWS, and where feasible in collaboration with the state Ministry of Health. They will be provided to sites based on a pull system using a site level inventory control system linked to the ECEWS 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.

The M&E system will utilize the National HCT registers to maximize time devoted to service provision and facilitate services at primary health center and community mobile settings. National patient management and monitoring (PMM) forms will also be used. Aggregate site data will be summarized and reported to the national M&E program officer monthly. HCT services will be provided at 11 sites (10 fixed and 1 mobile) in the following 2 states: Akwa Ibom and Cross River.

Test kits will be provided by SCMS.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity supports the national HCT scale up plan by promoting the accessibility of HCT services using an FMOH approved training curriculum and procedures. HCT services are essential to identify HIV+ people to meet national prevention goals and the national ARV/HIV care scale up goals. HCT services will target most at risk persons to maximize this impact.

LINK TO OTHER ACTIVITIES:

This activity is linked to AB (15656.08), Condoms and Other Prevention (5656.08), Care and Support (15657.08), Orphans and Vulnerable Children (15659.08), TB/HIV (15658.08) and SI (15674.08). Prevention for positives counseling will be integrated within posttest counseling for HIV+ persons, thereby providing this care service at HCT POS. Other at risk family members including vulnerable children will be identified through HCT and referred to services such as OVC programming.

TARGET POPULATIONS:

This activity serves children, youth and adults in the general population who will be offered HIV counseling and testing. However, most at risk persons including commercial sex workers, discordant couples, uniformed service men, out of school youth, mobile populations, and partners/clients of commercial sex workers will be specifically targeted. Other health care workers and community volunteers will be targeted for training.

Activity Narrative:**EMPHASIS AREAS:**

The emphasis areas for this activity include in-service training and local organization capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15656, 13033, 15657, 15658,
15659, 15674

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000
13033	5656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$267,000
15657	15657.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$95,000
15658	15658.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$50,000
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
15674	15674.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$15,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	11	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	25	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	12,000	False

Target Populations

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7215.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16934.08

Activity System ID: 16934

Activity Narrative: ACTIVITY DESCRIPTION:

The USAID Agency HCT ICASS budget for FY08 is estimated at \$1,640 to provide necessary ICASS supports for the staff of one USAID personnel under the HCT program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16928, 16929, 16930, 16931,
16932, 16933, 16935, 16936,
16937, 16922, 15675

Mechanism: USAID Track 2.0 ICASS

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,640

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7144.08	Mechanism: USAID Track 2.0 LMS Associate
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 15645.08	Planned Funds: \$1,320,000
Activity System ID: 15645	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity links to activities in PMTCT (15641.08), Basic Care and Support (15642.08), TB HIV (15643.08), OVC (15644.08), and prevention activities of other IPs and the GON.

LMS is presently supporting HCT services (integrated) in 7 secondary health care facilities in 2 states, Kogi and Niger states, and 2 PHC feeder sites in Kogi state.

In COP 08, the LMS Comprehensive AIDS project will continue to build upon the counseling and testing activities initiated during COP 07. Counseling and testing services will be further strengthened and expanded to 10 additional secondary facilities in 3 additional states. These states will be identified in conjunction with the GON based on assessed needs and the GON'S HCT expansion strategy. HCT services will also be expanded to 15 PHCs that will serve as feeder sites. These feeder sites will provide HCT services and provide referral to the secondary sites for treatment, care and support services as appropriate.

Counseling skills will be strengthened in the existing secondary facilities and feeder sites through appropriate retraining and short term training focused on enhancing skills. LMS will further provide training on HCT to 124 new counselors in the 10 new hospitals and 15 feeder sites in the focus states. Training shall be provided in collaboration with other USG-IPs such as FHI/GHAIN and IHVN-ACTION, who have many years of experience and proficiency in HCT training. This will also build the capacity and proficiency of LMS training staff. Trainings focusing on supplies management, HCT QC/EQA, Biomedical safety, and HCT ethics shall be provided to appropriately selected LMS and point of service staff.

LMS shall support 3 Mobile HCT Team in each state which will be deployed to extend counseling and testing to remote areas by way of Community Outreach programs, and HCT for most at risk populations, MARPS, such as commercial sex workers, long distance truck drivers and uniformed services. HCT services will also be extended to incarcerated populations (prisoners) in the focus states. Clients accessing the mobile HCT services shall be linked to treatment, care and support programs of LMS and other IPs in the focus areas based on clients' convenience and ease of access. A referral system that ensures feedback from the referred facility to the referral site shall be adopted for this purpose, and LMS will provide training in management systems including referral systems and patient tracking.

LMS will begin to identify and partner with local NGOs and CBOs in the communities surrounding the seventeen secondary facilities and their feeder sites to enlist them to mobilize and support the general population to be tested. These NGOs will also play a crucial role in dealing with the stigma of HIV/AIDS, encouraging HIV positive parents to seek testing and treatment for their children, and supporting persons living with HIV/AIDS. LMS will also collaborate with private health care providers in the locality to provide HCT services with LMS support after appropriate training, following national guidelines. HIV testing at all sites will be conducted using the current national algorithm and a switch will be made to the serial algorithm once approved. LMS project will provide counseling and testing with result to 46,667 individuals in COP08.

LMS will adopt the Provider Initiated Testing and Counseling (PITC) strategy in all supported health facilities. This shall be done by providing HCT points of services wherever possible, in the Out Patient Departments, Emergency units, TB and STI clinics, and other hospital wards. In facilities where this approach is not feasible, HCT services shall be linked to the various hospital wards and clinics, and patients shall be routinely offered HIV counseling and testing using the opt-out model. LMS shall provide appropriate training and orientation to the facility health care workers, and collaborate closely with the hospital administration to ensure compliance and uptake of services. HCT services shall also be provided routinely to blood donors as a component of the blood transfusion services in supported sites. This will enable blood donors to get to know their HIV status and to be linked to treatment, care and support as appropriate, and to benefit from HIV prevention messaging based on Abstinence, Be faithful and Correct and consistent condom use (ABC), as appropriate.

In order to increase HCT uptake and help deal with issues of discordance amongst couples, LMS shall offer couples counseling and testing (CHCT), following standard protocols and guidelines. In order to strengthen these services, LMS will support its staff to receive CHCT training to be provided by USG as part of its couples counseling roll - out plan for Nigeria. Appropriate post test counseling will be provided to discordant couples, with emphasis on prevention for positives. Household HCT services will also be offered to families to enable family members know their status and depending on the results linked to appropriate of treatment care and support services. Prevention messaging based on ABC will be provided to families. Pediatric HIV testing also will be offered following standard guidelines and protocols.

Prevention for positives is a key area of emphasis for the project. The prevention for positives strategy will include provision of condoms and information on correct and consistent use, especially to MARPs, discordant couples and prevention of super infection in couples that are concordantly positive.

LMS supported HCT sites will be branded with the national "Heart to Heart" logo for easy recognition as a center for high quality HCT services. IEC materials focusing on abstinence be faithful, and correct and consistent use of male and female condoms (ABC), shall be made available in all of these sites. To ensure appropriate condom messaging, models shall be provided in all HCT sites for the demonstration of correct condom use and condoms provided through the Society for Family Health shall be made available at all HCT sites including mobile HCT units.

To ensure uniform and consistent data collection and M&E processing, LMS shall use the national HCT registers and other M&E tools for data collection at the secondary and primary sites alike. Aggregate site data shall be summarized and reported to the national M&E program officer and the HCT TWG as required.

LMS will through its dedicated quality control lab staffs provide routine HCT sites monitoring and appropriate mentoring to site staff. Personnel involved in HIV testing shall undergo a quarterly proficiency testing, while testing accuracy will be routine re-checked using limited retesting of patient samples. EQA for HIV serology will be linked to other USG IPs EQA programs until LMS can develop its own program. As part of quality control measures instituted at all HCT sites, the quality control staff will also ensure that standard procedures are strictly followed in the safe handling and disposal of medical waste and other lab waste materials. Training for PEP will also be provided to all staff involved in HCT services.

Activity Narrative:

HIV test kits shall be procured through the USG-SCMS partnership mechanism, while the LMS logistic partner, AXIOS, shall be responsible for the appropriate warehousing and distribution of the kits to the sites. To ensure consistent availability of test kits and supplies at the sites, LMS shall adopt the use of Supplies Consumption Data Feedback Form from all the sites. This will be used to determine the actual test kits and reagent consumption and based on this, provide appropriate replenishment.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Counseling and testing is a vital entry point for HIV positive individuals into treatment and support for positive living. Widespread HCT activities support and contribute to the success of ARV treatment, TB-HIV, PMTCT, OVC, and prevention, and strengthen the capacity of facility and community based resources to provide comprehensive HIV/AIDS services, serving the wider interest of improving the lives of adults, children and families directly affected by HIV.

LINKS TO OTHER ACTIVITIES:

This activity links to activities in PMTCT (15641.08), Basic Care and Support (15642.08), TB HIV (15643.08), OVC (15644.08), and prevention activities of other IPs and the GON.

POPULATIONS BEING TARGETED:

This activity focuses on the needs of adults and children from the catchment areas of the project supported sites (17 by end of COP '08).

EMPHASIS AREAS:

This activity focuses on increasing the availability and accessibility of HCT (a crucial entry point to comprehensive AIDS care and treatment, and prevention) through provider initiated counseling and testing, increasing static VCT centers, and provision of mobile VCT services. It also addresses gender concerns related to HIV/AIDS care and treatment by promoting access to diagnosis, care and treatment for women, particularly pregnant women through PICT in antenatal clinics and delivery wards. This activity addresses the need to counsel and test to find and treat persons with HIV/AIDS and the need to prevent future HIV infections.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 15642, 15643, 15644

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
15644	15644.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	124	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	46,667	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kogi

Niger

Table 3.3.09: Activities by Funding Mechanism**Mechanism ID:** 9401.08**Mechanism:** N/A**Prime Partner:** Partners for Development**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Counseling and Testing**Budget Code:** HVCT**Program Area Code:** 09**Activity ID:** 21692.08**Planned Funds:** \$150,000**Activity System ID:** 21692

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 9404.08**Mechanism:** N/A**Prime Partner:** University Research Corporation, LLC**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Counseling and Testing**Budget Code:** HVCT**Program Area Code:** 09**Activity ID:** 21693.08**Planned Funds:** \$125,000**Activity System ID:** 21693

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.09: Activities by Funding Mechanism**

Mechanism ID: 9405.08

Mechanism: N/A

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21694.08

Planned Funds: \$200,000

Activity System ID: 21694

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9406.08

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21695.08

Planned Funds: \$140,000

Activity System ID: 21695

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9399.08

Mechanism: N/A

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21676.08

Planned Funds: \$225,000

Activity System ID: 21676

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9692.08

Mechanism: N/A

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 22516.08

Planned Funds: \$140,000

Activity System ID: 22516

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9408.08

Mechanism: N/A

Prime Partner: Christian Health Association of Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21708.08

Planned Funds: \$138,074

Activity System ID: 21708

Activity Narrative: The Nigeria Indigenous Capacity Building (NICAB) Project is a collaboration between Christian Health Association of Nigeria (CHAN) and Management Sciences for Health (MSH) that aims at equipping Nigerian organizations and service delivery points with the capacity to meet the needs of Nigerians living with HIV/AIDS. It is a three year project that applies the principles of organizational development to mentor and build the capacity of indigenous Nigerian institutions to respond to HIV/AIDS in their communities, provide quality HIV/AIDS services and integrate TB and HIV diagnosis and treatment.

NICAB builds the capacity of twelve mission health facilities that are CHAN member institutions (MIs) and twenty-four Faith and Community Based Organizations in Abia, Benue, Delta, Oyo, Sokoto and Taraba States through collaborations with Civil Society Network on HIV/AIDS in Nigeria (CiSHAN); the Network of People Living with HIV/AIDS (NEPWHAN) and the Federation of Muslim Women's Associations of Nigeria (FOMWAN).

Adhering to the principles of partnership, working through small grants, building cross-cutting linkages and performance based financing, NICAB build the capacity of selected MIs and CBOs to effectively manage primary, secondary and referral services, diagnose and initiate appropriate treatment, and build the skills of care providers, volunteers, and community leaders to establish networks that link hospitals to community facilities.

NICAB's mentor NGOs that will orchestrate community activities, train health workers to diagnose and treat HIV in out/in patient departments, do basic medical assessments of signs and symptoms, provide routine basic nursing care, nutritional assessment and counseling, identification and treatment of danger signs of common OIs, psychological and spiritual counseling, and referral to social services for education, food assistance and counseling and make appropriate referrals community health workers in counseling and testing, community leaders and volunteers in community mobilization and sensitization for stigma reduction, empower community based service providers with basic treatment literacy, support adherence to TB, OI and ARV drugs and follow-up lost clients.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9407.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21681.08

Planned Funds: \$152,887

Activity System ID: 21681

Activity Narrative: The Academy for Educational Development (AED) will undertake a three-year program to provide HIV/AIDS workplace programming in Nigeria via our SMARTWork Project with a focus on building the capacity of workplace partners to directly implement HIV programs in Nigeria. The bulk of direct activities will be implemented via indigenous Nigerian entities and there will be a focus to the program to address Small and Medium Size Enterprises (SMEs) - micro-enterprises (1-10 employees), small-enterprises (11-50 employees), medium-enterprise (51-100 employees).

Through workplace program efforts, and via partnerships with organized labor, business owners, and government, we will reach a substantial number of Nigerians with HIV/AIDS prevention, care and support services. Partners for this effort will include the Nigerian Business Coalition Against AIDS (NIBUCAAA), a Nigerian NGO that will support ABC sensitization programs and uptake of VCT services in SMEs; and five national unions that are uniquely placed to reach public and private sector employees with HIV and AIDS-related programs. Union partners include the National Union of Textile, Garment and Tailoring Workers of Nigeria (NUTGTWN), the National Union of Road Transport Workers (NURTW), the National Union of Petroleum and Natural Gas Workers (NUPENG), the National Union of Chemical Footwear, Rubber, Leather and Non-Metallic Products (NUCFRLANMPE) and the Senior Staff Association of Nigerian Universities (SSANU).

AED will strengthen the technical, management and financial operational capacities of NIBUCAAA to ensure that its procedures and systems support a sustainable and effective national response to HIV/AIDS workplace programs. Technical and management sustainability requires explicit attention to systems building, strategy development, clear assignment of roles and responsibilities, improved supervision, reporting, decision-making and resource diversification. AED will provide this necessary support to increase NIBUCAAA's capacity and program resources for HIV/AIDS "Abstinence" and "Be Faithful" (AB) sensitization training programs and uptake of high-quality Voluntary Counseling and Testing (VCT) services to target populations within its currently 50 enlisted members and SMEs. Additionally under this program, AED will strengthen the capacity of five local labor unions affiliated with the Nigerian Labor Congress (NLC) and the Trade Union Congress (TUC) to continue HIV/AIDS sensitization and training programs and improve access to VCT services for the substantial population in Nigeria's organized labor sector. We will combine efforts with NIBUCAAA, five participating labor unions and USAID's implementing partner Global HIV/AIDS Initiative Nigeria (GHAIN), to expand HIV/AIDS anti-stigma and discrimination workplace training and ABC sensitization programs, as well as VCT services delivery into a total of sixteen states, across the six geopolitical zones.

Activities will significantly contribute to USAID/Nigeria's targets by achieving the following by 2010:

- 200,000 individuals reached through workplace interventions that promote ABC;
- 50,000 people provided with quality HIV counseling and testing and receive results;
- 300 individuals trained in policy and/or organizational capacity building related to HIV programs; 100 + individuals trained to carry out counseling and testing in six stand alone VCT sites and two mobile sites; and 250 trained to promote prevention through behavior change efforts beyond simply AB;
- 70 enterprises with comprehensive workplace policies in place; and
- 50 newly established condom distribution site.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9403.08	Mechanism: N/A
Prime Partner: Johns Hopkins University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 21704.08	Planned Funds: \$225,000

Activity System ID: 21704

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9693.08	Mechanism: N/A
Prime Partner: PROHEALTH	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 22504.08	Planned Funds: \$200,000
Activity System ID: 22504	

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HTXD - ARV Drugs

Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10

Total Planned Funding for Program Area: \$96,557,137

Percent of Total Funding Planned for Drug Procurement	90%
Amount of Funding Planned for Pediatric AIDS	\$8,950,684
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

USG Nigeria's long-term goal is to support a sustainable supply chain management system for ART that incorporates and bolsters existing Nigerian institutional structures and is harmonized with Government of Nigeria (GON) activities. In keeping with the PEPFAR Nigeria 5-year strategy, the COP08 focus will be on: (1) developing a harmonized procurement system that takes advantage of economies of scale; (2) procuring more generic ARV drugs approved by the FDA and NAFDAC (the National Agency for Food, Drug Administration and Control); and (3) leveraging resources from other donor agencies.

With COP08 funding, antiretroviral (ARV) drugs will be purchased to continue providing appropriate HIV therapy to PLWHA in Nigeria. By the end of COP07, the Nigeria PEPFAR program will have provided antiretrovirals to a total of 159,927 PLWHA. In COP08 PEPFAR funds will support an additional 94,013 patients for a total of 226,225 PLWHA reached with ARV services. The number of ARV service outlets in COP08 will be 286.

USG Nigeria is dialoguing with the GON and Global Fund (GF) in Nigeria to partner with and thereby leverage resources for supplying first line ARV's to patients at PEPFAR-supported sites. This partnership would be in line with PEPFAR-GF collaborations that are sought worldwide. The Clinton Foundation is also partnering with the USG and the GON National program to provide second line regimens and pediatric formulations including fixed drug combinations (FDC) for use in Nigeria. Current COP08 budgets from USG implementing partners (IPs) still contain first line, second line and pediatric formulations for both new and maintenance patients. In COP07 USG-Nigeria will develop the partnerships and the logistics that should lead to a successful transition to leveraging these resources. Each year, USG Nigeria has reinvested savings from drugs provided by the GON or GF into reaching additional targets, and we anticipate additional targets to be reached in COP08 through this leveraging and reinvestment.

Under COP08, 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 in accordance with the GON national treatment guidelines, marketing authorization status and importation regulations. 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.

Six 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. The 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, Management Sciences for Health (MSH)/LMS and the University of Maryland, Institute of Human Virology (IHV)/ACTION. In all procurement processes across all program areas, including the ARV drugs program, the role of SCMS will be significantly increased from previous years. Individual partners will continue to utilize their previously developed procurement systems (i.e., AXIOS, IDA Foundation, UNICEF and Phillips Pharmaceuticals) for some purchases, and simultaneously will begin to utilize the SCMS supply chain and procurement system for other procurements, thereby increasing the investment in SCMS and the potential for economies of scale. DoD will procure its ARVs and other commodities through SCMS, which will also support them in forecasting and procurement activities. HHS/CDC Nigeria has required all its treatment partners to use SCMS for a minimum of 20% of ARV procurement. Since COP07, SCMS has begun to address issues of concern to USG and IPs and will take on an increasing role in ARV drugs procurement and supply chain management for COP08.

SCMS will continue to procure other HIV/AIDS related commodities such as opportunistic infections (OIs) drugs, laboratory reagents and HIV test kits for all partners. SCMS will also provide technical assistance and systems strengthening to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. Additionally, SCMS will monitor product safety and tracking for recalls.

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. In COP08 all IPs are procuring certain commodities through SCMS. USG and IPs will continue to participate in and support the harmonization process for a sustainable commodities logistics system led by the GON. Along these lines 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.

Selection of ARV drugs will follow USG procurement regulations and Nigeria's registration status and waiver requirements. Lower 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.

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 by the inter-Agency Commodities Logistics manager and shared among IPs to allow for commodities exchanges, loans or trades.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9399.08	Mechanism: N/A
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 21677.08	Planned Funds: \$520,000
Activity System ID: 21677	
Activity Narrative: Several new CDC partners have recently been identified through a competetive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9401.08	Mechanism: N/A
Prime Partner: Partners for Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 21696.08	Planned Funds: \$210,000
Activity System ID: 21696	
Activity Narrative: Several new CDC partners have recently been identified through a competetive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Related Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9404.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 21697.08

Planned Funds: \$365,000

Activity System ID: 21697

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7144.08

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 15646.08

Planned Funds: \$3,500,000

Activity System ID: 15646

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 LMS will build upon its achievements and experiences of COP07 to meet its COP08 target on ART by training 124 persons to provide ARV drugs to 8,200 including 7,150 new PLWHAs during the reporting period. The cumulative number of PLWHAs that LMS will have supported with ARV drugs by the end of COP08 will be 10,000. This will be achieved by supporting seven existing ART sites in Kogi and Niger States and establishing 10 new sites in three other yet to be identified states.

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). It 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. LMS partner Axios Foundation 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.

LMS will ensure uninterrupted availability of ARV to all ART facilities through close relationship with Government of Nigeria (GON), USAID and other PEPFAR implementing Partners (IPs). This concerted effort will efficiently promote a sustainable supply of ARVs and other HIV related products to all health facilities covered by these programs.

To effectively manage ARVs and related commodities, LMS supported facilities will use a paper based Logistics Management Information System (LMIS). A computerized Inventory Management System with ability to interface with the Patient Management and Monitoring System (PMM) has also been developed and will be introduced into supported sites. These systems ensure generation of management reports required for decision making at facility level and program management level.

Our strategic priorities for COP08 will include: (1) strengthening health facility commodity management systems to build sustainable logistics management capability for ARV drugs, Drugs for OIs, Rapid Test Kits (RTKs) and Lab reagents; (2) continued effort to improve the efficiency and effectiveness of mechanisms for procurement, warehousing, distribution and Logistics MIS; (3) continued rollout of our computerized Inventory Management System and ensuring a feedback mechanism that will promote analysis and utilization of collected data for making appropriate policy decisions; (4) integrating the warehousing function into the MOH system at Federal, State and Local Government wherever applicable; (5) consolidation of capacity building through, tools development, training, on-site training, supportive supervision and mentoring; and (6) design and implementation of Supply Chain Management Quality Assurance

The project will be guided by the memorandum of understanding with the FMOH and the States Central Medical Stores in continuing to build capacity for warehousing and distribution by implementing already-developed standard operating procedures (SOPs) for warehousing and distribution at the central medical stores. It will build capacity of the GON, State Central Medical store's counterpart logistics officers and project staff at the State Central Medical Stores through training and on-the-job mentoring on forecasting and procurement planning, warehousing and distribution of ARVs and related commodities at the central and state levels. All commodities procured are stored at the central medical stores from where they are distributed to facilities via the state program office.

In COP08, the strategy will focus more on the state FMOH owned Central Medical Stores and utilize their linkages to the ART facilities (State Government owned) to serve the needs of the focus states and build partnerships with private/not for profit sector by sub-contracting warehousing and distribution services at state government level. Quality assurance and monitoring of the logistics system is through development of SOPs at all levels regarding forecasting, procurement, warehousing and distribution, stock management and reporting. At state level, the state logistics officer will enforce the standards and provide on site support supervision. The long term plan is to coordinate the distribution and utilization of the drugs from all sources through a harmonized system.

The project will continue to work to strengthen its exit/sustainability plan for drug logistics management both at the State and National level showing how it will work with the health facilities implementing comprehensive ART programs 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 timeline based on key benchmarks.

Effective synergies will be established with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) round 5 grants to Nigeria. 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.

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 to significantly contribute to the achievement of PEPFAR goals of access to care. 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 10,000 individuals. This program will also contribute to strengthening the national drug/commodity logistics management systems, especially as it relates to ARVs, OIs, Test Kits, lab reagents and consumables 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) and HBHC (3.3.06). Links to these programs include covering areas such as logistics/ supply chain management and management of test kits (CT), ARV drugs (HTXS) for adults and children, drugs for opportunist infections – OIs (HBHC), prophylactic ARV drugs for pregnant women and infants (PMTCT).

Activity Narrative: The provision of supplies for laboratory diagnostics links directly into the ART program by providing for monitoring patient progress, toxicity levels and clinical chemistry.

POPULATIONS BEING TARGETED:

This activity targets all health care workers directly involved in the management of ARV's and diagnostics for ART services including pharmacists, doctors, nurses, lab scientists, counselors and others.

EMPHASIS AREAS:

Emphasis areas for the COP08 ART Drugs component will include strengthening of health facility logistic systems to sustainably manage ARV drugs, Drugs for OIs, RTKs and lab reagents and quality assurance, quality improvement and supportive supervision. This will be achieved through the integration of the project's distribution system into the national network and also building capacity at state and site level to ensure sustainability of the developed supply chain management system. Building upon the Integrated Inventory Management Systems implemented at the facility levels, the project will continue to provide regular on site support to sustain usage. Finally LMS will continue to work with GON and implementing partners to ensure the harmonization and standardization of the LMS tools & standard operating procedures in pharmacy.

The establishment of drugs storage facilities in or close to the LMS focus states will ensure that the drugs are proximal to health facilities and thus will increase access of such drugs and services to the resource poor communities and increase gender equity in HIV/AIDS programs. By this endeavor, beneficiaries have closer access to drugs and are able to live healthier lives. Increasing access to drugs also provides a supportive environment for women's access to income and productive resources given an improved health status.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 13071, 15642, 15643, 15645, 15647, 15648

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
15645	15645.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,320,000
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas

Kogi

Niger

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7215.08 **Mechanism:** USAID Track 2.0 ICASS
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD **Program Area Code:** 10
Activity ID: 16935.08 **Planned Funds:** \$27,984
Activity System ID: 16935
Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency ART Drugs ICASS budget for FY08 is estimated at \$27,984 to provide necessary ICASS supports for the staff of four USAID personnel under the ART Drugs program area.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 16928, 16929, 16930, 16931, 16932, 16933, 16934, 16936, 16937, 16922, 15675

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3242.08

Planned Funds: \$325,000

Activity System ID: 13157

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is linked to ARV services (6678.08), Strategic Information (5359.08) and Other Policy/System Strengthening (6504.08). The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free ARV services in 14 military facilities and communities. In COP08, the program will expand to six new sites.

The selection process for new sites is undertaken by meetings between the DOD and NMOD. Selection of sites is based on population, community support/need for services, manpower availability and physical infrastructure. Once selected, a thorough assessment to support pharmacy and logistics requirements is completed with subsequent resolution of weaknesses as appropriate and possible. These assessments include staffing support, staff skills/education/experience, and physical structure.

The NMOD-DOD Program will continue to utilize the SCMS for drug acquisition and logistics management strengthening. DOD, NMOD and SCMS adhere to USG, Federal Ministry of Health (FMOH) and National Agency for Food and Drug Administration and Control (NAFDAC) policies and requirements, and support national treatment guidelines. Funding under the SCMS award through USAID will continue to provide quality ARV drugs during COP08 year to treat a total of 7884 adults and 876 pediatric patients (overall total of 8,760 patients) under the NMOD-DOD program. When possible, the Program will continue to utilize generic drugs and add additional generics as approved and possible. In addition DOD will support coordination for utilization of ARVs provided by the GON or Nigerian Air Force (currently over 200 individuals on NAF purchased ARVs) at NMOD sites.

In 2007, development of capacity of the NMOD (Nigerian Ministry of Defence) to house, manage and distribute ARVs procured by the DOD through the Supply Chain Management System (SCMS) was completed. The DOD program will continue support to the Nigerian Ministry of Defence (NMOD)-owned, contractor (SCMS) operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD points of service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of drugs maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and FGON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures continued USG visibility and accountability at all levels of implementation.

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.

SCMS and DOD have been working closely with the NMOD in training officers on quantification and accountability tools at the NMOD level. In 2008, 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 20 NMOD sites as well as at the central level procurement office of 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).

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 will be installed.

DOD has allocated \$3,800,000 of its ARV Drug budget to SCMS for procurement of commodities. This amount is captured under the SCMS Drugs activity.

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 (6678.08). The DoD will continue to collaborate with other PEPFAR implementing partners for information sharing on procurement mechanisms and for sharing of supplies when necessary. The DoD will continue to support systems strengthening and capacity building 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.

EMPHASIS AREAS:

This activity has an emphasis on human capacity development and local organization capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6797

Related Activity: 13158, 13160, 13161, 13002,
13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25198	3242.25198.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$1,226,323
6797	3242.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$300,000
3242	3242.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000
13161	6504.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Kaduna

Cross River

Enugu

Benue

Borno

Delta

Oyo

Plateau

Rivers

Benin

Anambra

Imo

Kano

Niger

Sokoto

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1532.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 5410.08

Activity System ID: 13127

Mechanism: USAID Agency Funding

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$584,103

Activity Narrative: ACTIVITY DESCRIPTION:

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 for logistics, a program officer for pharmacy and an administrative assistant. The program officer for pharmacy is being requested for the first time in this COP, as there is increasing demand for this specialty within the USG team, so as to ensure appropriate technical guidance for availability of and shifts to new drug regimens (first and second line, development of generics, pediatric formulations, etc.), advising on alternatives in case of pipeline/procurement issues, and to ensure compliance with the Nigerian drug regulatory authorities. Moreover, both the dollar amounts to be programmed and the number of partners providing programming in this area have increased dramatically over the past year and are anticipated to continue to grow, requiring a larger logistics management team.

The commodities logistics team 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. The commodities logistics team’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 implementing ART programs, as well as compliance with GON and FDA procurement and import regulations. In addition, the oversight of SCMS and coordination with other commodity providers, such as the Clinton Foundation and Global Fund, have been added to this portfolio.

This advisor spends 100% of her time advising in this program area and does not have primary program responsibilities in any other program area. The three support positions are all local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6783

Related Activity: 13121, 13122, 13123, 13124,
13125, 13126, 16938, 13128,
13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24943	5410.24943.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$298,175
6783	5410.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$317,000
5410	5410.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$126,090

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Coverage Areas

Benue
Enugu

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1561.08

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 12436.08

Planned Funds: \$350,000

Activity System ID: 13141

Activity Narrative: ACTIVITY DESCRIPTION:

These funds are to be used by CDC for the preclearance fees of perishabled 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 clearance charges for ARV drugs charged directly to CDC. The total value of ARV drugs to be cleared by CDC is \$80,000,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12436

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25979	12436.2597 9.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$200,000
12436	12436.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$50,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 632.08	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 5429.08	Planned Funds: \$11,406,128
Activity System ID: 13114	

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ARV drugs will be procured so that ARV treatment can be provided to 55,057 adults (17,998 new) and 5,443 children (2,000 new) at 78 clinical sites in 23 states in Nigeria. \$1.3 Million of COP07 reprogrammed funds will be applied against COP08 targets. Sites are located in states chosen consistent with the National ARV Scale-Up Plan with the goal of universal access and include: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, and Sokoto. This support is an increase from the 44 ARV treatment sites supported under COP07.

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. Patients on ARVs include those started on ARVs in prior years, patients in care who roll over into treatment, and newly diagnosed patients needing ART. Overall, it is assumed that 8% of both adults and children begun on ARVs during prior years will ultimately require second line treatment under COP08.

ACTION will follow the Nigerian ARV Guidelines in the provision of ARV regimens for adults and children. The regimen mix has been forecasted based on current utilization and balancing best clinical evidence with scalability. PEPFAR and FDA-approved generic formulations will be utilized whenever available. For all regimens, a three-month buffer stock is maintained to minimize the likelihood of problems with drug supplies. ACTION staff develop ARV projections, and plan procurements accordingly. In COP08 a minimum of 50% of ARV procurement and shipping of has been budgeted for SCMS in order to provide support to efforts to build a centralized capacity related to drug procurement and distribution. A standing open purchase order for up to 50% has also been established with IDA Foundation as a backup. Based on current drug unit costs, an additional 5% for procurement and 5% for shipping has been added to the budget for both SCMS and IDA Foundation. Both SCMS and IDA inspect drugs for authenticity and test selected batches prior to accepting for shipping. SCMS and IDA certify packaging and storage conditions during shipping and provide insurance to the point of delivery at the frontier. Drug procurement will follow USG regulations, National Treatment Guidelines, and comply with requirements for NAFDAC registration or waiver.

Although collaboration with the FMOH may facilitate some sites being provided with first line ARV formulations through Global Fund support, the full cost of ARV drugs required to care for new and maintenance ARV patients has been budgeted in the COP at this time. Should FMOH be able to provide first line ARV formulations, targets will be adjusted accordingly, and ACTION will ensure access to alternative first line and second line ARVs, pediatric formulations, and wrap around services including lab monitoring. Similarly, collaborations with the Clinton Foundation may result in the procurement of pediatric formulations and second line adult ARVs. In that case, a similar procedure will be followed. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. The key principle adopted by ACTION is that all patients receive equal high quality clinical, laboratory, and community services regardless of the drug source.

The second component of this activity includes expediting commodities through the port of entry, followed by storage, distribution, and management of the commodities. This includes site assessment of pharmacies and storage facilities with corrective recommendations and actions. 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 to site staff regarding the system, has been subcontracted to the Axios Foundation. Axios documents proper storage conditions at the central warehouse, regional warehouse, and site levels. With an expansion of ARV access to community venues including mobile clinics, local health centers, DOTS centers, and community pharmacies, logistical management of ART drugs will require increasingly sophisticated monitoring strategies. The success of such approaches is vital to increasing adherence and avoiding patient default which program evaluations have shown is often linked to distance traveled from home to the ARV center.

Quality control involves routine monitoring visits by ACTION staff from the central Abuja office or from regional offices to all sites every six months to review the implementation of SOPs and to compare reported usage based on monitoring and evaluation data with local manifests and pharmacy logs. The ACTION training department analyzes data for patterns of deficiencies as well as individual site deficiencies in order to improve training and target weaknesses to address through retraining.

UMD has allocated \$10,684,000 of its ARV Drugs budget to SCMS for procurement of commodities. This amount is captured under the SCMS Drugs activity.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity supports the scale up of ARV treatment in Nigeria, a major priority for the FMOH. Through these activities, ACTION will continue to strengthen the structure of its ART drug procurement system, 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 are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, ACTION seeks to provide support to efforts to build capacity related to drug procurement and distribution. This activity also supports the ARV program for adults and children as well as the PMTCT program for provision of ARVs to pregnant women and infants..

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in TB/HIV (3254.08), ART services (3255.08), and strategic information (3253.08). This activity will maintain significant linkages with PMTCT (3257.08) and ART services through the procurement of ARV drugs for individuals served by these programs. Additionally, linkages to TB/HIV activities will be developed and maintained. 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.

Activity Narrative: POPULATIONS BEING TARGETED:

The primary targets 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.

EMPHASIS AREAS:

Human capacity development is an emphasis area. Training initiatives have been incorporated into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system. Other areas of emphasis include the development of SI management, through M&E activities, to provide feedback on the cost effectiveness of these drug procurement activities. SI management also ensures accurate drug projections in order to prevent stock-outs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6773

Related Activity: 13106, 13109, 13110, 13111,
13112, 13113, 13115, 13116,
13117

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25247	5429.25247.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$10,388,930
6773	5429.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$19,850,000
5429	5429.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$12,928,058

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Indirect Targets

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

Kwara

Lagos

Niger

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 6402.08

Activity System ID: 13085

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: \$21,799,506

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of antiretroviral (ARV) drugs as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs. Through its continuous support to and strengthening of commodity security in PEPFAR treatment programs, SCMS works towards ensuring uninterrupted availability of ARV drugs to the target population of people living with HIV/AIDS.

In COP08, SCMS will procure for four IPs and DoD the range of adult and pediatric ARV drugs used in first and second line treatment regimens as well as for salvage therapy for the treatment of HIV infected eligible patients. SCMS will also procure ARV drugs for post exposure prophylaxis purpose. In COP08, SCMS will procure ARV drugs and provide requested technical assistance for four IPs and DoD, each of which has attributed specific funds to SCMS for these services: DOD (#554.08), \$3,800,000; CRS AidsRelief (#3688.08), \$3,015,506; Columbia University/ICAP (#2768.08), \$800,000; Harvard University School of Public Health (HSPH)/APIN+ (#544.08), \$3,500,000; and University of Maryland (#632.08), \$10,684,000. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals or tentative approvals by the US Food and Drug Administration. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply and will coordinate with the USG team to ensure selected ARV drugs are appropriately registered in Nigeria. For ARV drugs not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria. SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for ARV drugs will be addressed to and coordinated with SCMS field office directly.

ARV drugs procured by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS.

SCMS will be responsible for the shipment of procured ARV drugs into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs (including DoD); SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will utilize the services existing warehouse facilities carefully assessed and selected by SCMS. For in country distribution, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or will work with the individual IPs to ensure the distribution mechanism most appropriate for their program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance).

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs through training in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools, as is detailed in the system strengthening narrative (3.3.14). SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. The establishment of a government owned, contractor operated warehouse, as part of SCMS strengthening of the host government's ARV will bring a long term solution contributing to the sustainability of the military HIV/AIDS programs in Nigeria, as is detailed in the ARV services narrative (3.3.11). By providing training and supporting capacity building of local organizations, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on ARV drugs as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component, as discussed in SCMS's strategic information narrative (3.3.13).

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD

Activity Narrative: reaching their treatment planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Overall, SCMS activity contributes to the PEPFAR goal to put 2 million people on treatment worldwide by procuring and distributing high quality, low cost ARV drugs as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities contribute to the scale up of HIV/AIDS treatment PEPFAR programs in Nigeria to reach national targets of providing treatment to 350,000 PLWHA (People Living with HIV/AIDS), thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA:

Human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6741

Related Activity: 13077, 13078, 14085, 13079,
13080, 13081, 13082, 13083,
13084, 13086, 13087, 13088,
13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26060	6402.26060.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$48,021,552
6741	6402.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$3,555,000
6402	6402.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4043	4043.06	SCMS	\$1,695,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 544.08

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 9888.08

Planned Funds: \$7,154,288

Activity System ID: 13059

Activity Narrative: Track 1 and 2 funds are provided for this activity.

ACTIVITY DESCRIPTION:

Through these activities, Harvard/APIN+ will provide ART drugs to 48,500 adult and pediatric patients at 36 APIN+ sites in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). These sites include 28 comprehensive ART sites serving pregnant women, adults and children, and eight PMTCT sites that also provide HIV+ children identified through the PMTCT program with ART. At all sites APIN+ will provide the ART prophylaxis options and triple drug regimens for eligible pregnant women consistent with the national guidelines. Thus, a total of 36 APIN Plus sites will be providing ART drugs through ART or PMTCT services.

In COP08, APIN+ will begin to collaborate with Clinton Foundation for the procurement of second line drugs for adult patients and all pediatric drugs for pediatric patients. Drugs procured through SCMS will be shipped to APIN's Central Medical Stores (CMS) in Lagos, from which they will be distributed to sites in accordance with an internal supply chain management system. We will purchase first-line ART drugs directly from drug manufacturers and through different ART purchasing agents, including IDA and SCMS, as applicable, in accordance with USG regulations and NAFDC Registration and following 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. These SOPs are also used for procurement and distribution of OI drugs and certain lab supplies and test kits.

All drug 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. 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 3-5 months for all of the requisite first and second line drugs, most of which are fixed dose combinations and other FDA-approved generic drugs.

Capacity building and training for our APIN+ CMS at NIMR and individual site pharmacies is ongoing to support pharmacy management and implementation of the National ART Program. Harvard/APIN+ is 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. The CMS is located at NIMR (Lagos), where the project operates and manages a warehouse that provides storage for drugs once they enter the country. An electronic bin card system is utilized to track and monitor drug stores and distribution. A subcontract with Fed-Ex provides monthly distribution to all site pharmacies. Assessments of all facilities to determine infrastructure needs have been conducted in COP07 and will continue to be conducted in COP08 for new sites. These site capacity assessments have been the basis for efforts to strengthen the supply chain management system for new sites. Ongoing assessments ensure sustainability of pharmacies and supply chain management at the sites. 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 support a sustainable supply chain management system for ART that incorporates existing and bolstered Nigerian institutional structures and is harmonized with GON activities. Continued collaboration with SCMS and GON procurement efforts contribute to this goal. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will help to guide the ongoing site expansion for ART and PMTCT. As a part of that plan, secondary health care facilities covering all 17 LGAs in Plateau state will be targeted for pharmacy support and drug distribution. As expansion of ARV drug services is prioritized to rural areas, APIN+ 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 44,000 adult and 4,500 pediatric patients on appropriate ART drugs.

Harvard has allocated \$3,015,506 of its ARV Drugs budget to SCMS for procurement of commodities. This amount is captured under the SCMS Drugs activity.

CONTRIBUTION TO OVERALL PROGRAM AREA

Through these activities we will have provided ART drugs to 48,500 patients at 36 ART service outlets. We have almost doubled the number of ART service provider sites from 17 and increased the number of states from seven to eight. In addition, we have scaled up our PMTCT activities with 36 points of service providing access to PMTCT services for 56,250 women. Through these activities, we will continue to strengthen the structure of our ART drug procurement system, as described above, 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 are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, we seek to provide support to efforts to build national capacity related to drug procurement and distribution.

Activity Narrative: LINKS TO OTHER ACTIVITIES

This activity also relates to activities in TB/HIV (3222.08), ART Services (6715.08), and Strategic Information (3226.08). Through this activity, we will maintain significant linkages with PMTCT (3227.08) 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.

EMPHASIS AREAS

Emphasis areas include strategic information and local organization capacity building. Training initiatives have also been incorporated into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9888

Related Activity: 13051, 16297, 13055, 13057, 13058, 13048, 13049, 13060, 13061, 13050, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9888		HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$7,855,168

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Benue

Borno

Kaduna

Lagos

Plateau

Enugu

Ebonyi

Ogun

Oyo

Yobe

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 3233.08

Activity System ID: 13042

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: \$21,619,751

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 delivery/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 they are 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 COP08, all facilities will manage 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. Health workers will be trained on in inventory management of ARVs, OI medicines, rapid tests kits, and laboratory reagents/consumables. All commodities procured are stored at the central medical stores from where they are distributed to facilities via the state program depots. Axios will work with the GON and the medical stores to ensure adequate security of drugs supplied.

In COP08, the strategy will focus more on the expansion of the project network of warehouses in new states within the States Ministry of Health (SMOH), Central Medical Stores complexes and utilize their linkages to the ART facilities to serve the needs of the focus states. 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 integrate the Warehousing and Distribution of ARV/related commodities into the national ARV logistics system.

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.

In COP08 GHAIN will build upon its achievements and experiences of COP07 to support the GON's initiative of putting 250,000 PLWHAs on ART by training 365 persons to provide ARV drugs to 45,480 (including 21,178 new) PLWHAs during the reporting period. The cumulative number of PLWHA that GHAIN will have supported with ARV drugs by the end of COP08 will be 55,472. This will be achieved by supporting 45 existing ART sites, establishing 15 new sites and increasing geographical coverage with a focus on rural areas in all its current focus states (FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, Akwa Ibom) and expand services to additional states inter alia Nassarawa, Katsina, Kebbi, Sokoto and Zamfara States.

Effective synergies will be established with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) Round Five grants to Nigeria. 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.

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 of access to treatment. 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 HCT (3230.08), PMTCT (3234.08) HTXS (3231.08) and HBHC (3237.08). Links to these programs include covering areas such as logistics and management of test kits, laboratory reagents and consumables, , ARV drugs (HTXD) for adults and children, drugs for opportunistic infections (OIs), prophylactic ARV drugs for pregnant women and infants. The provision of supplies for laboratory diagnostics links directly into the ART program by providing for monitoring patient progress, toxicity levels and clinical chemistry.

POPULATIONS BEING TARGETED:

This activity targets all health care workers directly involved in the management of ARV's and diagnostics for ART services including pharmacists, doctor, nurses and others.

EMPHASIS AREAS:

Emphasis areas include human capacity development and local organization capacity building.

The established drugs storage facilities in each of the GHAIN focus states will increase access of such drugs and services to the resource poor communities and increase gender equity in HIV/AIDS programs. By this endeavor, beneficiaries have closer access to drugs and are able to live healthier lives. Increasing access to drugs also provides a supportive environment for women's access to income and productive resources given an improved health status.

ACTIVITY DESCRIPTION:**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 6705**Related Activity:** 13034, 13036, 13037, 13038,
13039, 13040, 13041, 13043,
13044, 13045**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24898	3233.24898.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$16,910,934
6705	3233.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$15,540,370
3233	3233.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$5,995,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13036	9776.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$400,000
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748
13045	3232.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Taraba

Katsina

Kebbi

Nassarawa

Sokoto

Zamfara

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5332.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXD

Activity ID: 6682.08

Activity System ID: 12991

Mechanism: HHS/HRSA Track 1.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$796,975

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 AIDSRelief (AR) is providing ARV drugs to 18,304 PLWHAs at 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite clinics in 14 states of Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In COP08, AR will procure first and second line ARV drugs to treat 28,200 patients including 27,914 adults and 2,270 children at 30 LPTFs and 20 satellite clinics in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. An estimated 30% of PLWHA already enrolled in care will start treatment during the year. An estimated 8% of ART clients will require 2nd line treatment in COP08. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

AR's supply chain management system will ensure that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, storage, and distribution of quality and efficacious ARVs to AR-supported LPTFs with effective monitoring and evaluation. Assessment of new sites follows the AR 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 will continue in COP08. AR will train 30 pharmacists and 30 other health workers including pharmacy technicians or assistants in the use of developed SOPs which are in line with national guidelines. These SOPs include drug requests, receipts, recording, dispensing, discrepancy reporting, temperature control and disposal of expired drugs. In-depth training of the LPTF staff in the utilization of SOPs, forecasting and quantification for ARVs and general drug management issues will be conducted.

All ARVs are from Good Manufacturing Practice certified sources and are FDA approved/preapproved. Generic 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 environments in-country and have in transit insurance coverage. AR uses the same supply chain management system for ARVs purchased under this program and for laboratory reagents purchased under other program areas.

Procurement procedures follow USG and NAFDAC regulations and are consistent with National Treatment Guidelines. NAFDAC importation waivers are secured through the USG for unregistered drugs. IDA and Phillips Pharmaceuticals are contracted for procurement and CHAN Medi-Pharm for warehousing and distribution. AR will substitute innovator proprietary ARVs with FDA approved generic equivalents taking into consideration issues of safety, quality and cost. SCMS will be used for some of the drug procurement in line with USG Nigeria's guidance on this, and potentially through an Indefinite Quantity Central Contract that CRS-Baltimore has with SCMS. CHAN Medi-Pharm is the first source for palliative care drugs for AR LPTFs. As a backup, AR will ensure that LPTFs can source for palliative care drugs from GON certified distributors with evidence of regulatory clearance for quality reasons.

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 the LPTF level to ensure that the ARV supply chain management is clinically informed and logistically supported. Quality assurance covers the entire spectrum from procurement to dispensing. All sites will be provided with ongoing TA by AR's Health Supply chain technical team. Pharmacy and logistics management procedures will be assessed and will be part of site development planning. 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.

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 ARV drug services to 2 new LPTFs and 10 satellite clinics in COP08 (mostly rural based primary and secondary faith based facilities), AR will contribute towards the National and PEPFAR plans of increasing access to ARV drugs in previously underserved communities. As expansion of ARV drug services is prioritized to rural areas, AR will strengthen existing referral channels and will support network coordinating mechanisms. By providing ARV drug services to 28,200 clients, the activity will contribute to the PEPFAR target of providing ARV drugs to 350,000 PLWHAs in Nigeria by 2009 as well as to the Government of Nigeria's (GON) plan for universal access to ARV drugs by 2010.

In contributing to overall sustainability, the capacity of LPTFs to take on supply chain responsibilities will be strengthened. AR will continue strengthening local distribution agents (CHAN Medi-Pharm) and helping LPTFs integrate ARVs with other hospital drug management systems.

LINKS TO OTHER ACTIVITIES:

This activity is linked to ARV services (6678.08), basic care and support (5368.08), OVC (5416.08), and PMTCT (6485.08), thus ensuring continuity of services to all AR supported clients. It is also linked to laboratory (6680.08), by providing the supply chain for lab reagents and SI (5359.08) for LMIS services. AR will continue collaboration with other IPs including Harvard/APIN+, GHAIN, ICAP-CU, and IHVN-ACTION for information sharing on procurement mechanisms and for sharing of supplies when unanticipated delivery delays occur. AR 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. AR will collaborate with the Clinton Foundation in order to leverage their resources for OI drugs, pediatric lab reagents and ARVs, and adult second line ARVs. In addition, AR will partner with Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients. Currently 10% of ART patients at AR-supported LPTFs are receiving GON procured ARV drugs; in COP08, AR will continue this collaboration. The program will, as part of the global AR effort, proactively identify areas of collaboration with USAID's SCMS project for long term harmonization and local sustainability.

Activity Narrative: TARGET POPULATIONS:

The activity targets all PLWHAs, particularly those qualifying for ART according to WHO and GON guidelines, including women from PMTCT clinics and children in OVC programs.

EMPHASIS AREAS:

This activity has an emphasis on local organization capacity building, logistics, training (including in-service supportive supervision), renovations of pharmacy/stock rooms, quality assurance/quality improvement and linkages with other sectors and initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6682

Related Activity: 12992, 12993, 12994, 12997,
12998, 12999, 13000, 13001,
13002, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6682		HHS/Health Resources Services Administration	Catholic Relief Services	5332	5332.07	Track 1.0	\$796,975

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Indirect Targets

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Adamawa

Anambra

Benue

Ebonyi

Edo

Enugu

Federal Capital Territory (Abuja)

Imo

Kaduna

Kano

Kogi

Nassarawa

Ondo

Plateau

Taraba

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5330.08

Prime Partner: Harvard University School of
Public Health

Funding Source: Central GHCS (State)

Budget Code: HTXD

Activity ID: 6714.08

Activity System ID: 13048

Mechanism: HHS/HRSA Track 1.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$9,401,952

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

Through these activities, Harvard/APIN+ will provide ART drugs to 48,500 adult and pediatric patients at 36 APIN+ sites in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). These sites include 28 comprehensive ART sites serving pregnant women, adults and children, and eight PMTCT sites that also provide HIV+ children identified through the PMTCT program with ART. At all sites APIN+ will provide the ART prophylaxis options and triple drug regimens for eligible pregnant women consistent with the national guidelines. Thus, a total of 36 APIN Plus sites will be providing ART drugs through ART or PMTCT services.

In COP08, APIN+ will begin to collaborate with Clinton Foundation for the procurement of second line drugs for adult patients and all pediatric drugs for pediatric patients. Drugs procured through SCMS will be shipped to APIN's Central Medical Stores (CMS) in Lagos, from which they will be distributed to sites in accordance with an internal supply chain management system. We will purchase first-line ART drugs directly from drug manufacturers and through different ART purchasing agents, including IDA and SCMS, as applicable, in accordance with USG regulations and NAFDC Registration and following 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. These SOPs are also used for procurement and distribution of OI drugs and certain lab supplies and test kits.

All drug 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. 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 3-5 months for all of the requisite first and second line drugs, most of which are fixed dose combinations and other FDA-approved generic drugs.

Capacity building and training for our APIN+ CMS at NIMR and individual site pharmacies is ongoing to support pharmacy management and implementation of the National ART Program. Harvard/APIN+ is 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. The CMS is located at NIMR (Lagos), where the project operates and manages a warehouse that provides storage for drugs once they enter the country. An electronic bin card system is utilized to track and monitor drug stores and distribution. A subcontract with Fed-Ex provides monthly distribution to all site pharmacies. Assessments of all facilities to determine infrastructure needs have been conducted in COP07 and will continue to be conducted in COP08 for new sites. These site capacity assessments have been the basis for efforts to strengthen the supply chain management system for new sites. Ongoing assessments ensure sustainability of pharmacies and supply chain management at the sites. 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 support a sustainable supply chain management system for ART that incorporates existing and bolstered Nigerian institutional structures and is harmonized with GON activities. Continued collaboration with SCMS and GON procurement efforts contribute to this goal. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will help to guide the ongoing site expansion for ART and PMTCT. As a part of that plan, secondary health care facilities covering all 17 LGAs in Plateau state will be targeted for pharmacy support and drug distribution. As expansion of ARV drug services is prioritized to rural areas, APIN+ 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 44,000 adult and 4,500 pediatric patients on appropriate ART drugs.

CONTRIBUTION TO OVERALL PROGRAM AREA

Through these activities we will have provided ART drugs to 48,500 patients at 36 ART service outlets. We have almost doubled the number of ART service provider sites from 17 and increased the number of states from seven to eight. In addition, we have scaled up our PMTCT activities with 36 points of service providing access to PMTCT services for 56,250 women. Through these activities, we will continue to strengthen the structure of our ART drug procurement system, as described above, 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 are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, we seek to provide support to efforts to build national capacity related to drug procurement and distribution.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in TB/HIV (3222.08), ART Services (6715.08), and Strategic Information (3226.08). Through this activity, we will maintain significant linkages with PMTCT (3227.08) and

Activity Narrative: 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.

EMPHASIS AREAS

Emphasis areas include strategic information and local organization capacity building. Training initiatives have also been incorporated into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6714

Related Activity: 13049, 13050, 13051, 16297, 15652, 13052, 13053, 13054, 13055, 13056, 13057, 13058, 13059, 16920, 13060, 13061, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6714		HHS/Health Resources Services Administration	Harvard University School of Public Health	5330	5330.07	Track 1.0	\$9,401,952

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Benue

Ebonyi

Enugu

Lagos

Ogun

Oyo

Plateau

Kaduna

Yobe

Borno

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 5493.08

Activity System ID: 13029

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$9,393,931

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, The International Center for AIDS Care and Treatment Programs at Columbia University (ICAP-CU) supported procurement and distribution of antiretroviral (ARV) drugs for 10 hospital networks and two primary health centers in three states. In COP08, ICAP-CU will expand antiretroviral therapy (ART) services support to 13 additional hospital networks, resulting in coverage in 6 states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna and Kogi states). A total of 25,000 patients will be on ART by the end of the program year.

ICAP-CU supports a supply chain management system to ensure a 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. Product selection is based on existing national adult and pediatric treatment guidelines. ICAP-CU will continue to work closely with the UNICEF Supply Division, which presently procures ARV drugs for ICAP Nigeria, handles customs clearance and delivers to a secure warehouse at the ICAP-CU office in Abuja. Quantities procured are based on effective and efficient forecasting mechanisms in place at the central and regional offices. ICAP-CU will procure additional delivery trucks or arrange delivery via bonded transport agencies to facilitate prompt and efficient delivery of drugs and other commodities to regional offices and sites. As expansion of ARV drug services is prioritized to rural areas, ICAP-CU will strengthen existing referral channels and support network coordinating mechanisms. Pharmacy and logistics management procedures will be assessed and will be part of the site development plan for each new site. ICAP-CU will also leverage the economies of scale provided through the utilization of the Partnership for Supply Chain Management (SCMS) for ARV drug procurement as SCMS increases its services in Nigeria.

ICAP-CU has integrated quality assurance, monitoring and evaluation systems into its existing logistics system. ICAP's procurement and store managers provide technical assistance including: training pharmacists in forecasting, stock management, record keeping, quality assurance, and distribution; and 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, ICAP-CU uses a state-endorsed pharmacy technician in-service training course, and trains key staff on record keeping for ARV drug storage and distribution at points of service. Pharmacists at every site participate in multidisciplinary team ART training activities. In COP08, ICAP-CU will assess pharmacy capacity in all new sites, working 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 (SOPs) in line with national SOPs will be provided to guide quality ARV drug management. The cost per patient may increase in COP08 as some patients fail first-line regimens and as treatment-experienced patients from distant ART facilities transfer to local ICAP-CU 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. ICAP-CU will also continue to partner with the Clinton Foundation and the Global Fund to utilize opportunities to reduce the cost of approved drugs. ICAP-CU 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, ICAP-CU 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, ICAP-CU will strengthen existing referral channels and support network coordinating mechanisms.

Columbia has allocated \$800,000 of its ARV Drugs budget to SCMS for procurement of commodities. This amount is captured under the SCMS Drugs activity.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

In COP08, ICAP-CU activities under ARV drugs will support the PEPFAR goals of ensuring a continuous supply of ARV drugs to HIV infected adults and children who require treatment. In COP08 16,537 individuals (14,883 adults and 1,654 children) will newly initiate ART. By the end of COP08, 25,000 people will be receiving ART at ICAP-supported sites, thus contributing to the national goal of treating 350,000 patients by Sept 30, 2009.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in ART (5404.08), Palliative Care (5552.08), OVC (5547.08), HCT (5550.08), PMTCT (6622.08) and TB/HIV (5551.08) 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.

EMPHASIS AREAS:

Emphasis areas include human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6691

Related Activity: 13021, 15654, 13023, 13024,
13025, 13026, 13027, 13028,
13030, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28551	5493.28551.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$5,288,642
6691	5493.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$4,845,000
5493	5493.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$1,270,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Indirect Targets

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Rivers

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 9889.08

Activity System ID: 13001

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSR relief

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$8,535,519

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 AIDSRelief (AR) is providing ARV drugs to 18,304 PLWHAs at 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite clinics in 14 states of Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In COP08, AR will procure first and second line ARV drugs to treat 28,200 patients including 27,914 adults and 2,270 children at 30 LPTFs and 20 satellite clinics in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. An estimated 30% of PLWHA already enrolled in care will start treatment during the year. An estimated 8% of ART clients will require 2nd line treatment in COP08. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

AR's supply chain management system will ensure that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, storage, and distribution of quality and efficacious ARVs to AR-supported LPTFs with effective monitoring and evaluation. Assessment of new sites follows the AR 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 will continue in COP08. AR will train 30 pharmacists and 30 other health workers including pharmacy technicians or assistants in the use of developed SOPs which are in line with national guidelines. These SOPs include drug requests, receipts, recording, dispensing, discrepancy reporting, temperature control and disposal of expired drugs. In-depth training of the LPTF staff in the utilization of SOPs, forecasting and quantification for ARVs and general drug management issues will be conducted.

All ARVs are from Good Manufacturing Practice certified sources and are FDA approved/preapproved. Generic 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 environments in-country and have in transit insurance coverage. AR uses the same supply chain management system for ARVs purchased under this program and for laboratory reagents purchased under other program areas.

Procurement procedures follow USG and NAFDAC regulations and are consistent with National Treatment Guidelines. NAFDAC importation waivers are secured through the USG for unregistered drugs. IDA and Phillips Pharmaceuticals are contracted for procurement and CHAN Medi-Pharm for warehousing and distribution. AR will substitute innovator proprietary ARVs with FDA approved generic equivalents taking into consideration issues of safety, quality and cost. SCMS will be used for some of the drug procurement in line with USG Nigeria's guidance on this, and potentially through an Indefinite Quantity Central Contract that CRS-Baltimore has with SCMS. CHAN Medi-Pharm is the first source for palliative care drugs for AR LPTFs. As a backup, AR will ensure that LPTFs can source for palliative care drugs from GON certified distributors with evidence of regulatory clearance for quality reasons.

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 the LPTF level to ensure that the ARV supply chain management is clinically informed and logistically supported. Quality assurance covers the entire spectrum from procurement to dispensing. All sites will be provided with ongoing TA by AR's Health Supply chain technical team. Pharmacy and logistics management procedures will be assessed and will be part of site development planning. 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.

CRS AIDSRelief has allocated \$3,015,506 of its ARV Drugs budget to SCMS for procurement of commodities. This amount is captured under the SCMS Drugs activity.

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 ARV drug services to 2 new LPTFs and 10 satellite clinics in COP08 (mostly rural based primary and secondary faith based facilities), AR will contribute towards the National and PEPFAR plans of increasing access to ARV drugs in previously underserved communities. As expansion of ARV drug services is prioritized to rural areas, AR will strengthen existing referral channels and will support network coordinating mechanisms. By providing ARV drug services to 28,200 clients, the activity will contribute to the PEPFAR target of providing ARV drugs to 350,000 PLWHAs in Nigeria by 2009 as well as to the Government of Nigeria's (GON) plan for universal access to ARV drugs by 2010.

In contributing to overall sustainability, the capacity of LPTFs to take on supply chain responsibilities will be strengthened. AR will continue strengthening local distribution agents (CHAN Medi-Pharm) and helping LPTFs integrate ARVs with other hospital drug management systems.

LINKS TO OTHER ACTIVITIES:

This activity is linked to ARV services (6678.08), basic care and support (5368.08), OVC (5416.08), and PMTCT (6485.08), thus ensuring continuity of services to all AR supported clients. It is also linked to laboratory (6680.08), by providing the supply chain for lab reagents and SI (5359.08) for LMIS services. AR will continue collaboration with other IPs including Harvard/APIN+, GHAIN, ICAP-CU, and IHVN-ACTION for information sharing on procurement mechanisms and for sharing of supplies when unanticipated delivery delays occur. AR 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. AR will collaborate with the Clinton Foundation in order to leverage their resources for OI drugs, pediatric lab reagents and ARVs, and adult second line ARVs. In addition, AR will partner with Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients. Currently 10% of ART patients at AR-supported LPTFs are receiving GON procured ARV drugs; in COP08, AR will continue this

Activity Narrative: collaboration. The program will, as part of the global AR effort, proactively identify areas of collaboration with USAID's SCMS project for long term harmonization and local sustainability.

TARGET POPULATIONS:

The activity targets all PLWHAs, particularly those qualifying for ART according to WHO and GON guidelines, including women from PMTCT clinics and children in OVC programs.

EMPHASIS AREAS:

This activity has an emphasis on local organization capacity building, logistics, training (including in-service supportive supervision), renovations of pharmacy/stock rooms, quality assurance/quality improvement and linkages with other sectors and initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9889

Related Activity: 12994, 15655, 12995, 12996, 12997, 12998, 12999, 13000, 12991, 12992, 13002, 13003, 12993, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9889		HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$6,103,025

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Anambra

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Kogi

Nassarawa

Plateau

Adamawa

Ebonyi

Enugu

Ondo

Taraba

HTXS - ARV Services

Program Area:

HIV/AIDS Treatment/ARV Services

Budget Code:

HTXS

Total Planned Funding for Program Area: \$85,274,372

Amount of Funding Planned for Pediatric AIDS	\$10,591,426
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$124,464
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

USG Nigeria's strategy for COP08 HIV treatment builds on COP07 activities and increases access to quality ART services in Nigeria. Having largely harmonized and standardized services with the Government of Nigeria (GON), and in keeping with the five-year strategy to systematically scale-up existing sites and partners, seek new local partners, prioritize TB/HIV services and enhance the health care programs of the Nigerian military and uniformed services, the USG focus is to: (1) support Early Infant Diagnosis (EID) scale-up to identify children early and link them to treatment and OVC services; (2) create an enabling environment for task shifting for more rapid ART scale up; (3) improve program monitoring through increased field presence of USG staff; (4) further improve the tiered networks of care model across IPs with a focus on site expansion to more secondary and primary facilities; (5) continue leveraging resources from other donors; and (6) recruit new ART partners through APS and RFA mechanisms.

In addition to the five Implementing Partners (IPs) and the U.S Department of Defense (DoD), Management Services for Health (MSH/LMS) has been identified as a new partner to provide ARV services beginning in COP07. In COP08, 94,013 new clients will be reached with ARV services across all seven partners, leading to a total of 226,225 patients receiving services in COP08. The program will expand from 173 mainly tertiary and secondary level facilities in 19 states in COP07 to a total of 286 sites (mainly secondary and primary facilities) in 33 states in COP08. Approximately 95% of these facilities will also provide pediatric services. The program is now reaching economies of scale, and the cost per target for IPs in COP08 has dropped to an average of \$875 based on evidence from prior years and reductions in annual treatment costs due to the use of generics. A novel plan for scale-up in COP08, the LGA Coverage Strategy, is to provide PMTCT and TB/HIV services in every local government area (LGA) in six highly populated and high disease burden states (Anambra, Bauchi, Cross River, Kaduna, Lagos and Plateau). In COP08, ARV services will be available at several sites in these states, and through networks of care ARV services will be extended to individuals identified during PMTCT and TB/HIV program activities.

The identification and enrollment of pediatric clients into care and treatment has been a challenge to date. However, with the EID pilot program's success, and in coordination with the government, there are plans to scale-up the EID program to all zones of the country thus ensuring early identification of children and linkages to care and treatment. It is estimated that 403,350 children are currently infected with HIV in Nigeria with 100,837 needing treatment. The GON and USG target is for children to constitute at least 10% of all people on treatment in COP08. In order to meet the 10% target, the entry point for identifying HIV exposed and infected children has been expanded to include inpatient settings and outpatient clinics including MCH clinics, PMTCT and adult clinics. Strategies like utilizing a family-centered approach to HIV counseling and testing particularly for family members of PLWHA and provider initiated testing are used to identify and enroll adult and pediatric clients into care. First line pediatric formulations used in country are a combination of 2 NRTI and 1 NNRTI, specifically ZDV, 3TC and NVP with alternate regimens. The Clinton Foundation and the USG have committed to supporting the GON in better forecasting and procuring of pediatric formulations for the national program. Infant feeding counseling, nutritional, and OVC services have also received a stronger focus in COP08, so that each infected child is linked to these core community services. Key linkages between services like PMTCT and pediatric treatment are also being prioritized.

With the expansion of the ART program, the USG anticipates major staffing shortages at rural and primary level facilities and is in dialogue with the GON with regard to task shifting. Monitoring and evaluation efforts have been in line with national guidelines. The National Patient Management and Monitoring forms which were developed by PEPFAR IPs, and were subsequently modified using the WHO ART card, are being used. HIVQual is also being rolled out nationally in COP07.

USG and GON staff are increasingly in the field, conducting joint supportive supervisory visits. These visits ensure standardized service delivery at sites, and provide the USG team key information for decision-making. The clinical working group 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 as well as continuing education.

Prevention with positives will be further strengthened and integration of STI and HIV/AIDS services will commence in COP08. Awareness creation on STI/HIV transmission and integrated HIV services at STI clinics will also be implemented. Adherence remains the cornerstone of treatment programming, and IPs will continue to use the family/partner treatment support model, and the community/peer support model, both of which promote greater involvement of people living with HIV/AIDS (GIPA) by involving PLWHAs in the process of care and treatment. Through this model some healthy PLWHAs are employed and remunerated as peer support providers. The USG and the Clinton Foundation are working to support the GON in developing a national adherence

and treatment literacy program.

USG overcomes barriers to service provision through a variety of mechanisms. Renovations of physical infrastructure, improvements to laboratory support systems, and enhancing community involvement and ownership of programs are ways to improve service provision. QA/QI has been a strong component of the laboratory services in country that has enhanced ARV service provision. Comprehensive ART services can only be achieved when there is seamless integration of laboratory, PMTCT, OVC, BC&S and TB/HIV and ART services. To achieve this, the USG Network coordinators have developed strong networks of care with IPs and Global Fund (GF) sites for all clients. A directory of all USG supported sites and levels of service provided have been developed for easier networking. Strong linkages will continue to be developed between facility-based service providers and their community counterparts. Communities, especially PLWHA groups, will act as lay counselors, adherence support staff, defaulter trackers and network coordinators.

The USG will continue to promote and collaborate with the GON and other donors towards establishing a coordinated logistics and procurement system. Similarly, in COP08 USG IPs will also increase their patronage of SCMS for commodities procurement. USG is also stepping up efforts toward ART services scale-up in close collaboration with the GF/GON initiatives. Under this arrangement, USG IPs will receive first line drugs from GF/GON and utilize them in selected ART sites. These leveraged resources result in more patients being served and enhance the prospects of sustainability of the HIV/AIDS program in the country. The USG was an integral part of updating the ART guidelines which were modeled after the updated WHO guidelines. The USG facilitated a high level national technical assistance visit in pediatrics ART, worked with GON to adopt the IMAI curriculum, and develop the pediatric treatment guidelines with an emphasis on key issues like cotrimoxazole for all exposed children. A National Pediatrics Standard Operating Procedure and training manual with a mentoring component is in development.

The USG team and IPs work at all levels of government to improve ARV policies and serve as members of the National ART Committee. They also play an active role on the Expanded Theme Group and the Donor Coordination Group whose focus is 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.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	286
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	94013
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	253940
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	226225
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	3709

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3688.08	Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 6678.08	Planned Funds: \$7,102,211
Activity System ID: 13002	

Activity Narrative: Track 1 and 2 funds are provided for this activity.

ACTIVITY DESCRIPTION:

In COP07 AIDSRelief (AR) is providing ART services to 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites. In COP08 these services will be increased to cover 30 LPTFs and 20 satellites across the 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. Through primary and secondary faith-based facilities AR will extend ART services to underserved rural communities to reach 10,200 new patients (including 1000 children) for a total of 28,200 active patients (including 2270 children) reached in COP08. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

All LPTFs will have the capacity to provide comprehensive quality ART services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. AR will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, AR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients.

In COP07 AR trained 690 health service providers. In COP08 AR will train and retrain an additional 400 health service providers. Training topics include ART clinical care, treatment adherence and laboratory monitoring consistent with the National ARV guidelines/training curriculum. AR will make special efforts to increase LPTF capacities in the delivery of pediatric ART services, including counseling, using one of its established partners in Jos for practical training. In COP08 AR will continue conducting 2-week intensive didactic and practical trainings preceding site activation followed by continuous onsite mentoring. Training will maximize use of all available human resources including a focus on community nursing and community adherence. AR will work closely with the USG team to monitor quality improvement at all sites and across the program.

AR will work with supported sites to identify HIV-infected patients, to enroll them in care and treatment, to perform appropriate clinical and laboratory staging of adults and children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible patients. Non ART eligible individuals will be enrolled into care for periodic follow-up, including laboratory analysis at least every 6 months, to identify changes in ART eligibility status. All enrolled PLWHA will have access to the preventive care package (water sanitation/treatment education, ITN), and be linked to community social services. Other care components, discussed under the basic care and support narrative, include TB screening, OI prophylaxis/treatment, routine laboratory analysis, and nutritional counseling. ART sites at LPTFs are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. As a part of comprehensive service delivery, activities addressing prevention for positives shall be enhanced through counseling and provision of full and accurate information for PLWHA including discordant couples.

A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. AR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each LPTF will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of LPTFs for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AR technical and program management regional teams.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. AR will hire an additional three CQI staff that will be supervised by the CQI specialist. These 4 CQI specialists will be responsible for spearheading CQI activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each LPTF an annual evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AIDSRelief has developed a Sustainability Plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the Government of Nigeria (GON) to ensure coordination and information sharing, thus promoting long term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems. In collaboration with the CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN). These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

AR 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.

Activity Narrative:

CRS AIDSRelief has allocated \$315,000 of its ARV Services budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services activity.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving the overall PEPFAR Nigeria target of placing 350,000 clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTF health systems, AR will contribute to the long term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT services (5425.08) to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs (9889.08), laboratory services (6680.08), care & support activities including prevention for positives (5368.08), PMTCT (6485.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08).

AR will collaborate with the 7-D program of Catholic Relief Services to establish networks of community volunteers. Networks will be created to ensure cross-referrals and sharing of best practices among AR and other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

POPULATIONS BEING TARGETED:

This activity targets PLWHA, particularly those who qualify for the provision of ART, from rural and underserved communities. Special focus will be placed on identification and treatment of HIV infected children.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in AR 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6678

Related Activity: 12991, 12992, 12993, 12994,
15655, 12995, 12996, 12997,
12998, 12999, 13000, 13001,
13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6678		HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$5,457,211

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food \$124,464

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	50	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	10,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	32,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	28,200	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	400	False

Indirect Targets

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Nassarawa

Adamawa

Ebonyi

Enugu

Ondo

Taraba

Abia

Imo

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5404.08

Activity System ID: 13030

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$8,628,014

Activity Narrative: ACTIVITY DESCRIPTION:

In FY07, ICAP-CU continued to support multidisciplinary family-focused HIV/AIDS care and treatment, including antiretroviral therapy (ART), at 12 sites, including 10 Government of Nigeria (GON) secondary hospitals and 2 PHCs in rural and semi-urban areas of Kaduna, Benue and Cross River States. In COP08, ICAP-CU will expand support to 13 new hospitals in high-prevalence states Gombe, Akwa Ibom, and Kogi, totaling 25 sites in 6 states. By the end of COP08 ART will have been provided to a cumulative 25,000 patients, including 22,500 adults (14,883 new) and 2,500 children (1,654 new). Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will increase the reach of adult and pediatric ART services in these states as well through referral networks.

The ICAP-CU model emphasizes comprehensive support, capacity-building and local ownership as mechanisms to provide sustainable high-quality HIV/AIDS care and treatment to families and communities. Facility support begins with systematic site assessments and the initiation of site-level project management teams (PMTs). Community outreach and education begins early in the process, and links between hospitals, community leaders, and community-based organizations are facilitated to share information about new services, ensure transparency, and elicit community support for HIV/AIDS care and treatment.

Based on FY07 experience and initial site assessments, ICAP-CU anticipates the need to support necessary infrastructure activities (generators, bore holes, renovations) at all facilities in line with the USG PEPFAR guidelines. Staffing shortages suggest that support for facility staff, following USG and GON guidelines, will also be important. Support for program management and systems strengthening, including within-facility linkages, documentation/record-keeping, and inter-disciplinary partnerships, will be key to the initiation and sustainability of chronic care systems.

Training and supportive supervision of all health care cadres will be a vital element in ICAP's COP08 program. Clinicians at all 25 hospitals will be assisted to identify HIV-infected patients (see HCT narrative), to enroll them in care and treatment, to perform appropriate clinical and laboratory staging of adults and children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible patients. ICAP-CU will provide ART training, including ongoing CME and QA activities, for 500 physicians, nurses, counselors, pharmacy, and laboratory personnel, 125 of whom will also be trained to support pediatric care and treatment. Onsite clinical mentoring will enhance quality of care and build site-level clinical and management skills for program sustainability. ART reference tools will include pocket guides, dosing cards, posters, and detailed SOPs. ICAP-CU will continue to implement innovative training and clinical mentoring activities, including ongoing support for the successful South-to-South pediatric training initiative in South Africa, intensive clinical mentoring workshops at the Stephen Lewis Foundation program in Uganda, clinical mentoring seminars, and the adaptation of ICAP's Clinical Mentoring toolbox for use in Nigeria. ICAP-CU works closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines. ICAP-CU will continue to participate in the USG Clinical Working Group to address emerging treatment-related topics and further promote harmonization with other IPs and the GON.

Adherence training 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. ICAP-CU will also expand its successful Peer Health Educator program, enhancing family counseling and testing, defaulter tracking, and inter/intra-facility linkages.

ICAP-CU will facilitate onsite 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, and access to laboratory services. ART for adults and children will be provided using National protocols and guidelines. ICAP-CU will support both first and second-line ART. As the program and cohorts mature, we anticipate increasing need for second-line ART, and will place special emphasis on training and mentoring health care providers to identify treatment failure and initiate second-line regimens when needed. ICAP-CU will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients. Non-ART eligible individuals will be enrolled into care and will receive regular clinical monitoring.

To enhance uptake and quality of services, ICAP-CU will provide routine opt-out testing and provider initiated testing and will strengthen linkages with entry points including: HCT, ANC, PMTCT, TB clinic, under-5 clinic, GOPD, inpatient ward, family planning, STI clinic and palliative care services. Efforts will be made to ensure that HIV-exposed infants and HIV-infected infants and children are identified through multiple points of entry and linked into OVC and treatment services. Other activities will include strengthening the family-centered approach to care via the use of genealogy forms, co-located services, family counseling, provider-initiated counseling and testing for partners and family members, and the use of Peer Health Educators.

Using the HIV health network model, ICAP-CU will work to establish and strengthen links between primary (PHC) and secondary health facilities, PLWHA groups, NGO/FBOs, and communities. ICAP-CU will also identify and build capacities of pilot comprehensive PHCs to link to referring hospitals to support HIV/AIDS programs and provide onsite ART at the PHC level. This decentralization will include the development/adaptation of referral protocols (for both "down" and "up" referrals), referral forms/tools, and site supervision tools. Communication between hospital based providers and PHCs will be facilitated. Health Teams in PHCs will be trained. This will ensure patients' access to, and utilization of, comprehensive continuity care and support.

ICAP-CU will work closely with NGOs/FBOs to promote community involvement, provide HIV prevention activities and linkages to wraparound activities, and facilitate adherence among HIV positive community members. Prevention for positives messaging will include a balanced ABC approach messaging. All PLWHA will be linked to home based care and support, community and social services for referrals for food and education assistance, livelihood opportunities, and other wraparound services. ICAP-CU will support quality improvement/quality assurance mechanisms to facilitate the delivery of optimal care and treatment services. ICAP-CU will also facilitate and actively support onsite standardized HMIS using GON forms and

Activity Narrative: provide onsite assistance with data management and M&E to guide quality improvement measures.

Columbia has allocated \$500,000 of its ARV Services budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services activity.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

One of the pioneers of family-focused multidisciplinary HIV/AIDS treatment in resource-limited settings, at end of COP08 ICAP-CU will be providing ART services to 25,000 people, contributing to the GON/PEPFAR targets for Nigeria. ICAP-CU will build the skills of at least 500 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity relates to HBHC (5552.08), OVC (5547.08), HCT (5550.08), PMTCT (6622.08), HVOP (9208.08), TB/HIV (5551.08), AB (15654.08), and SI (5541.08). As expansion of ART services is prioritized to rural areas, ICAP-CU will strengthen referral channels and network mechanisms. Patients on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened where ART and TB DOTS sites are co-located, and co-location of new ARV sites will be actively promoted in TB DOTS stand-alone sites. All HIV infected patients will be screened for TB using the National algorithm while all TB patients will be offered HIV testing. ICAP-CU will also provide onsite assistance with data management and M&E to guide quality improvement.

TARGET POPULATIONS:

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:

Emphasis areas are quality assurance/improvement and supportive supervision. ICAP-CU personnel including national and international experts will provide skill and competency-based trainings, CME, and ongoing clinical mentoring to enable onsite staff to provide quality ARV services to patients. Emphasis areas also include training, human resources issues, referral networks, infrastructure support, linkages to other sectors and initiatives. Services will also focus on addressing the needs of women, infants and children to reduce gender inequalities and increase access to ART services among these vulnerable groups. ARV services will facilitate linkages into community and support groups for nutritional support and micro-credit /finance activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6690

Related Activity: 13021, 13023, 13024, 13025, 13026, 13027, 13028, 13029, 13031, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28553	5404.28553.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$960,000
28552	5404.28552.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$7,494,400
6690	5404.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$4,300,560
5404	5404.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$1,765,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13029	5493.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$9,393,931
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	25	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	16,537	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	26,877	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	500	False

Indirect Targets

Target Populations

Special populations

Tuberculosis patients

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5330.08

Mechanism: HHS/HRSA Track 1.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9910.08

Planned Funds: \$2,820,586

Activity System ID: 13049

Activity Narrative: Track 1 and 2 are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 Harvard/APIN+ provided comprehensive ART services in 17 sites In COP08 will provide high quality ART services to eligible patients at a total of 36 sites; 28 comprehensive ART sites (11 tertiary and 17 secondary facilities) and eight PMTCT sites that also provide ART for HIV+ children identified through PMTCT services. The 28 sites are located in the nine states of Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe. This will provide ART services to a total of 48,500 individuals, including 44,000 adults (14,000 new) and 4,500 children (1,500 new) at the end of the reporting period. At the additional eight PMTCT sites there will also be ART services provided for eligible pregnant women and eligible infected infants. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will increase the reach of adult and pediatric ART services as well.

For patients at the Federal ART sites, the program anticipates GON provision of first line ARV drugs and PEPFAR support for ART care and services. As patients require alternative or second line drugs, they will receive PEPFAR provided drugs. GON provision of first line drugs, when actualized, will allow for additional adult and pediatric targets. APIN+ estimates that 2,500 additional adults will be placed on therapy through the leveraging of GON drugs. APIN+ will also partner with Clinton Foundation and Global Fund (GF) as appropriate to leverage resources for providing antiretroviral drugs to patients. The 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. APIN+ has provided technical assistance and training expertise to the National ART program's training program for adults and pediatric patients, which will continue in 2008. 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.

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). A standardized protocol for adult and pediatric ART services is followed at all APIN PEPFAR sites. At each site support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. Continued support to ART sites in the area of pediatrics, including the training of pediatric clinicians, will build capacity at sites to provide pediatric ART. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of patients into ART from DOTS sites. ART eligible patients identified through HCT conducted at a DOTS site will be provided with ART. By the end of COP07 all APIN+ ART sites will be co-located with DOT centers to facilitate TB/HIV service linkages. All HIV infected clients will be symptomatically screened and confirmed with laboratory and radiological diagnostics as indicated while all TB patients will be offered HIV testing.

Patients are identified through HCT services including facility based, mobile, and family centered strategies. Those 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. Care services including prevention for positives will be provided for all ART patients as outlined in the BC&S narrative.

Non-ART eligible individual that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Patients are also encouraged to refer family members for HCT. ART EAC is reinforced with PLWHA support groups at each site, which serve both PEPFAR and Federal ART patients. PLWHA on treatment are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

Scheduled physician visits are at three, six, and 12 months and every six months thereafter; patients pick up 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 meets monthly for updates and training. Each site has a clinic coordinator and a central committee determines and approves drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, APIN+ provides training on regimen switching and other relevant topics. APIN+ will continue to implement internal and external QA/QC programs through SI activities and will allow sites to further monitor the level of patient care. In COP07, APIN+ developed standardized indicators and piloted QA assessments at ART sites; results were utilized to strengthen services at sites. In COP08, APIN+ will continue to implement these assessments at additional sites. At each site, indicators specific to site needs and activities will be developed.

In addition to providing training to improve care at supported sites, APIN+ will also fully support the training of 100 lab scientists working at GON and GF supported sites. APIN+ will utilize its training lab to train them in ARV lab monitoring including good laboratory practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

This funding will support the personnel, clinic and lab services for training of 900 people, monitoring of 44,000 adults and 4,500 pediatric patients at the end of COP08, which includes 14,000 new adult and 1,500 new pediatric patients. Funding is also used to support renovations of physical infrastructure at expansion sites to build physical capacity for the provision of ART services. A total of 48,500 patients will be provided with ART services. Treatment is provided as a part of the National ART Program in 11 tertiary care teaching hospitals and federal medical centers, located in Plateau, Lagos, Oyo, Borno, Kaduna, Enugu and Benue states. Services will also be provided in 17 secondary level hospitals/clinics in Oyo, Yobe, Borno and Plateau States. Mobile services are also provided to patients served by a CBO in Ebonyi State.

CONTRIBUTION TO PROGRAM:

ART activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, services

Activity Narrative: and lab support to serve more HIV+ people. The 28 comprehensive ART sites represent a significant increase in the number of ART sites. Additionally, APIN+ will expand to two new states, with the majority of new expansion sites being secondary level sites. APIN+ 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. Plateau State will be targeted for additional expansion through PMTCT services as a component of the PEPFAR Nigeria LGA coverage plan. As expansion of ARV drug services is prioritized to rural areas, existing referral channels and support network coordinating mechanisms will be strengthened. These networks will ensure that facilities are able to develop linkages, which permit patient referral and the provision of specialty care support. A tiered structure for ARV provision and monitoring established in COP07 provides a model for additional expansion efforts in COP08 in order to meet PEPFAR treatment goals.

LINKS TO OTHER ACTIVITIES:

This activity is linked to ART drugs (9888.08), OVC (5415.08) for pediatric palliative care, adult BC&S (5369.08), PMTCT (3227.08) as the program will support 36 PMTCT sites, TB/HIV (3222.08) to provide ART to patients with TB, Lab (6716.08) to provide ART diagnostics, HCT (5424.08) as an entry point to ART, and SI (3226.08) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women.

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. The expansion of ART services to secondary health facilities will increase access to necessary services in poor communities.

EMPHASIS AREAS:

Emphasis areas include in-service training. This increases gender equity by providing equitable access to ART services for both sexes. 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 wraparound services, such as food & nutrition programs and educational services. ART EAC will also seek to address stigma and discrimination.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9910

Related Activity: 13051, 16297, 15652, 13052, 13053, 13054, 13055, 13056, 13057, 13058, 13059, 13060, 16920, 13061, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9910		HHS/Health Resources Services Administration	Harvard University School of Public Health	5330	5330.07	Track 1.0	\$2,820,586

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Benue
Borno
Ebonyi
Enugu
Kaduna
Lagos
Ogun
Oyo
Plateau
Yobe

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5332.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 9895.08

Activity System ID: 12992

Mechanism: HHS/HRSA Track 1.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$1,042,789

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 AIDSRelief (AR) is providing ART services to 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites. In COP08 these services will be increased to cover 30 LPTFs and 20 satellites across the 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. Through primary and secondary faith-based facilities AR will extend ART services to underserved rural communities to reach 10,200 new patients (including 1000 children) for a total of 28,200 active patients (including 2270 children) reached in COP08. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

All LPTFs will have the capacity to provide comprehensive quality ART services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. AR will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, AR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients.

In COP07 AR trained 690 health service providers. In COP08 AR will train and retrain an additional 400 health service providers. Training topics include ART clinical care, treatment adherence and laboratory monitoring consistent with the National ARV guidelines/training curriculum. AR will make special efforts to increase LPTF capacities in the delivery of pediatric ART services, including counseling, using one of its established partners in Jos for practical training. In COP08 AR will continue conducting 2-week intensive didactic and practical trainings preceding site activation followed by continuous onsite mentoring. Training will maximize use of all available human resources including a focus on community nursing and community adherence. AR will work closely with the USG team to monitor quality improvement at all sites and across the program.

AR will work with supported sites to identify HIV-infected patients, to enroll them in care and treatment, to perform appropriate clinical and laboratory staging of adults and children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible patients. Non ART eligible individuals will be enrolled into care for periodic follow-up, including laboratory analysis at least every 6 months, to identify changes in ART eligibility status. All enrolled PLWHA will have access to the preventive care package (water sanitation/treatment education, ITN), and be linked to community social services. Other care components, discussed under the basic care and support narrative, include TB screening, OI prophylaxis/treatment, routine laboratory analysis, and nutritional counseling. ART sites at LPTFs are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. As a part of comprehensive service delivery, activities addressing prevention for positives shall be enhanced through counseling and provision of full and accurate information for PLWHA including discordant couples.

A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. AR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each LPTF will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of LPTFs for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AR technical and program management regional teams.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. AR will hire an additional three CQI staff that will be supervised by the CQI specialist. These 4 CQI specialists will be responsible for spearheading CQI activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each LPTF an annual evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AIDSRelief has developed a Sustainability Plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the Government of Nigeria (GON) to ensure coordination and information sharing, thus promoting long term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems. In collaboration with the CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN). These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

AR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in

Activity Narrative: the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving the overall PEPFAR Nigeria target of placing 350,000 clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTF health systems, AR will contribute to the long term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT services (5425.08) to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs (9889.08), laboratory services (6680.08), care & support activities including prevention for positives (5368.08), PMTCT (6485.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08).

AR will collaborate with the 7-D program of Catholic Relief Services to establish networks of community volunteers. Networks will be created to ensure cross-referrals and sharing of best practices among AR and other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

POPULATIONS BEING TARGETED:

This activity targets PLWHA, particularly those who qualify for the provision of ART, from rural and underserved communities. Special focus will be placed on identification and treatment of HIV infected children.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in AR 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9895

Related Activity: 12991, 12993, 12994, 12997,
12998, 12999, 13000, 13001,
13002, 13003, 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9895		HHS/Health Resources Services Administration	Catholic Relief Services	5332	5332.07	Track 1.0	\$1,042,789

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Abia
Adamawa
Anambra
Benue
Ebonyi
Edo
Enugu
Imo
Kaduna
Kano
Nassarawa
Ondo
Plateau
Taraba

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3231.08

Activity System ID: 13043

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$21,619,751

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to HIV treatment services. Since 2005, with support from the Emergency Plan through USAID, The Global HIV/AIDS Initiative Nigeria (GHAIN) has provided antiretroviral therapy (ART) services to over 30,000 PLWHAs in 12 states of Nigeria, working with the Government of Nigeria (GON) and Faith Based Organizations (FBOs).

During COP08, GHAIN will provide HIV comprehensive care and treatment (ART services) within secondary facilities and expand services to tertiary and primary healthcare facilities to an additional 22,128 clients 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 a quality package of services and standards of care that are consistent with the national guidelines on ART, integrate prevention into care and treatment programs, promote adherence and comprehensive care including clinical monitoring and manage opportunistic infections with related laboratory services, as described under palliative care.

GHAIN will build upon the lessons learned from implementing ART services in pilot primary health care centers (PHCs) under COP07 PlusUp funding and will continue to train community health officers (CHOs), community health extension workers (CHEWs) and nurses to provide care and treatment for HIV/AIDS in the PHCs in rural areas using the Integrated Management of Adult and Adolescent illnesses tools. These trainings will be carried out in collaboration with NASCP, FMOH and the World Health Organization (WHO). GHAIN will strengthen existing supported PHCs to be able to provide community based ART services. Each comprehensive center will be linked to at least two satellite facilities for strengthened and seamless continuum of treatment, care and prevention. 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. Pregnant females will be prioritized for CD4 count as they may require ART for their own health. Prevention for positives services focusing on primary and disease transmission prevention will be provided to all PLWHA as described in the palliative care narrative.

Particular emphasis during the COP08 period will be put on strengthening the pediatric ARV component of the program. This strengthening will be multi-faceted. Intensive capacity building for facility staff in pediatric HIV/AIDS clinical management will include formal and informal trainings, one-on-one mentoring and monitoring, exchange/site visits to pediatric learning sites such as Massey Street Children's Hospital. Point of service testing of children will be emphasized so that children seen at places such as the Nutrition clinic, out patient clinic, MCH services and the wards will be tested for HIV at the point of service.

GHAIN will offer HIV early infant diagnosis testing, in collaboration with other IPs, from six weeks of age using DBS in line with the National Early Infant Diagnosis scale-up plan. HIV positive infants will be linked to comprehensive care centers through a well-established network of care.

Through an on-going collaboration with the Clinton Foundation, GHAIN will introduce fixed-dose combinations (FDCs) for all new pediatric clients in order to facilitate storage, transportation, dispensing and administration. In addition, GHAIN will strengthen nutritional support to children through the distribution of the Clinton Foundations' donated ready to use therapeutic foods (RUTFs) to severely malnourished children at all sites. In particular this will be introduced and monitored during follow up visits in the PHC facilities. GHAIN has already incorporated both the FDCs and RUTFs in their ART training curriculum.

The patient management and monitoring (PMM) system established by GHAIN will be strengthened and standard operating procedures (SOPs) for care and treatment services revised and implemented to ensure continuous quality assurance/quality improvement (QA/QI). Patient monitoring will be strengthened by providing non-routine viral load, in collaboration with other IP's through laboratory networking, in six sites to allow for early detection of patients who are failing therapy. 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. HUCE-PACE will continue to provide technical leadership in strengthening pharmacy systems and pharmacists' capacity to contribute to the delivery of quality HIV/AIDS-related services at all levels of healthcare delivery in Nigeria (secondary and primary health care facilities). Howard will train and re-train pharmacists in all comprehensive ART sites in pharmaceutical care in HIV/AIDS and best pharmaceutical practices, while also collaborating with the Community Pharmacists to expand the reach and quality of patient medication adherence counseling, drug monitoring/support and other services in support of ARV services.

GHAIN supports the GON in the design of the ART-PMM system and the development of National curricula and SOP for adult and pediatric ART, ensuring accurate reporting without double counting at the National level.

GHAIN will build upon its achievements of COP07 to support the GON's goal of putting 250,000 PLWHAs on ART by training 365 persons to provide ART services to a cumulative number of 56,421 including 22,128 new PLWHAs. This will include 60 existing ART sites, establishing 15 new sites and increasing geographical coverage with a focus on rural areas in all its current focus states (FCT, Anambra, Benue, Bauchi, Kano, Cross River, Edo, Lagos, Niger, Enugu, Kogi, Taraba, Adamawa, Akwa Ibom) and expand services to additional states inter alia Katsina, Nassarawa, Kebbi, Sokoto and Zamfara States.

GHAIN's expansion into new states to start services from scratch will initially require intensive resources which result in higher cost per targets, a figure which will be reduced over time as the program becomes entrenched. The sites identified are in rudimentary states and will require significant infrastructural upgrades such as the sinking of boreholes and procurement of generators. In addition, movement in these difficult terrains is challenging and increases the costs associated with proper management and monitoring. To partially mitigate these extra expenses for expansion, effective synergies will be established with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) Round 5 Grant to Nigeria. If current collaboration plans are fully successful, GHAIN hopes to reach an additional 11,000 new clients with expansion into additional states. This is dependent on GFATM grant being signed to continue during this period, and if the program is implemented according to plan.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activity Narrative: 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 Primary Health Care centers (PHCs) in 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 and contributes to the Three Ones. Collaboration and integration with the Global Fund activities greatly contributes to the long-term sustainability of the ART program.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in 3.3.09, 3.3.07, 3.3.01, 3.3.08 and 3.3.06 and USAID SO 13/FHI RH-HIV integration program. Treatment services will continue to be linked to community services to support persons on ARV treatment as described in the palliative care narrative. ARV and tuberculosis clinic linkages will be strengthened and fostered in all focus sites.

POPULATIONS BEING TARGETED:

This activity targets orphans and vulnerable children who are HIV positive; PLWHAs (male and female); TB patients who are HIV positive, pregnant women who are HIV positive and all high risk groups that are positive to HIV. 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.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development. GHAIN will also 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 to build their capacity and to customize a specific plan and schedule 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. GHAIN will also support the national scale-up of the HIVQUAL facility quality improvement system.

GHAIN will put in place mechanisms for reduction of stigma and discrimination both among health workers and the general population, and provide opportunities for increasing gender equity in access to the ART programs, by mobilizing both males and females to avail themselves of treatment opportunities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6703

Related Activity: 13034, 13036, 13037, 13038, 13039, 13040, 13041, 13042, 13044, 13045

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24900	3231.24900.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$2,110,560
24899	3231.24899.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$18,235,238
6703	3231.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$15,540,370
3231	3231.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$6,919,012

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13036	9776.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$400,000
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13042	3233.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748
13045	3232.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	60	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	22,128	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	56,421	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	46,265	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	365	False

Indirect Targets

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.

Total number of health workers trained to deliver ART drugs, according to national and/or int'l standards (includes PMTCT+ sites): 180

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites): 100

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Anambra

Cross River

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Taraba

Edo

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 544.08	Mechanism: HHS/HRSA Track 2.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11

Activity ID: 6715.08

Planned Funds: \$14,085,825

Activity System ID: 13060

Activity Narrative: Track 1 and 2 are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 Harvard/APIN+ provided comprehensive ART services in 17 sites In COP08 will provide high quality ART services to eligible patients at a total of 36 sites; 28 comprehensive ART sites (11 tertiary and 17 secondary facilities) and eight PMTCT sites that also provide ART for HIV+ children identified through PMTCT services. The 28 sites are located in the nine states of Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe. This will provide ART services to a total of 48,500 individuals, including 44,000 adults (14,000 new) and 4,500 children (1,500 new) at the end of the reporting period. At the additional eight PMTCT sites there will also be ART services provided for eligible pregnant women and eligible infected infants. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will increase the reach of adult and pediatric ART services as well.

For patients at the Federal ART sites, the program anticipates GON provision of first line ARV drugs and PEPFAR support for ART care and services. As patients require alternative or second line drugs, they will receive PEPFAR provided drugs. GON provision of first line drugs, when actualized, will allow for additional adult and pediatric targets. APIN+ estimates that 2,500 additional adults will be placed on therapy through the leveraging of GON drugs. APIN+ will also partner with Clinton Foundation and Global Fund (GF) as appropriate to leverage resources for providing antiretroviral drugs to patients. The 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. APIN+ has provided technical assistance and training expertise to the National ART program's training program for adults and pediatric patients, which will continue in 2008. 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.

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). A standardized protocol for adult and pediatric ART services is followed at all APIN PEPFAR sites. At each site support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. Continued support to ART sites in the area of pediatrics, including the training of pediatric clinicians, will build capacity at sites to provide pediatric ART. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of patients into ART from DOTS sites. ART eligible patients identified through HCT conducted at a DOTS site will be provided with ART. By the end of COP07 all APIN+ ART sites will be co-located with DOT centers to facilitate TB/HIV service linkages. All HIV infected clients will be symptomatically screened and confirmed with laboratory and radiological diagnostics as indicated while all TB patients will be offered HIV testing.

Patients are identified through HCT services including facility based, mobile, and family centered strategies. Those 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. Care services including prevention for positives will be provided for all ART patients as outlined in the BC&S narrative.

Non-ART eligible individual that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Patients are also encouraged to refer family members for HCT. ART EAC is reinforced with PLWHA support groups at each site, which serve both PEPFAR and Federal ART patients. PLWHA on treatment are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

Scheduled physician visits are at three, six, and 12 months and every six months thereafter; patients pick up 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 meets monthly for updates and training. Each site has a clinic coordinator and a central committee determines and approves drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, APIN+ provides training on regimen switching and other relevant topics. APIN+ will continue to implement internal and external QA/QC programs through SI activities and will allow sites to further monitor the level of patient care. In COP07, APIN+ developed standardized indicators and piloted QA assessments at ART sites; results were utilized to strengthen services at sites. In COP08, APIN+ will continue to implement these assessments at additional sites. At each site, indicators specific to site needs and activities will be developed.

In addition to providing training to improve care at supported sites, APIN+ will also fully support the training of 100 lab scientists working at GON and GF supported sites. APIN+ will utilize its training lab to train them in ARV lab monitoring including good laboratory practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

This funding will support the personnel, clinic and lab services for training of 800 people, monitoring of 44,000 adults and 4,500 pediatric patients at the end of COP08, which includes 14,000 new adult and 1,500 new pediatric patients. Funding is also used to support renovations of physical infrastructure at expansion sites to build physical capacity for the provision of ART services. A total of 48,500 patients will be provided with ART services. Treatment is provided as a part of the National ART Program in 11 tertiary care teaching hospitals and federal medical centers, located in Plateau, Lagos, Oyo, Borno, Kaduna, Enugu and Benue states. Services will also be provided in 17 secondary level hospitals/clinics in Oyo, Yobe, Borno and Plateau States. Mobile services are also provided to patients served by a CBO in Ebonyi State.

CONTRIBUTION TO PROGRAM:

ART activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, services

Activity Narrative: and lab support to serve more HIV+ people. The 28 comprehensive ART sites represent a significant increase in the number of ART sites. Additionally, APIN+ will expand to two new states, with the majority of new expansion sites being secondary level sites. APIN+ 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. Plateau State will be targeted for additional expansion through PMTCT services as a component of the PEPFAR Nigeria LGA coverage plan. As expansion of ARV drug services is prioritized to rural areas, existing referral channels and support network coordinating mechanisms will be strengthened. These networks will ensure that facilities are able to develop linkages, which permit patient referral and the provision of specialty care support. A tiered structure for ARV provision and monitoring established in COP07 provides a model for additional expansion efforts in COP08 in order to meet PEPFAR treatment goals.

LINKS TO OTHER ACTIVITIES:

This activity is linked to ART drugs (9888.08), OVC (5415.08) for pediatric palliative care, adult BC&S (5369.08), PMTCT (3227.08) as the program will support 36 PMTCT sites, TB/HIV (3222.08) to provide ART to patients with TB, Lab (6716.08) to provide ART diagnostics, HCT (5424.08) as an entry point to ART, and SI (3226.08) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women.

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. The expansion of ART services to secondary health facilities will increase access to necessary services in poor communities.

EMPHASIS AREAS:

Emphasis areas include in-service training. This increases gender equity by providing equitable access to ART services for both sexes. 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 wraparound services, such as food & nutrition programs and educational services. ART EAC will also seek to address stigma and discrimination.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6715

Related Activity: 13051, 13055, 13056, 13057, 13058, 13059, 13061, 13062, 13048, 13049, 13050, 16297, 13053, 13054, 16920

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6715		HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$11,149,414

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	36	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	15,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	53,600	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	48,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	800	False

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

Other

People Living with HIV / AIDS

Coverage Areas

Borno

Lagos

Oyo

Plateau

Kaduna

Benue

Enugu

Ebonyi

Yobe

Table 3.3.11: Activities by Funding Mechanism

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 9894.08

Activity System ID: 13086

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$6,001,000

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement and the shipment, distribution and delivery of ARV services related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs. In COP08, SCMS will procure medical supplies and equipments used in ARV services including consumables and non medical supplies needed to run ARV services, for three IPs and DoD, each of which has attributed specific funds to SCMS for these services: DOD (#554.08), \$2,100,000; CRS AidsRelief (#3688.08), \$315,000; Columbia University/ICAP (#2768.08), \$500,000; and University of Maryland (#632.08), \$3,086,000.

Through its continuous support to and strengthening of commodity security in PEPFAR treatment programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target population of people living with HIV/AIDS.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service).

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spending to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for ARV services related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs (including DoD); SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of the services of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or will work with the individual IPs to ensure the distribution mechanism most appropriate for their program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance).

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs, such as through the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. In addition, in COP07, SCMS undertook, under DoD's request, a feasibility study for a Government Owned Contractor operated (GOCO) warehousing facility to be used by HIV/AIDS Nigerian military and DoD programs. In COP08, SCMS will support the Nigeria Ministry of Defense (NMoD) setting up the GOCO by providing technical oversight of the construction and managing the equipment of the facility. While the NMoD will finance the construction of the facility, DoD will finance the equipment of the warehouse through COP allocations to SCMS in the range of \$750,000. The defined responsibility and management of the warehouse are currently in development, and the details will be negotiated prior to COP08. The establishment of a GOCO, as part of SCMS system strengthening to the host government's supply chain system, will bring a long term solution contributing to the sustainability of the military HIV/AIDS programs in Nigeria. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility of SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their treatment planned targets.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to put 2 million people on treatment worldwide by procuring and distributing high quality, low cost ARV services related commodities as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities contribute to the scale up of HIV/AIDS treatment PEPFAR programs in Nigeria to reach national targets of providing treatment to 350,000 PLWHA (People Living with HIV/AIDS), thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA

Human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9894

Related Activity: 13077, 13078, 14085, 13079, 13080, 13081, 13082, 13083, 13084, 13085, 13087, 13088, 13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26061	9894.26061.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$2,470,000
9894	9894.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$2,013,785

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 632.08

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3255.08

Planned Funds: \$17,410,275

Activity System ID: 13115

Activity Narrative: ACTION will provide ARV services and lab monitoring to 60,500 individuals, including 55,057 adults (17,998 new) and 5,443 children (2000 new). In COP07 ACTION supported ARV services at 44 sites and under COP08 will develop 34 more sites for a total of 78 sites: 28 tertiary or large secondary hospital "hub" sites, 25 smaller secondary hospitals, and 25 primary health centers (PHC) and DOTS satellite sites using the hub-and-spoke model. \$700,000 for COP07 reprogrammed funds will be applied against COP08 targets. Sites will be located in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). Sites are chosen jointly with the GON to complement the national scale-up plan being supported by Global Fund (GF) and other IPs. Services at PHC and DOTS satellite sites are provided using three different strategies to ensure quality of care and network linkages: physician and lab assistant team travels from the "hub" site on selected days; nurse-managed PHCs/DOTS with nurses trained using the IMAI national curriculum; and physician/lab assistant team utilizes mobile site/van equipped with CD4 and basic lab equipment to visit PHCs on selected days. An alternative model employs a physician or nurse-led team with transport of samples back to the hub site for lab testing. The choice of best model will depend on which one provides timely and high quality results with good patient adherence. In all models of community outreach a portable pharmacy is employed to deliver ARVs to patients at the community level.

Currently, 9% of ACTION-supported ARV patients are children; this will be increased to 10-15% under COP08. Pediatric ARV care will be expanded to all supported tertiary and secondary hospitals and selected PHCs. ACTION will collaborate with GON to adapt and expand the IMCI curriculum to facilitate quality pediatric ARV care at the PHC level. ACTION staff participate actively in National ARV Guideline Committees. Guidelines for adults and pediatrics were updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV SOP has been developed. ACTION ARV services are in line with GON guidelines. Non-ART and ART eligible clients will be enrolled into care and will receive regular clinical monitoring including CD4 count. ACTION supports PLWHA support groups to facilitate adherence and to provide IEC materials. All sites are supported to employ treatment support specialists – PLWHA who participate in patient education, client advocacy, and home visits to track defaulters. All ARV clients receive care services including prevention for positives activities (e.g., balanced ABC messaging, couples counseling), ITN, water guard, malaria diagnosis/treatment, OI prophylaxis/diagnosis/treatment (including TMP/SMX), pain/symptom medications, and psychosocial support including linkages to community and facility-based support groups. Home based care programs provide linkages between the medical home and the community.

PMTCT stand-alone points of service (POS) link to adult and pediatric ARV care through utilization of a network PMTCT coordinator based at the hub site. A specific referral SOP is used to ensure that HIV+ pregnant women who require HAART for their own care are linked to an ARV POS. Leveraging support from the Clinton Foundation for test kits and specimen transport, EID will be available at PMTCT POS under COP08 to improve the identification of HIV+ children for linkage into ARV services. In addition, community based testing of children will be carried out in the OVC program.

ACTION uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established POS as resource persons, 320 staff (physicians, nurses, counselors, pharmacists) from COP08 POS will participate in central or regional trainings on adult and pediatric ARV care, adherence counseling, and/or pharmacy SOPs. All training will include approaches for prevention for positives integrated into the clinic and community setting. Adapted IMAI/IMCI manuals will be used to step down trainings for secondary, PHC and DOTS sites. The curricula used were developed by ACTION and other IPs and are being harmonized into National curricula appropriate for training various cadres. Bedside teaching is also a component of ongoing education. IHV/UMD adult and pediatric HIV care specialists are posted in Nigeria as preceptors. In addition, a preceptor program brings volunteer physicians with extensive HIV experience from other US and European institutions, and also uses expert on-site staff as preceptors. ACTION has developed 3 regional training centers which are equipped with training venues adjacent to large clinical care facilities where best practices are modeled. Following completion of the basic curricula, staff spend two weeks at the regional training center participating in case conferences and bedside teaching. As follow-up, preceptors are periodically posted to sites to ensure sustainability of high quality care. A clinical training center in Abuja provides a model clinic that integrates physician, nurse, treatment support, pharmacy and community outreach teams to provide experiential training in a holistic model clinic setting in order to demonstrate feasible and functional strategies bridging community to care. Metrics collected in the context of this model approach provide an objective measure for refining best practices that can then be successfully introduced more widely.

ACTION supports 4 regional training labs (described under ARV Lab). These facilities will train 400 additional lab scientists working at GON and GF-supported sites (i.e., non-PEPFAR supported sites) in ARV lab monitoring including good lab practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

A clinical QA program in ACTION's Training Department uses objective measures of health care team capacity based on knowledge assessment of individual providers, metrics from SI analysis, and onsite observational assessment of clinical practice and community linkages. Collaboratively with the USG and GON, ACTION carries out site program review visits. The QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process. Site level CareWare aggregate data is evaluated and feedback provided. ACTION supports training of medical officers in IAPAC and GALEN certification as HIV specialists and other clinical staff in expanded support roles under the treatment team concept. Based on gaps in knowledge identified the Training Department refines/updates training materials for new and ongoing training activities. ACTION will also facilitate and actively support onsite standardized HMIS using GON forms and National electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy store and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. ACTION will partner with Clinton Foundation and GF as appropriate to leverage resources for providing ARVs to patients. In this scenario, ACTION provides pharmaceutical commodity management and ensures access to alternative first line and second

Activity Narrative: line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

UMD has allocated \$3,086,000 of its services budget to SCMS for procurement of commodities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP08 ACTION will be providing ART services to 60,500 people, contributing to GON/PEPFAR targets for Nigeria. ACTION will build the skills of at least 720 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity is linked to drugs (5429.08), HCT (5426.08), HVOP (9210.08), OVC (5417.08), HBHC (3259.08), TB/HIV (3254.08), PMTCT (3257.08), lab (3256.08), and SI (3253.08). Patients on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. ACTION will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting MARPs is established proximate to ARV POS. Using a network model, linkage to ARV services for HIV+ women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by an ACTION-facilitated lab QA program are available at comprehensive sites while manual lab methods or specimen transport systems will 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. Doctors, nurses, and pharmacists are targeted for training in both the public and private sectors. Health workers and laboratorians at non-PEPFAR supported sites will be targeted by offering dedicated central ARV training.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6766

Related Activity: 13106, 16299, 15651, 13107, 13108, 13109, 13110, 13111, 13112, 13113, 13114, 16915, 13116, 13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25248	3255.25248.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$19,402,116
6766	3255.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$12,945,300
3255	3255.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$7,961,922

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	78	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	19,998	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	65,761	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	60,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	320	False

Indirect Targets

Indirect target for number of health workers trained to deliver ART services: 400.
ACTION supports 4 regional training labs (described under ARV Lab). These facilities will train 400 additional lab scientists working at GON and GF-supported sites (i.e., non-PEPFAR supported sites) in ARV lab monitoring including good lab practices, HIV rapid testing, automated CD4, hemogram and chemistries.

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

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
Kwara
Plateau

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1561.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5406.08

Activity System ID: 13142

Mechanism: HHS/CDC Track 2.0 Agency
Funding

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$885,211

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, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

These HHS/CDC ART staff positions will work in coordination with the USAID ART staff (#5398.08.08) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#3255.08), Harvard SPH-APIN (#6715.08), Columbia University -ICAP (#5408.08), Catholic Relief Services-AIDSRelief (#6678.08), and a partner to be determined by an RFA in the first quarter of FY2008. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6703) and LMS Associates (#15647.08). USAID and CDC ART staff will provide assistance as needed to the U.S. Department of Defense (#3243.08) 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 200 clinical sites in COP08, with over 250,000 patients on therapy by the end of the program period, 225,000 of these as direct PEPFAR targets.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6791

Related Activity: 12992, 13002, 13043, 13030, 15647, 13128, 13049, 13115, 13060, 13158, 13165, 13086, 14089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25981	5406.25981.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$42,720
25980	5406.25980.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$75,193
6791	5406.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$145,000
5406	5406.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$107,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1532.08

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 5398.08

Planned Funds: \$253,170

Activity System ID: 13128

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the "fully-loaded" costs of USAID's ART Services team, which includes the ART Advisor, a Pediatrics Program Officer, and a program assistant. The program officer for Pediatrics is a new position, requested for approval in this COP, as there is a need for increasing specialized support for the fuller integration of pediatric services (clinical and community oriented) throughout the interventions supported by PEPFAR. The ART Services team, working with the wider PEPFAR ART team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the HIV and AIDS clinical interventions and services. The team will also be managing several new mechanisms and providing oversight to a wider geographic range of service delivery points.

These three positions are all local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6780

Related Activity: 13121, 13122, 13123, 13124,
13125, 13126, 16938, 13127,
13129, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24944	5398.24944.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$262,704
6780	5398.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$184,000
5398	5398.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$69,332

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3243.08

Activity System ID: 13158

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$450,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to activities in VCT, PMTCT, Basic Care and Support, OVC and TB/HIV activities.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free ARV services in the following 14 military facilities and communities: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), Nigerian Air Force Hospital (Jos), Nigerian Naval Hospital (Calabar), Naval Medical Centre (Warri), Nigerian Army Hospital (Port Harcourt), 45 Nigerian Air Force Hospital (Makurdi), Military Hospital (Benin), 2 Division Nigerian Army Hospital (Ibadan), Military Hospital (Maiduguri) and 3 Division Hospital (Jos).

In COP08, the program will expand to six new sites. These include: Brigade Medical Center (Sokoto), Armed Force Specialist Hospital (Kano), 34 FAB Medical Center (Owerri), Ministry of Defence Clinic (Abuja), Military Cantonment (Onitsha), and Headquarters Nigerian Army CAS Medical Reception Station (Kontangora).

In COP08, DOD – NMOD will expand comprehensive ART services to recruit 2,500 new patients and maintain 6,260 patients, reaching a total of 8,760 individuals receiving ART. Approximately 10% (850) will be pediatric patients. Clinicians across the 20 sites will be assisted to promptly initiate support for ART eligible patients, with emphasis on supporting the 6 new primary sites. Each site is an integrated hospital supporting HCT, laboratory, TB and other services. Linkages with both NMOD and other partner facilities will support referral of complicated or stable patients to ease overcrowding and maximize facility abilities.

A major component of this activity is human capacity development- both in increasing numbers of providers and the training provided to them. The NMOD has committed to increasing and developing of a sustainable treatment program in COP07 by hiring 100 new health care professionals dedicated directly for PEPFAR goals (30 each physicians and nurses, 20 each laboratorians and pharmacists). In COP08, the DOD will support the training of an additional 200 health care workers, including doctors, pharmacists, nurses, laboratorians, site administrators, commanders, and team leaders. Additional temporary staff through the National Youth Service Corps (NYSC) will be utilized. In COP06, NYSC physicians were jointly funded by the DOD and NMOD programs; in COP07, the NMOD assumed total coverage of these salaries. Funding may be provided to expand this program in COP08. Use of the NYSC (usually three to four per site) provides a dual purpose of training young physicians in Nigeria in ARV services and HIV/AIDS care and exposing them to the military system for possible accession to the uniformed services or as NMOD civilian providers.

Training is the second component of capacity development. The base of training has included the four week ART training at the Infectious Disease Institute in Uganda (78 NMOD personnel trained through end of COP06) and will continue to serve as a cornerstone for 2008. A dedicated Infectious Disease physician will provide mentoring and continuing medical education courses through centralized in-country and on-site trainings on 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.

The third tenet of capacity development is physical capacity. This will be increased through refurbishments at each site as required by each site to improve patient flow and throughput. This will be accomplished through bilateral planning of both the NMOD and DOD funding. US DOD funding has provided refurbishments at seven sites and the NMOD has funded refurbishments at seven sites. One site was jointly refurbished (44 NARHK) due to its size and dual use as a NMOD treatment site and as a referral center for all of Kaduna State.

To enhance quality of care, the DOD will conduct on-site clinical mentoring via centrally located staff and DOD HQ Technical Assistance rotations. The DOD-NMOD Technical working Group will integrate with USG and MOH advisors to ensure that all activities and support are in compliance with National policies, curricula and guidelines. In addition, the DOD will ensure that routine meetings with all hospital staff involved in HIV/AIDS patient care are occurring monthly (or more frequently, as needed). This will support monitoring and evaluation of clinical outcomes and allow for dissemination of information and lessons learned to improve care.

NMOD and DOD participation in the USG ARV/Treatment Technical Working Group to address treatment issues will promote harmonization with the GON and other Implementing Partners, thus strengthening the referral linkages and networks between partners close to NMOD sites. The program will also establish networks for community volunteers, including People Living with HIV/AIDS, to ensure cross-referrals. The DOD will continue to work with the GoN and other national stakeholders to develop networks for purposes of addressing sustainability issues, stigma reduction, treatment and prevention activities. Linkages with other basic care partners and prevention groups (particularly prevention for positives) will also be supported.

Consumables and other supplies will be provided by a combination of two approaches. While the supply of some consumables will continue to be sourced by DOD from local vendors, the majority (80%) of funding for drugs and consumables will be invested in the Supply Chain Management Systems (SCMS). The DOD program will continue support to the Nigerian Ministry of Defence (NMOD)-owned, contractor (SCMS) operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD Points of Service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of critical items maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and FGON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures continued USG visibility and accountability at all levels of implementation.

By the end of COP08, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Niger, Oyo, Plateau, and

Activity Narrative: Rivers, and Sokoto (16 states and FCT).

DOD has allocated \$2,100,000 of its ARV Services budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services activity.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Expansion of ARV services will contribute approximately 2% of the overall 2008 PEPFAR targets. The training of health care workers and community volunteers will contribute to human resource development to ensure the sustained delivery of high quality ART services in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to all prevention activities (#3246.08, #5313.08, #5388.08, #5362.08, #16943.08), HIV/AIDS/TB treatment and care services (#3240.08, #3247.08, #5409.08, #3241.08), Drugs and Laboratory Infrastructure (#3242.08, #3244.08) and SI (#3245.08).

POPULATIONS TARGETED:

This activity will target all individuals in the 20 military communities served, as well as the civilian population in the surrounding communities, who are diagnosed as HIV+ and clinically assessed as suitable for treatment.

EMPHASIS AREAS:

This activity will focus on gender issues through seamless PMTCT/ART/TB services at NMOD sites and in collaboration with neighboring PMTCT sites to improve women's access to services, particularly in previously underserved communities. This activity will also facilitate linkages into community and support groups.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6798

Related Activity: 13149, 13153, 13154, 13155,
13156, 13160, 13150, 13151,
16943, 13152, 13157, 13159,
13161

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25200	3243.25200.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$330,000
25199	3243.25199.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$1,001,200
6798	3243.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$1,950,000
3243	3243.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$1,315,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
16943	16943.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$45,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13157	3242.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$325,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000
13161	6504.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	20	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,281	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	8,760	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Cross River

Enugu

Kaduna

Benue

Delta

Oyo

Plateau

Benin

Anambra

Borno

Imo

Kano

Niger

Rivers

Sokoto

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7215.08

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16936.08

Planned Funds: \$4,919

Activity System ID: 16936

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency ART Services ICASS budget for FY08 is estimated at \$4,919 to provide necessary ICASS supports for the staff of three USAID personnel under the ART Services program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16928, 16929, 16930, 16931,
16932, 16933, 16934, 16935,
16937, 16922, 15675

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7144.08	Mechanism: USAID Track 2.0 LMS Associate
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 15647.08	Planned Funds: \$2,160,000
Activity System ID: 15647	

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, the LMS Comprehensive AIDS Services project will continue the activities initiated in project-supported comprehensive AIDS care and treatment sites in Kogi and Niger states during COP07, and 10 comprehensive AIDS care and treatment sites selected in COP08. LMS will provide antiretroviral (ARV) services including laboratory monitoring to 7150 individuals including 715 children at a total of 17 comprehensive AIDS care and treatment sites in COP08. It is expected that at the end of COP08, 9,000 individuals will be on treatment and the total ever received ART will be 10,000. To achieve this, an additional 124 health care workers will be trained in ART service delivery.

MSH will provide training for clinicians including staging of HIV infection, diagnosis of AIDS and monitoring of ART using modern technology as detailed in the lab section. The trainings will be in accordance with national ARV clinical guidelines and will emphasize quality of care and client satisfaction as well as how to support adherence to treatment.

Clients identified as HIV positive at PHC and DOTS feeder sites (in the hub and spoke model) will be referred for care, diagnosis, staging and treatment as appropriate. The care coordinator in each feeder site will be responsible for ensuring clients understand the importance of early diagnosis, treatment and care, and for following up to ensure all patients have received quality diagnosis, care and treatment. The care coordinators will also ensure referrals, with the client's consent, to local NGOs providing relevant community services and associations of people living with HIV for peer support. Mobile VCT clinics with a physician or nurse led outreach team and HCT will increase the accessibility of entry points to ARV treatment. In COP08, where possible and supported by the state MoH and NASCP, provision of follow up treatment including refills of ARV prescriptions will be decentralized to PHC sites – and potentially through the mobile VCT clinics – for patients that are stable on ARV treatment and wanting to receive their treatment closer to their home.

Pediatric ARV care will be included at all secondary sites. LMS will be part of the national Early Infant Diagnosis testing scale up, which will increase children identified for care and treatment. An active case finding for children will be in place with entry points including under-5 clinic and inpatient wards amongst others and children will make up 10 – 15% of persons on treatment in COP08. LMS will collaborate with the FMOH/PHCDA to adapt and expand the IMCI curriculum to facilitate high quality pediatric AIDS diagnosis and care at the PHC level. Primary feeder sites offering PMTCT will be linked to adult and pediatric ARV care, and referrals facilitated through the facility peer support coordinator and her links to the care coordinator at the secondary referral facility (the “hub” in the spoke and hub model). The LMS project will enhance the referral SOP, and champion team approaches and family centered care in all health provider trainings, and monitor referrals and linkages at sites through regular site visits with the relevant state MOH/SASCP staff and LGA staff for primary health care facilities.

In PHC facilities with DOTS clinics, TB-HIV services will be strengthened to ensure that all clients receipt PICT. With state MOH and NASCP agreement, in COP08, PHC staff at selected facilities will receive additional training to enable them to provide follow up care and refills of ARVs for stable patients referred back from the secondary health with the goal of improving adherence and retention on ART.

LMS will capitalize upon in-country ARV treatment expertise to ensure high quality of care using an approach which combines both instructional training and on-the-job training and coaching during supervisory visits by project state team staff and State MoH personnel. Clinical health workers (physicians, nurses, community health officers and community health extension workers) and pharmacists at all points of service will have been trained in adult and pediatric ARV care utilizing existing Federal Ministry of Health curricula and training manuals. Using NASCP and State MoH staff and others as resource persons, staff from new COP08 points of service will participate in project facilitated state level trainings on comprehensive AIDS care and treatment including adult and pediatric ARV care, and adherence support. All trainings will include approaches to prevention for positives to be integrated into the clinic and community setting. The project will use WHO IMAI and IMCI modules adapted for use in Nigeria for PHC and DOTS clinic staff. The project will provide training for health facility pharmacy staff in the management and dispensing of ARVs including patient guidance, adherence to treatment support and appropriate actions to take if experiencing side effects.

National ARV Guidelines were updated in 2007 for consistency with WHO 2006 Guidelines and a national ARV SOP exists. These guidelines and SOP will represent the standards for ARV care at LMS supported sites. Basic renovations will be supported at the sites to ensure clinic facilities are adequate and particularly that pharmacy stores and dispensing areas are able to securely store ARVs consistent with manufacturer guidelines. Training materials will be harmonized and upgraded to ensure that all providers are in touch with the latest standards. Job aides like dosing guides, pocket cards and SOPs will also be provided for staff use. Strong PLWHA support groups are a valuable adherence support strategy and LMS will identify associations of people living with HIV and work with them to provide peer support for ARV treatment. These associations will be offered IEC materials focusing, inter alia, on adherence and ART education. All sites will employ treatment coordinators: PLWHAs who will participate in patient education, client advocacy, and home visits to track defaulters as well as support referrals for facility and community services.

ARVs are procured utilizing Emergency Plan funds with pharmacy commodity management subcontracted to Axios Foundation. Limited pediatric formulations will be donated by the Clinton Foundation. Some sites may have limited access to high quality first line adult ARVs provided by the government of Nigeria (GON) financed by the Global Fund and other sources. When this is the case, LMS provides pharmaceutical commodity management, ensures access to alternative first line and second line ARVs, pediatric formulations, and wrap around services including lab monitoring and high quality on going clinical training to ensure a common high standard across all programs in the network of care. 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, LMS carries out site program review visits.

LMS will support and use GON/WHO standardized HMIS forms and oversee site data management and M&E. LMS will be actively involved in the USG Clinical Working Group Meetings and the USG ART technical working group meetings. LMS will participate with other stakeholders in ART in the GON national task team meetings and quarterly joint USG/GON supportive supervisory site visits.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Harmonization of the ARV program around drug sourcing and QI, including decentralization of follow-up ARV treatment to selected primary health facilities 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 decentralized to rural facilities and DOTS clinics, LMS will strengthen existing referral channels and support network coordinating mechanisms. This will address a key FMOH and OGAC priority to improve access to care.

LINKS TO OTHER ACTIVITIES:

This activity is linked to activities in Antiretroviral services (15647.08), Counseling and Testing (15645.08), Condoms and Other Prevention (10197.08), Orphans and Vulnerable Children (3.3.08), Care & Support (15642.08), TB/HIV (15643.08), PMTCT (15641.08), and Lab (15648.08).

A major challenge to successful implementation of ARV services is to ensure that all persons identified in need of ARV treatment are routinely linked to comprehensive care and treatment services. Persons who are identified as HIV positive through HCT are the entry point for their family members to access comprehensive HIV diagnosis care and treatment services. Thus, all ART patients are offered a care package as described in the BC&S program area. The enhanced network model, linking to ARV services for HIV+ women identified through PMTCT, and for HIV-exposed infants are in place, and the project care coordinators and peer support coordinators will support clients to attend for referral care and ARV treatment. High quality laboratory services supported by an LMS facilitated laboratory QI program are available at comprehensive care and treatment facilities with appropriate laboratory investigations or specimen transport systems to be established for primary health facility laboratories.

POPULATIONS BEING TARGETED:

ARV services are offered, when clinically indicated, to HIV positive infants, children, adolescents and adults living with HIV. Clinical health workers and pharmacists are targeted for training in both the public and private sectors.

EMPHASIS AREAS:

Emphasis areas include human capacity development and SI. This activity's emphasis is in increasing the entry points to diagnosis, care and treatment for HIV+ , increasing the demand for the services, supporting adherence to treatment and putting in place systems (people, equipment, drugs and supplies) to make this happen.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 13071, 15642, 15643, 13073, 15645, 15646, 15648

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
13073	12414.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$500,000
15645	15645.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,320,000
15646	15646.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$3,500,000
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	17	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	7,150	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	10,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	9,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	124	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kogi

Niger

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5400.08

Activity System ID: 13165

Mechanism: DoD Track 2.0 DoD Agency

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$200,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents funding for three full-time, contracted Nigerian program officer positions in support of ART Treatment Services as well as extra-country technical. The positions include a Clinical Treatment Physician, a Pharmacist and a Logistician. The budget includes three FSN salaries, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support by an ART physician who will provide TA, continuing medical education and mentorship. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the employment of a retired military physician and a pharmacist with past experience with the NMOD. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Treatment and Clinical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group will hybridize US policy and implementation with NMOD/GON practices.

The program officers' responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site treatment programs. The Logistician and Pharmacist work closely with SCMS and other partners to ensure proper drug and service forecasting for the Nigerian Military and surrounding communities. The program officers will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and promotes the GON national treatment guidelines.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6807

Related Activity: 13162, 13163, 13164, 16942, 16939, 16940, 16941, 13166, 13167, 13168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25209	5400.25209.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$300,949
6807	5400.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$200,000
5400	5400.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9401.08	Mechanism: N/A
Prime Partner: Partners for Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 21698.08	Planned Funds: \$210,000
Activity System ID: 21698	
Activity Narrative: Several new CDC partners have recently been identified through a competetive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9404.08	Mechanism: N/A
Prime Partner: University Research Corporation, LLC	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 21699.08	Planned Funds: \$365,000
Activity System ID: 21699	
Activity Narrative: Several new CDC partners have recently been identified through a competetive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechanism**Mechanism ID:** 9399.08**Mechanism:** N/A**Prime Partner:** Vanderbilt University**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** HIV/AIDS Treatment/ARV Services**Budget Code:** HTXS**Program Area Code:** 11**Activity ID:** 21678.08**Planned Funds:** \$520,000**Activity System ID:** 21678

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 9692.08**Mechanism:** N/A**Prime Partner:** AIDS Prevention Initiative, LTD**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** HIV/AIDS Treatment/ARV Services**Budget Code:** HTXS**Program Area Code:** 11**Activity ID:** 22509.08**Planned Funds:** \$290,000**Activity System ID:** 22509

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:**

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$38,897,141

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

USG Nigeria's COP08 Laboratory strategy builds on the laboratory network created in previous years and works with the Government of Nigeria (GON) on coordinated high-quality expansion that improves the lab services offered in Nigeria. PEPFAR currently works with seven implementing partners (IPs) that support 187 labs in Nigeria. In COP08, support will be extended to 86 additional labs for a total of 273 labs (41 tertiary, 188 secondary, 39 primary and 5 mobile labs) within all Nigerian states. Current and new sites will be supported by an additional 2,254 trained laboratorians conducting over 3,833,000 tests.

Emphasis areas for COP08 include: (1) to actualize the tiered lab system in support of the network of care model; (2) to implement expanded lab quality assurance and quality control (QA/QC) activities including ongoing training activities; (3) to expand lab services to new sites in current and new PEPFAR supported states, including support to more primary level sites; (4) to implement a national network for early infant diagnosis (EID); (5) to implement a standard, tiered lab platform for HIV clinical monitoring; and (6) to strengthen lab management.

Development of a true tiered lab system will require continuing coordination with governing bodies at various levels (tertiary healthcare facilities are federal institutions, secondary sites are state institutions, and primary sites are governed by Local Government Areas). Links between labs at various levels will be strengthened to create lab networks. Down referral of stable ART patients from tertiary sites and up referral of specimens requiring complex testing, will become more widespread.

In COP08 training for laboratory staff continues to be a priority in order to keep pace with PEPFAR scale up plans. All laboratorians receive training on Good Laboratory Practices (GLP), lab safety, QA and technical training, presented as a combination of didactic lectures and lab practicals. In COP08 the Laboratory Technical Working Group (LTWG) will assist in standardizing lab training packages centrally and providing 'training of trainers' (TOT) formatted training packages. Packages slated for standardization include CD4, chemistry and hematology. For primary sites, training packages will be stepped down to match the education and work experience of the lab staff. Refresher training will be offered to all laboratorians on a yearly basis. During COP07 seven training labs provided high quality training to large numbers of laboratorians from sites supported by IPs and GON. Three new training labs will be created in COP08 and training will be offered to a larger number of staff from non-EP supported labs. Financial support will be provided to cover the cost of travel and lodging for 500 trainees (included in training target, but funded under ARV services). One new training lab will support the Nigerian Ministry of Defense. PEPFAR will also support improved TB/OI training and in-service curriculum (for practicing laboratorians). A laboratory management course (formatted as a TOT) will be provided to representatives of the each IP and the appropriate GON institutions. Due to shortages of qualified lab staff at lower level sites some IPs provide training to all lab staff at sites or utilize mobile lab teams / mobile labs.

The USG currently has 11 laboratory staff, most are CDC employees: Associate Director for Laboratory; Senior Laboratory Specialist; 5 lab specialists (focused in HIV molecular, QA, surveillance/blood safety, TB and procurement/inventory control), 2 USAID Lab/VCT managers and 2 DOD lab managers. USG lab staff and senior IP laboratorians are active participants in the USG supported LTWG which meets monthly to discuss current lab issues, define lab strategies and improve harmonization on lab issues. In COP08 all IPs will continue to grow and structure their own lab programs.

A systems approach to QA will be continued in 2008; this includes adequate training for all laboratorians and standardized SOPs/job aids. All lab IPs are responsible for conducting quarterly site monitoring visits using a common tool, supporting proficiency testing (PT) and reporting results to the LTWG. Most IPs have lab staff dedicated to QA activities and are exploring cost sharing strategies. All IPs are required to develop HIV post exposure prophylaxis (PEP) programs and ensure appropriate disposal of medical waste at EP supported sites. The Medical Laboratory Science Counsel of Nigeria (MLSCN) is the federal body responsible for licensing laboratorians and accrediting medical labs. PEPFAR will support the MLSCN in the expansion of a national external quality assurance program and associated PT program and will lend technical support to improve the accreditation tool and train MLSCN staff in the application of this tool. Most PEPFAR supported labs do not have up-to-date accreditation with MLSCN, this will be facilitated over the next two years. EP support will be provided to gain international accreditation for two tertiary labs.

Currently 14 tertiary labs (IP supported) have PCR capacity for non-routine VL and DNA testing using dried blood spots (DBS) for infant diagnosis. In COP08 this number of labs will increase to 19 to meet growing demands for such services. Three of these new

sites will be GON supported labs receiving technical support from a PEPFAR IP and equipment procured through Global Fund (GF). PCR capacity in Nigeria has been developed/supported by two IPs, but is shared with the entire PEPFAR program (fees charged to IPs for PCR testing are set by LTWG). In COP07 an early infant diagnostic (EID) pilot led to the development (with GON) of a phased implementation plan and QA program (including limited retesting at reference labs and participation in an HIV DNA PT program). PEPFAR Nigeria continues to work closely with the Clinton Foundation for procurement of test kits/collections materials and transport of specimen/results (estimated leveraging of \$193,249).

In COP06 and COP07 the USG supported the GON in the evaluation of non-cold chain dependent, whole blood, HIV diagnostic rapid tests through a multi-GON agency working group. Recommendations have been made for adoption of a new serial algorithm, currently awaiting GON approval. This will increase access to CT to a larger proportion of Nigeria's population. IPs continue to use non-lab personnel for HIV rapid testing, with support from lab staff (including training, supervision and QA/QC).

All EP supported labs will have appropriate supplies, equipment and trained staff to perform TB diagnosis. The USG has worked closely with the National TB and Leprosy Control Program (NTBLCP) to adapt and disseminate the new AFB smear microscopy training package (CDC, WHO developed). PEPFAR has supported the National TB Training Center for improved diagnostic capacity (culture/drug sensitivity and X-ray) and training (HIV diagnostic testing for staff at DOTs centers). NTBLCP, with GF support, has designated 2 TB reference and 6 zonal labs. The EP will provide technical support for infrastructure improvements and mentoring to reference lab directors. IPs will also develop culture/drug sensitivity capacity at 8 additional labs (using a combination of manual and automated techniques).

Lack of appropriate infrastructure to support medical laboratories continues to pose a significant challenge for all IPs. Data management within clinical labs is currently paper-based which can be time consuming and introduce errors. In 2007 some IPs piloted computer based lab information systems at tertiary sites (linked to computer literacy training for laboratory staff). Successful packages will be expanded to additional sites in COP08. Inconsistent electrical power across the country remains an issue, in COP08 several IPs will explore alternative energy solutions (e.g. solar power).

PEPFAR support to the GON includes technical assistance to the MOH in the development of the first National Medical Laboratory Policy. In COP08 the USG will continue to support the policy and the associated 5 year implementation plan. Starting in 2007 PEPFAR will assist the GON in developing the capacity of the Central Public Health Lab. This facility will provide reference support to the GON's HIV program and will be a lab base for the newly created Field Epidemiology and Laboratory Training Program (FELTP).

The approach outlined in this document supports ongoing EP activities as contained 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.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	273
12.2 Number of individuals trained in the provision of laboratory-related activities	2254
12.3 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	3833166

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9692.08	Mechanism: N/A
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 22507.08	Planned Funds: \$200,000
Activity System ID: 22507	
Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.	

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9401.08

Mechanism: N/A

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 21700.08

Planned Funds: \$300,000

Activity System ID: 21700

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9404.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 21701.08

Planned Funds: \$300,000

Activity System ID: 21701

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9399.08

Mechanism: N/A

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 21679.08

Planned Funds: \$500,000

Activity System ID: 21679

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9400.08

Mechanism: N/A

Prime Partner: Axios Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 21672.08

Planned Funds: \$500,000

Activity System ID: 21672

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 554.08 **Mechanism:** DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 5389.08 **Planned Funds:** \$200,000

Activity System ID: 13166

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents funding for three full-time, contracted positions to support Laboratory Infrastructure activities, including two FSN salaries, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support by a physician who will provide TA, continuing medical education and mentorship, particularly in the area of nucleic acid testing. Support to and appropriate use of a NAT laboratory for viral load and early infant diagnosis (EID) will be provided. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the employment of staff with past NMOD experience or familiarity. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Treatment and Clinical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group will hybridize US policy and implementation with NMOD/GON practices.

The Laboratory Manager and Program Officer will work as members of the USG Clinical Laboratory Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Laboratory Working Group. The Laboratory Manager's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site laboratory programs including QA. The Laboratory Officer will focus on QA/QC, safety and on-site supervision and assessment. Both positions will also support the Armed Forces Programme on AIDS Control to coordinate pre- and post-deployment HCT. A uniformed Laboratory Officer, paid by funding from the Nigerian Military, will also support DOD-NMOD laboratory activities. Both positions will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and promote the GON national guidelines.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6806

Related Activity: 13162, 13163, 13164, 16942, 16939, 16940, 16941, 13165, 13167, 13168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25210	5389.25210.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$341,715
6806	5389.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$200,000
5389	5389.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7144.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 15648.08

Activity System ID: 15648

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$2,200,000

Activity Narrative: ACTIVITY DESCRIPTION:

The LMS program currently provides high quality laboratory services in support of HCT, ART, PMTCT, TB/HIV, OVC and Blood Safety, as part of its comprehensive HIV/AIDS services. LMS is presently in 7 secondary facilities in 2 states: Kogi and Niger. In COP08, LMS will further activate 10 additional secondary sites in 3 states, bringing the total of LMS supported lab sites to 17 in 5 states. The 3 new states will be identified in conjunction with the Government of Nigeria (GON), based on needs assessment and ART scale-up strategy. Each of the secondary sites will be further linked to at least 2 primary feeder sites in a "hub and spoke" model. The primary sites will serve as HCT centers and referral points (not counted as lab sites).

To ensure that high quality and reproducible laboratory services are provided using appropriate modern technology, while guaranteeing safety of staff, patients, communities and the environment, LMS is currently providing structural renovations, upgrading of infrastructures and provision of essential amenities including portable water and electricity supply in all of the selected sites. This will also be undertaken in all the 10 new sites and primary feeder sites in COP08.

In all supported labs HIV diagnosis, CD4 counts, hematology assays, chemistry assays will be routinely offered using appropriate automated laboratory equipment, and following internationally accepted standards and national guidelines. LMS will also provide support for VDRL, HBsAg, malaria parasite, pregnancy and routine microbiology tests for STIs. Opportunistic Infections (OIs), diagnosis will also be offered. This shall on a minimum include TB microscopy, Cryptococcus serology test and diarrhea and respiratory tract infections. It is estimated that LMS will provide a minimum of 127,270 tests.

In COP 08, LMS will embark on an integrated expansion of laboratory training, covering HIV diagnosis, Good Laboratory Practice, Quality Control and Quality Assurance procedures, biomedical safety, laboratory equipment care and maintenance, specific lab assays, lab ART monitoring, and others based on identified training needs. These trainings will be provided through collaboration with other USG-IPs such as FHI/GHAIN and IHVN-ACTION, who currently have training labs and experienced and proficient laboratory trainers. This collaboration will also build the training capacity of LMS training staff that will be identified. LMS will also participate in the lab management training to be provided by the USG through APHL.

LMS will provide training at all supported sites for the collection of dried blood spots (DBS) for DNA PCR testing at tertiary level sites supported by other USG- Implementing Partners (IPs) in support of the national EID scale up plan. Clinton Foundation will provide supplies for DBS collection and support for specimen/results transport.

LMS in conformity with LTWG will have 1 Medical Lab Scientist staff person for every 3 labs supported. LMS employs a full-time laboratory specialist in Abuja and lab coordinators for each state. The responsibilities of the lab team will include overall capacity building/technical assistance and supervision of all supported sites, coordination of inventory management system for commodities, QA/QC support and oversight; promote collaborations and networking opportunities with other IPs under the leadership of GON, and participating actively in the LTWG programs.

LMS would like to move towards gaining local accreditation through the Medical Laboratory Science Council of Nigeria (MLSCN), for all its PEPFAR supported laboratories. To this end, 5 of the supported labs will be accredited in COP08. The project will also continue to work with the PEPFAR Lab Technical Working Group for the development of a common Lab equipment platform appropriate for laboratory services at different levels of care.

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 monitoring visits using standardized checklists. 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. LMS will work in collaboration with FHI/GHAIN, IHVN -ACTION and HAVARD-APIN for External Quality Assurance (EQA), for specific laboratory assays. Outcome of these QC and EQA programs will also be fed into the LTWG system on a quarterly basis.

The Axios Foundation has set up an efficient supply chain management system that will provide continuous and uninterrupted supply of rapid test kits, laboratory reagents and consumables. They will be responsible for forecasting, procurement, warehousing and distribution of the lab materials to all LMS supported sites. HIV rapid test kits will be procured through SCMS and LMS will be responsible for warehousing and distribution of these kits.

LMS will work with JSI/MMIS to provide training on injection safety, provision of AD needles and training on safe handling and disposal of bio-medical wastes in all supported facilities. In this vein, LMS will provide standard sharp containers at all supported sites. The quality control staff will ensure strict compliance with national standards of biomedical waste handling and disposal. Clinicians will be trained in offering post exposure prophylaxis (PEP) in all sites. Laboratory staff will also be trained on steps to follow in case of accidents that could lead to exposure to HIV infections.

Information management and inventory management systems will be strengthened to support these lab activities. LMS project will train 90 laboratory managers/staff at all supported sites and will also provide ongoing on-site capacity building and monitoring. TB microscopy will be carried out at all lab sites at the secondary health facilities. TB microscopy training will be provided using the CDC/WHO TB microscopy tool that has been adapted for use in the country.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The provision of Laboratory services through this program will contribute to strengthening and expanding the capacity of the GON response to the HIV/AIDS epidemic, build the capacity of laboratory staff at the project sites and contribute to infrastructural upgrade of the health facilities and provision of 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 supported sites.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

This program element relates to activities in 15645.08, 15641.08, 15647.08, 15642.08, 15643.08 and 15644.08. A referral linkage system will be strengthened to ensure that clients are referred from sites with limited or no laboratory infrastructure to properly equipped laboratory sites using an integrated tiered national laboratory network. LMS will work with the GON to implement approved testing algorithms and will 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), LMS 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. The project 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.

EMPHASIS AREAS

Emphasis will be placed on quality assurance, quality improvement, and supportive supervision, as well as, laboratory infrastructure upgrade, including commodity procurement (laboratory equipment and reagents) and local organizational capacity development through trainings and on-site technical assistance and mentoring.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 15642, 15643, 15644,
15645, 15646, 15647, 15649

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
15644	15644.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0
15645	15645.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,320,000
15646	15646.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$3,500,000
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000
15649	15649.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0

Emphasis Areas

Construction/Renovation

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	17	False
12.2 Number of individuals trained in the provision of laboratory-related activities	90	False
12.3 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	127,270	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Kogi

Niger

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7215.08	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 16937.08	Planned Funds: \$1,640
Activity System ID: 16937	
Activity Narrative: ACTIVITY DESCRIPTION: The USAID Agency Lab ICASS budget for FY08 is estimated at \$1,640 to provide necessary ICASS supports for the staff of one USAID personnel under the Lab program area.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity: 16928, 16929, 16930, 16931, 16932, 16933, 16934, 16935, 16936, 16922, 15675	

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 3244.08

Activity System ID: 13159

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$800,000

Activity Narrative: ACTIVITY NARRATIVE:

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). The Department of Defense (DOD) and Nigerian Ministry of Defence (NMOD), through the Emergency Plan Implementation Committee (EPIC) currently provides free laboratory services in support of ART, Care and Support, PMTCT, HCT, Blood safety, TB/HIV, and OVC programs at 10 secondary (2o) level facilities in 8 states and FCT. By the end of COP 07, the program will expand to 4 primary (1o) sites bringing the total to 14 facilities in 11 states and FCT. In COP08, DOD-NMOD will expand to 6 1o sites bringing the total number of sites supported in COP08 to 20 facilities in 16 states and FCT (Kaduna, Lagos, Plateau, Enugu, Benue, Cross River, Delta, Rivers, Borno, Oyo, Edo, Kano, Sokoto, Anambra, Imo, Niger and FCT).

In support of treatment expansion, the DOD-NMOD will continue to develop and maintain laboratory infrastructure at sites. By the end of COP 07, 14 laboratories will have been upgraded and supplied with standardized equipment to provide quality laboratory services. All 14 laboratories will provide HIV serodiagnosis through rapid test and advanced serologic technologies according to Government of Nigeria National Guidelines and Policies. The DOD-NMOD provide full lab monitoring in support of ART services and basic care and support (CD4 enumeration, clinical chemistry and hematology) using, in general, automated systems at 20 sites (BD FACSCount, Coulter Act 5 Diff and Vitros 250/DT60) and manual methods at 1o sites. Primary sites will be upgraded with automated equipment depending on client flow. In COP08 the DOD-NMOD HIV program will seek accreditation by MLSCN of 6 secondary level facilities. In COP08, the program will expand to six 1o level facilities which will provide HIV serodiagnosis through rapid test technologies and lab monitoring with manual CD4+ enumeration, hematological and chemistry assays.

The DOD will continue to work with the PEPFAR Lab Technical Working Group for the development of a common lab equipment platform. A tiered referral laboratory network will be established to provide mentoring and support for facilities within the network (both military and non-military health care facilities). In COP08, 445 NAFH Ikeja (Lagos state) will be upgraded to a tertiary (1o) level facility and will possess the following capabilities: training, QA/QC and referral absorption capabilities. The diagnostic capability of all laboratories will be expanded to include common OIs (TB, malaria, Candida, Cryptococcus, Strongyloides) and STIs (syphilis, gonorrhea, Chlamydia, Herpes Simplex, and Hepatitis B). All existing and future facilities will have either fluorescent or binocular microscopes for TB diagnosis by sputum smear microscopy. Four facilities in different geographical zones will be equipped with Class II Biological Safety Cabinets for referred TB culture using the BD MGIT system (or other technology under Nigerian –US referral guidelines).

Infrastructure upgrades will also include extensive electrical refurbishments (as needed) to ensure a stable supply of power to all laboratories. Assessments of the new sites are currently being conducted by a combined NMOD-DOD team to determine infrastructure requirements, including power and water needs. Logistically and economically friendly power options such as solar panels are planned for primary level facilities and other facilities as funding allows.

DOD will address the issue of safe disposal of hazardous waste by leveraging training and resources provided by MMIS and by supplementing this with the required materials e.g. sharps boxes. Sites which do not have access to an incinerator will be supported in the development of alternative methods of waste disposal e.g. protected pits. All laboratories will have PEP policy and guidelines in place in association with ART services.

During COP08 a total of 216 laboratorians will be trained, this includes 92 laboratorians at centralized partner facilities (e.g., IHV/ACTION) and at 445 NAFH Ikeja which will continue to be developed as the tri-service training laboratory for the Nigerian military. The existing didactic training facilities will be supplemented with training-specific equipment and laboratory area. The latter will play a major role in continuing education, QA/QC and refresher training of DOD-NMOD laboratorians. The training facility will also be utilized to provide training for 100 non-EP military hospital laboratorians. Laboratorians will be trained on Lab Safety, GLP and Quality Management, HIV diagnosis, CD4+ enumeration, Hematology, Blood Chemistry, Documentation, Stock Management/Forecasting, Injection Safety, Blood Safety, Microscopy, Malariology, TB and other OI/STI diagnosis. Standardized training packages (WHO/CDC) adapted for Nigeria, e.g. HIV Rapid Testing and Direct Smear Microscopy will be utilized. Twenty laboratorians (1 per site) will be trained as quality monitors in-country and 2 laboratorians with an overall program oversight role will receive further Laboratory Management/QA training in conjunction with the ACTION Project, the Walter Reed Project, Uganda, or the Walter Reed Project, Kenya. Oversight and further centralized and on-site QA training will be provided by military consultants from the US Military HIV Research Program. Medical equipment engineers (4) from within the Nigerian military will continue to be trained in preventative maintenance and servicing of equipment within the DOD-NMOD HIV program. Training provided by Co-Ag partners (APHL, ASM, ASCP, CLSI), other US agencies and IPs (ACTION, MMIS, SBFAF) will be leveraged to ensure that laboratorians within the DOD-NMOD HIV program are trained in a wide array of technical skills required for the delivery of quality laboratory services.

Laboratory QA activities will be further strengthened and consolidated in COP08. An internal monitoring team comprising of experienced military laboratorians will conduct quarterly site visits using a standardized assessment tool. This team will be empowered to take on-site corrective action and provide on-site training. Bi-annual site visits will be conducted by external teams (US Military HIV Research Program and other partners), and supported by the DOD centrally-employed laboratory specialists. All laboratories will participate in an external quality assurance program managed by DOD, NMOD and the DOD-NMOD lab technical working group. The latter will meet on a quarterly basis to review all aspects of laboratory services including quality management. Results from site visits and proficiency testing will be sent into a centralized system within Nigeria (supported by PEPFAR).

A two-pronged approach to supply chain management of laboratory reagents and other consumable items will ensure that stock outages of laboratory reagents and consumables do not occur. While the supply of some reagents will continue to be sourced by DOD from local vendors, the majority (80%) of reagents/consumable funding will be invested in the Supply Chain Management Systems (SCMS). The DOD program will continue support the NMOD-owned, contractor operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies and, under training by SCMS contractors, distribute supplies directly to all NMOD Points of Service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of critical items maintained in-country to

Activity Narrative: protect against unforeseen shortages. DOD-NMOD currently operates a successful "pull" system based on monthly consumption data reports sent electronically to DOD-NMOD by all sites.

CONTRIBUTION TO OVERALL PROGRAM AREA:

In COP08, 20 DOD-NMOD HIV program facilities will provide laboratory services for 43,001 individuals being counseled and tested (28,401 adults and adolescents, 12,600 pregnant women, 2000 children), 13,977 individuals on care and support (12 577 adults and adolescents, 1400 children) and 9,370 individuals on ART (8, 360 adults and adolescents, 1010 children). Therefore, with HIV serology, CD4+ enumeration, a chemistry panel, a hemogram, urinalysis, STI testing, and OI testing counted as single tests each, a minimum of 202,437 laboratory tests will be performed in COP08.

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. DOD-NMOD will continue to participate in the national Early Infant Diagnosis scale up plan. This relates to activities in ART treatment (3242.08; 3243.08), Care and Support (3247.08), PMTCT (3246.08), Counseling and Testing (3241.08), Blood Safety (5388.08), TB/HIV (3240.08), OVC (5409.08) and Strategic Information (3245.08).

TARGET 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.

EMPHASIS AREAS

This activity involves an emphasis on infrastructure development, training and QA, commodity procurement and capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6799

Related Activity: 13149, 13151, 13153, 13154,
13155, 13156, 13158, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25201	3244.25201.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$1,353,623
6799	3244.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$1,115,000
3244	3244.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	False
12.2 Number of individuals trained in the provision of laboratory-related activities	216	False
12.3 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	202,437	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Cross River

Enugu

Benue

Borno

Delta

Oyo

Plateau

Rivers

Benin

Anambra

Imo

Kano

Niger

Sokoto

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1532.08

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 9906.08

Planned Funds: \$81,366

Activity System ID: 13129

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for Lab and VCT. This is a continuing position.

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) interfacing with the USG/Nigeria Lab team lead by CDC, and 5) leading the USG VCT working group. As USAID has the technical lead for the VCT program area within the USG team, this fifth 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 direct costs are captured in this program area. The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9906

Related Activity: 13121, 13122, 13123, 13124, 13125, 13126, 16938, 13127, 13128, 13130, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24945	9906.24945.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$113,246
9906	9906.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$117,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1561.08	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 5390.08	Planned Funds: \$610,000
Activity System ID: 13143	

Activity Narrative: ACTIVITY DESCRIPTION:

This HLAB activity relates directly to all Nigeria LAB COP08 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 seven full time staff positions (one US Direct Hire, one FSN senior laboratory scientist, five FSN laboratory systems specialists focused on HIV) to support the Laboratory Infrastructure program area. A partial FSN laboratory systems specialist was hired in 2007 to focus on TB/HIV lab activities and is funded under TB/HIV. The budget includes one USDH and seven FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP).

These HHS/CDC 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 Lab TWG co-chair for laboratory issues and directly provide quality assurance and programmatic monitoring to HHS/USAID supported implementing partner lab activities including: University of Maryland-ACTION (#15673.08), Family Health International-GHAIN (#5420.08), Harvard SPH-APIN (#6716.08), Catholic Relief Services-AIDSRelief (#6680.08), Columbia University SPH-ICAP (#5544.08) and LMS Associates (#15648.08). Laboratory Management staff will also coordinate the technical services of contracted laboratory consultants CLSI (#9845.08), ASCP (#9846.08), APHL (#12440.08) and ASM (#9847.08).

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. ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6788

Related Activity: 14090, 13087, 12990, 12988, 13102, 13020, 13061, 13116, 13050, 15673, 13129, 15648, 13031, 13044, 13003, 12993

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25982	5390.25982.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$665,479
6788	5390.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$905,740
5390	5390.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$670,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
12990	9846.08	6363	5272.08	HHS/CDC Track 2.0 ASCP	American Society of Clinical Pathology	\$293,000
12988	12440.08	6362	6173.08	HHS/CDC Track 2.0 APHL	American Public Health Laboratories	\$233,391
13020	9845.08	6371	5273.08	HHS/CDC Track 2.0 CLSI	Clinical and Laboratory Standards Institute	\$331,000
13087	12439.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,260,000
13102	9847.08	6391	5292.08	HHS/CDC Track 2.0 ASM	The American Society for Microbiology	\$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 632.08

Prime Partner: University of Maryland

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 3256.08

Activity System ID: 13116

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$10,375,092

Activity Narrative: ACTIVITY DESCRIPTION:

ACTION will support ARV Services, BC&S, OVC, TB/HIV, PMTCT, and HCT programs by building lab infrastructure and training staff to accurately diagnose, stage and monitor patients. ACTION will monitor laboratories through its QA/QC activities to ensure high quality results while upgrading the infrastructure at new sites. A minimum of 1,057,434 lab tests will be performed in COP08. ACTION will continue to be at the forefront of EID scale up and expanded viral load testing for adults based on an algorithm being evaluated with the FMOH. \$350,000 of COP07 reprogrammed funds will be applied against COP08 targets.

ACTION will support lab services at 151 individual points of service using a network model to provide appropriate lab capacity and patient support at comprehensive sites as well as HCT stand alone and DOTS sites. An integrated tiered referral lab network with mentoring by trained lab personnel in existing hub sites has been established. This includes the use of appropriate technology at all service levels, using the USG-PEPFAR Lab Technical Working Group equipment platform as a guide. At the tertiary or large secondary hospital level, 28 network reference or hub labs provide high throughput hemogram, clinical chemistry, and CD4 assessment services. Ten of these provide virology services and 3 of these provide TB culture. At the small secondary and primary level, an additional 25 labs provide patient monitoring and diagnostic capability including HIV rapid testing, hemogram, and CD4 count. Thus, a minimum of 53 labs will have the capacity to perform HIV testing and CD4 measurement (26 tertiary, 18 secondary, nine primary). At 25 other sites where ARV services will be provided, labs are equipped to provide HIV rapid testing, hemogram (including lymphocyte count), and collect/package samples for transport to a more advanced lab in their network. Novel approaches for access to lab services such as five mobile laboratories on HCT vans will be piloted to provide high quality on-site lab services to small PHC sites. Services at HCT stand alone and TB DOTS points of service are limited to HIV rapid testing. This approach facilitates the rapid scale up of ART services at all tiers of health care facilities.

ACTION has 23 local lab program staff assigned to six units (Field Operations and Commodities, Special labs, QA/QC, TB, Training and Maintenance) and five regional offices. ACTION has an aggressive QA/QC program with specially trained lab staff dedicated to carrying out on-site quarterly monitoring, retraining, and overseeing a proficiency panel testing program. QA monitoring is carried out jointly with the FMOH or SMOH responsible for the point of service. Tools and expertise will continue to be shared with other IPs and with the GON and technical support will be provided to the Medical Lab Science Council of Nigeria (MLSCN). ACTION has expanded site lab capability to screen for Hepatitis B, to diagnose additional OIs such as Cryptococcus, and screen for common STIs including syphilis. TB culture capacity has been developed at three of ACTION's sites using the Bactec system. The microscopic observation drug susceptibility (MODS) assay will also be piloted at these sites and is described under TB/HIV. ACTION will coordinate with Global Fund supported initiatives in the roll out of TB culture capacity in Nigeria to maximize regional availability.

Eight regional virology laboratories in seven states (Sokoto, Kano, Plateau, FCT (two), Edo, Anambra, and Akwa Ibom) have been established by ACTION. Under COP08, one additional virology lab (Gombe state) will be developed for a total of nine. These laboratories focus on EID regionally using the DBS collection method described under PMTCT. ACTION has played a key role in the EID roll out in COP07, utilizing the ACTION training and reference lab at PLASVIREC to provide QA for the national EID pilot and providing training in proper DBS collection and transport. All PCR labs supported by ACTION will participate in the CDC DBS DNA PCR proficiency program. ACTION is actively collaborating with the Clinton Foundation (CF) and the FMOH to develop EID SOPs and is carrying out testing of samples from sites that are geographically proximate including those supported by other IPs, GON, and the Global Fund. The CF also supports procurement of DNA test kits and DBS collection supplies and transport of specimens/results. In addition to EID, virology labs carry out viral load for selected patients identified through a standard clinical algorithm. Leveraging expertise in viral sequencing, ACTION will develop a HIV genotyping and drug resistance testing facility in COP08 which will be readily accessible to the USG and other IPs and serve as a regional resource for West Africa.

Four training laboratories have been developed as national resources by ACTION and placed zonally (FCT, Kano, Edo, Plateau States). These laboratories are each configured with a didactic and a lab bench training venue with standard equipment utilized at EP sites for CD4 measurement, hemogram, and chemistry as well as teaching microscopes. The training laboratories are staffed with a master lab trainer and assistant, but utilize local site lab experts to serve as resource persons for specific trainings to promote sustainability. The regional lab training centers will be used to train personnel from new sites and offer refresher training guided by QA results to staff from existing sites. Centralized trainings will include: Good Lab Practices (GLP), HIV diagnosis, pediatric diagnosis, viral load estimation, CD4 staging, hematology, blood chemistry, record keeping and storage. This is followed up by refresher trainings carried out at sites. 566 lab staff will be trained. Training laboratories established by ACTION have been and will continue to be utilized by the FMOH, public private partnerships, and other IPs for capacity development for national ARV scale up, PMTCT, and TB priorities. These facilities will also be used to train 200 scientists for ARV monitoring (described under ART Services) and an additional 400 lab scientist from other organizations (not counted under IHVN training targets). The National TB and Leprosy Training Centre in Zaria (Kaduna State) is supported by ACTION, and serves as a fifth training lab supporting the National TB and Leprosy Control Programme. This facility and the regional training laboratories will provide training for 594 TB DOTS staff and 28 physicians as direct targets (described under TB/HIV).

ACTION will work with the USG and MLSCN for accreditation of 18 laboratories. Regional labs and those critical to PHEs will be the first to be accredited. Through the PEPFAR lab working group (LTWG) ACTION will work with the MLSCN to integrate its QA/QC activity into a sustainable national QA program including a national EQA program. For procurement of lab reagents ACTION will utilize SCMS and local vendors. ACTION maintains a warehouse and distribution system in-country. To maintain lab equipment, ACTION has two biotech engineers on staff who provide training, installation, routine preventive maintenance, trouble shooting and regular calibration. The availability of spare parts and back up equipment at ACTION's warehouse in Abuja allows for prompt response to site needs. PEP is available at all ACTION supported labs. Waste management and disposal, including TA to sites on procurement of a proper incinerator, is a key component of training and site activation.

Sites are located in states consistent with the National ARV Scale-Up Plan with the goal of universal access to HIV services. They include: Akwa Ibom, Anambra, Bauchi, Benue, Cross River, Delta, Edo, FCT, Gombe,

Activity Narrative: Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

EID regional availability will strengthen PMTCT, OVC and ARV Services. Testing for OIs will strengthen BC&S. Regional training and Virology laboratories established by ACTION will support other IPs, particularly for PMTCT and ARV. ACTION will train lab personnel and healthcare providers from TB labs of other IPs and FMOH DOT centers, strengthening both HCT and TB. Through Public Private Partnership, private industry supported labs benefit from ACTION's training and QA/QC program. These activities will provide essential lab services to people living with HIV/AIDS, HIV positive pregnant women, HIV positive infants, and HIV positive children. The QA/QC program of ACTION will strengthen the overall quality initiatives of the GON.

LINKS TO OTHER ACTIVITIES:

These activities will be linked to activities in PMTCT (3257.08), OVC (5417.08), ARV Services (3255.08), Blood safety (3258.08) and SI (3253.08). Tests for opportunistic infections and training in these techniques will strengthen BC&S (3259.08), HCT (5426.08), and HIV/TB (3254.08). ACTION will collaborate with the Clinton Foundation in EID and pediatric ARV scale up.

POPULATIONS BEING TARGETED:

These activities will provide essential lab services to people living with HIV/AIDS with or without co-infection with TB, HIV+ pregnant women, HIV+ infants, and HIV+ children. Lab workers will benefit from the Lab Training centers and developed SOPs and training curriculum. As part of a Public Private Partnership, industrial health care providers will benefit from ACTION's training and QA/QC program.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development for sustainability through in-service training, supportive supervision and quality assurance/improvement for laboratorians. Also emphasized is infrastructure development through lab renovations for new sites, local organizational capacity building, and strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6767

Related Activity: 13106, 15651, 13107, 13108, 13109, 13110, 13111, 13112, 13113, 13114, 13115, 13117, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25250	3256.25250.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$9,013,463
6767	3256.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$4,565,000
3256	3256.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$2,480,250

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	83	False
12.2 Number of individuals trained in the provision of laboratory-related activities	566	False
12.3 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	1,057,434	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

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
Kwara
Niger

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5292.08	Mechanism: HHS/CDC Track 2.0 ASM
Prime Partner: The American Society for Microbiology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 9847.08	Planned Funds: \$250,000
Activity System ID: 13102	

Activity Narrative: ACTIVITY DESCRIPTION:
This is a continuing activity funded in late COP07, with no funding planned for COP08 at present in HLAB.

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 COP08, ASM will focus on improving the quality and capacity of TB and OI diagnosis in Nigeria. The following five activities will support this goal: 1) development of a comprehensive quality assurance (QA) and quality control (QC) system for TB microscopy and culture, reviewing the existing guidelines on QA for AFB microscopy and developing such for TB culture/DST, 2) review and make improvements to the TB training curriculum (and SOP's) currently used in Nigeria, 3) provision of technical expertise on the structural design of new and existing laboratories involved in diagnosis of TB (specifically, culture and drug resistance testing), 4) improvement of training for simple OI diagnosis (microscopy) and 5) support training on TB culture and drug sensitivity within a TB reference lab in South Africa for a PEPFAR-Nigeria laboratorian. ASM will work closely with PEPFAR-Nigeria Lab Technical Working Group (LTWG) to ensure that these activities are coordinated with the (Government of Nigeria) GON and those organizations currently supporting TB diagnosis and treatment in Nigeria (including, UMD-ACTION, Harvard-APIN, German Leprosy Group, GHAIN, Netherlands Leprosy Group, Damien Foundation of Belgium (DFB) and WHO). ASM will work through the LTWG 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 all TB diagnostic and treatment facilities.

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.

EMPHASIS AREAS: The emphasis of this activity is local organizational capacity development in quality assurance and quality improvement of laboratory testing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9847

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26413	9847.26413.09	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	11029	5292.09	HHS/CDC Track 2.0 ASM	\$350,000
9847	9847.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	5292	5292.07	Cooperative Agreement	\$500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Coverage Areas

Federal Capital Territory (Abuja)

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 12439.08

Activity System ID: 13087

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$1,260,000

Activity Narrative: ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of laboratory commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs. In COP08, SCMS will procure laboratory supplies, equipment, reagents and other medical supplies and consumables needed in laboratory facilities supporting HIV/AIDS related activities, for IPs and DoD.

Through its continuous support to and strengthening of commodity security in PEPFAR prevention, care and treatment programs, SCMS works towards ensuring uninterrupted availability of needed commodities to populations targeted by these programs including people living with HIV/AIDS, children, adolescents and adults in the general population as well as most at risk populations.

The SCMS laboratory infrastructure budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the lab procurements undertaken by SCMS. In COP08, SCMS will procure laboratory commodities and provide requested technical assistance for two IPs and DoD, each of which has attributed specific funds to SCMS for these services: DOD (#554.08), \$700,000; Columbia University/ICAP (#2768.08), \$400,000; and University of Maryland (#632.08), \$160,000.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national guidelines for the provision of laboratory services for HIV/AIDS programs, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning, which is especially critical for specialized laboratory equipment and supplies which may entail longer procurement lead times.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services. Local procurement for laboratory equipment will be especially necessary in order to ensure maintenance contracts and rapid availability of replacement parts and necessary reagents, and SCMS will develop the necessary supplier contacts to facilitate this.

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for laboratory commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja, the capital city or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be different among IPs (including DoD); SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options including the continued use of an existing warehouse facility. For in country distribution where necessary, SCMS will utilize the services of UPS, one of the 16 SCMS team member organizations, or will work with the individual IPs to ensure the distribution mechanism most appropriate for their program needs.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline databases.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Voxiva Logistics Management Information System component, as discussed in SCMS's strategic information narrative (3.3.13).

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their treatment planned targets.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to put 2 million people on treatment, avert 7 million infections and provide care to 10 millions individuals worldwide by procuring and distributing high quality, low cost HIV/AIDS related supplies and equipments as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of HIV/AIDS prevention, care and treatment PEPFAR programs in Nigeria to reach national targets of providing treatment to 350,000 PLWHA (People Living with HIV/AIDS), prevent 1,145,545 new infections and provide care and support to 1,750,000 HIV affected individuals. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Injection safety (#9775.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA:

Human capacity development

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12439

Related Activity: 13077, 13078, 14085, 13079,
13080, 13081, 13082, 13083,
13084, 13085, 13086, 13088,
13089, 13090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26062	12439.2606 2.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$3,535,500
12439	12439.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$610,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13077	9748.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,575,000
13078	9773.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$425,000
14085	14085.08	6706	6706.08	USAID Track 1.0 SCMS	Partnership for Supply Chain Management	\$1,000,000
13079	9775.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$55,000
13080	9784.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$250,000
13081	9842.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,212,245
13082	9878.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,478,000
13083	9883.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$255,000
13084	6643.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$3,725,000
13085	6402.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$21,799,506
13086	9894.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$6,001,000
13088	6661.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,120,000
13089	5300.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$1,500,000
13090	12161.08	6385	4043.08	USAID Track 2.0 SCMS	Partnership for Supply Chain Management	\$520,000

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 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	N/A	True

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 544.08	Mechanism: HHS/HRSA Track 2.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 6716.08	Planned Funds: \$6,624,810

Activity Narrative: Track 1 and Track 2 funding will be combined for this activity.

ACTIVITY DESCRIPTION:

This activity provides maintenance of activities at the National Central Public Health Reference Lab (NCPHRL) and HIV labs at tertiary (11) and secondary (22) health facilities in Plateau, Oyo, Borno, Yobe, Lagos, Enugu, Kaduna, and Benue States. These 34 labs represent an overachievement of our COP07 target (30 labs in the same 8 states). In COP08, APIN+ proposes adding additional expansion sites by building the infrastructure and capacities of 3 labs in secondary health facilities in Plateau state to for a total of 37 labs. In addition, we will expand the capacity of labs at primary health facilities throughout Plateau and Oyo states (HIV testing). By the end of COP07, our 11 major tertiary level labs and the NCPHRL will have capabilities for hematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration. Ten of these facilities will also have PCR technology.

APIN will work with GON in developing the NCPHRL into a national reference lab, a project identified by the MOH as a priority. This lab will serve national HIV QC/QA needs and with 2-3 additional APIN+ supported labs, will serve as a national laboratory training center. This lab's capacity will include standard HIV assays, clinical chemistries, hematology, and TB culture. In addition, we will continue to strengthen existing labs by providing backup equipments to major tertiary sites in geographically isolated areas to avoid interruption in service. Equipment maintenance is coordinated through assistance from a consultant trained in the maintenance of freezers and through the manufacturers for other items.

All 37 labs will provide HIV diagnosis through rapid test technologies. All 36 ART sites will have western blot capacity to confirm HIV status prior to initiation of ART. HIV serology, hematology, chemistries, and CD4 enumeration will be supported at all secondary hospitals with referral to the tertiary labs for PCR diagnostics and viral loads. Primary health care facilities are closely partnered with secondary and 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 sputum and/or pulmonary X-ray at all ART sites. We will be evaluating the use of PCR diagnosis of TB at selected tertiary sites in COP07; this will help to guide programmatic decisions regarding its use in COP08. Our labs with infant PCR diagnostic capabilities will continue to assist other PEPFAR IPs, using dried blood spots (DBS) to transport specimens from distant satellite sites. APIN+ will support the PEPFAR-Nigeria LGA coverage strategy (PMTCT and TB/HIV). Secondary sites will have lab capacity for HIV serology, hematology, chemistries, and CD4 enumeration. Primary feeder sites will be limited to HIV serology with referral to the secondary sites for additional lab monitoring.

Standardized lab protocols have been developed to accompany the PEPFAR clinical protocol and computerized lab results link with patient records. These protocols include provisions for the disposal of biomedical waste in accordance with good laboratory practices. Quality control / quality assurance (QA/QC) policies have been developed and detailed annual assessments of all lab activities are conducted. Quarterly QA/QC lab site visits are conducted by the HSPH project management team and will use a standardized assessment tool developed in Nigeria by the Lab Technical Working Group (LTWG). Results from the proficiency testing and site visits will be sent into a centralized system within Nigeria, developed and supported by the PEPFAR LTWG. EQA for lab tests was established in COP07 and is operational for CD4, HIV, HCV and HBV serology, chemistries, VL and HIV PCR diagnostics; through individual lab registration with UK-NEQAS and CAP. All PCR labs will participate in the CDC's DBS DNA PCR proficiency program (EID QA). We provide support for 264 lab staff persons (based at sites), responsible for implementation of lab protocols, data entry and performance of lab tests. In addition, we provide support for 7 APIN+ staff who provide technical assistance to sites. Regular lab training allows 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. Biannual trainings are provided on specific techniques/topics integrating QA/QC, good lab practices and biosafety. Competency monitoring/evaluations and refresher trainings will be provided within individual labs. PEP protocols have been implemented at each of our labs, supported under our ART drugs activities. APIN has supported international laboratory accreditation for NIMR and in COP08 will seek international accreditation for 2 additional labs and local accreditation for 10 other labs.

A laboratory information system (LIS) will be implemented at sites, with appropriate capabilities, to streamline the capture of lab data, minimize transcription errors and facilitate data entry and results output.

We will continue to participate in LTWG monthly meetings to ensure harmonization with other IPs and the GON, including the development of a common lab equipment platform (appropriate for each lab level).

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 to our central warehouse in Lagos. PEPFAR funding supports procurement of lab equipment, generators and water purifiers necessary for lab work. Equipment costs for tertiary labs can be high in the first year, but represents significant infrastructure development. Secondary and primary labs, including VCT facilities, have lower start up costs. Maintenance costs 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 PEPFAR program expands. APIN will perform 1,137,248 tests in COP08, including HIV diagnosis and tests for disease monitoring including CD4 enumeration, PCR diagnosis of infants and VL. In addition, we seek to train 720 lab staff members in FY08. APIN will provide training at their supported training facilities to a large number of non-APIN and non-PEPFAR supported laboratorians. Training lab staff will assist in building the human resource capacity of our sites to provide sustainable lab support to sites providing high quality HCT and ART treatment. Nine labs at tertiary care hospitals will have the capacity to perform early infant diagnosis (EID) by HIV DNA PCR. These labs are also linked to PMTCT sites, to provide a mechanism for EID as a part of the PEPFAR supported national scale-up plan (consistent with 2008 PEPFAR objectives for Nigeria). APIN will partner with the GON and Clinton Foundation for procurement of EID test kits and specimen collection supplies. The NIMR PCR lab will provide QA support for the EID program in the Southern half of

Activity Narrative: Nigeria (through retesting). 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. We have provided training to lab workers through the MOH ART training program at the 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:

These activities relate to activities in PMTCT (3227.08), Counseling & Testing (5424.08), Palliative Care TB/HIV (3222.08), ART Services (6715.08) and OVC (5415.08). Our labs are crucial in providing adequate HIV diagnostics in PMTCT, C&T, OVC, Palliative care and ART services. Furthermore the lab provides other diagnostics such as OIs. As a part of this activity, we seek to build linkages between labs and our patient care sites in order to ensure that lab information is fed back into patient records for use in clinical care. Our SI (3226.08) activities provide support in M&E, including data management of testing results.

POPULATIONS BEING TARGETED:

This program targets public and private health care workers with training to maintain high quality lab standards.

EMPHASIS AREAS:

This activity focuses on infrastructure building, creating a network of quality labs supported by strong tertiary labs, as well as commodity procurement and logistics. This activity also focuses on QA, training and the development of networks / linkages. QA and training are reinforced by the collaborative nature of the tiered network of labs. This program seeks to address gender equity by building the capacity of labs at affiliated sites to conduct testing related to PMTCT. Increased lab capacity will permit the sites to provide equitable treatment for both women and men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6716

Related Activity: 13048, 13049, 13050, 13051, 16297, 15652, 13052, 13053, 13054, 13055, 13056, 13057, 13058, 13059, 16920, 13060, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6716		HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$3,631,961

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	38	False
12.2 Number of individuals trained in the provision of laboratory-related activities	720	False
12.3 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	1,137,248	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Borno

Lagos

Oyo

Plateau

Kaduna

Benue

Enugu

Yobe

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 5420.08

Activity System ID: 13044

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$6,715,748

Activity Narrative: ACTIVITY DESCRIPTION:

The Global HIV/AIDS Initiative Nigeria (GHAIN) laboratory component provides high quality lab services in support of ART programs in Nigeria. GHAIN has put in place strategies to strengthen and expand laboratory services and upgrade infrastructure in all supported HIV treatment sites.

GHAIN is currently active in 33 secondary health facilities for comprehensive ART services. By the end of COP 07, GHAIN will have activated a total of 45 secondary level facilities in FCT, Anambra, Kano, Lagos, Benue, Bauchi, Cross River, Edo, Niger, Enugu, Kogi, Taraba, Adamawa, and Akwa Ibom. In COP 08, GHAIN will provide comprehensive ART services at 15 additional secondary level facilities in 5 additional states; Katsina, Nassarawa, Kebbi, Sokoto and Zamfara. GHAIN will also train 327 laboratory managers/staff at all supported sites and will provide ongoing on-site capacity building and monitoring.

GHAIN will embark on an integrated expansion of laboratory training, covering HIV diagnosis, treatment and care. All specific assays trainings will be linked to training on good laboratory practices, laboratory management and quality assurance/quality control (QA/QC). Central level training is currently provided at GHAIN country HQ, with hands-on training at supported lab facilities. GHAIN also utilizes other USG-IP (e.g. IHVN-ACTION) dedicated training laboratories. On-site trainings are also offered. Standard training tools adapted for use in Nigeria e.g. CDC/WHO HIV rapid testing and CDC/WHO smear microscopy training packages, are utilized. GHAIN will participate in the Laboratory Management Training to be provided by the USG through APHL.

To ensure adequate lab support for its program, GHAIN currently has 17 laboratory personnel; (2 in each of six zonal offices, 1 in Lagos state, 3 in the country office and 1 equipment maintenance officer. An Additional 9 lab staff will be employed in COP08 to provide support for Lab programs in Bauchi, Sokoto, and Lagos zonal offices, and to support the PCR lab and the TB Culture lab proposed for COP08. The responsibilities of the lab team include overall capacity building/technical assistance, supervision, coordination of inventory management, QA; and collaboration with other IPs under the leadership of GON. The team will be coordinated by the Director for Laboratory Services.

GHAIN will continue to support CD4+ counts/lymphocytes counts, chemistry panels, hematology assays, using automated lab equipment in all of its secondary sites. VDRL, HBsAg, HCV, pregnancy, malaria, microbiology tests for STIs and OI tests, including TB smear microscopy, are also routinely provided at all facilities. In COP08, GHAIN will establish a TB culture and drug sensitivity testing laboratory in Dr. Lawrence Henshaw Memorial Hospital, Calabar (automated TB culture system, Bactec MGIT, BD). In line with the USG state coverage strategy, GHAIN will offer PMTCT and TB/HIV services in all identified LGAs without these services in Lagos, Anambra and Cross River states. These activities are detailed in the PMTCT and TB/HIV program areas.

GHAIN currently offers non-routine viral load assays in collaboration with other USG-IPs to a limited number of patients based on clinical need. GHAIN will continue to collaborate with other IPs for early infant diagnosis (EID) and viral load. Samples collected from GHAIN sites using dried blood spots (DBS) technique are transported to IP facilities with DNA PCR capacity. Clinton Foundation currently provides support for DBS collection materials and the sample shipment.

For support of EID and VL monitoring, GHAIN will continue to receive support from those PEPFAR IPs with PCR capacity. GHAIN will also work towards developing the PCR capacity at one of its supported sites, contingent upon meeting the requirements set out by the PEPFAR-Nigeria LTWG (employing the services of a molecular biology specialist to support this program, collaboration with IPs and/or other organizations with experience in PCR development and dialog with PEPFAR on the placement of the new PCR lab).

GHAIN will support 20 of its secondary facilities to obtain accreditation from the Medical Laboratory Science Council of Nigeria (MLSCN) and will continue to work with the PEPFAR Lab TWG for the development of a common Lab equipment platform appropriate for each level of care.

GHAIN currently has a quarterly equipment maintenance contracts with local firms. These contracts renewable annually, will continue to be maintained in COP08. Equipment maintenance is also provided by a dedicated equipment maintenance officer.

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. Axios Foundation is to provide logistics support to GHAIN for the procurement of lab equipment and supplies. To prevent stock-out, each facility is expected to have a minimum stock level of one month supply.

GHAIN is currently collaborating with MMIS to provide trainings on injection safety, and safe disposal of bio-medical wastes. GHAIN is also collaborating with Safe Blood for Africa Foundation (SBFAF) and National Blood Transfusion (NBTS) on blood safety related programs and trainings. These collaborations will be sustained and strengthened in COP08. A post exposure prophylaxis policy is in place at all sites,

The essential components of a quality system will be put into place at each site and QA will be ensured through monthly site visits using a standardized checklist. Reports generated will be fed back to sites. All non-conformities will be addressed and remedial action taken. GHAIN will be an active partner in the PEPFAR Lab TWG and will ensure a tiered system of laboratories in line with the GON guidelines. Site monitoring visits using a standardized assessment tool developed in Nigeria by the Lab TWG will be incorporated into the GHAIN lab QA strategy

As part of its EQA program, GHAIN is currently collaborating with the National Health Laboratory Services, Sandringham South Africa, for HIV serology Proficiency Testing (PT). This EQA program will be expanded in COP08 to include PT for CD4+ counts, Chemistry panels and hematology assays. Results from quarterly site visits and PT programs will be sent into a centralized system within Nigeria (supported by PEPFAR).

An estimated 477,289 laboratory tests will be conducted in COP 08. GHAIN counts HIV serology, CD4 count, hematology, clinical chemistry panels, VDRL, pregnancy test, HBsAg and malaria parasite as one test each.

Activity Narrative:**CONTRIBUTIONS TO OVERALL PROGRAM AREA:**

The provision of Laboratory services will contribute to the strengthening of the GoN's capacity to respond 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 provision of necessary equipment. The laboratory component will establish a well coordinated and efficient QA, supervision and monitoring system at all the GHAIN sites.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in HVCT (#3230.08), PMTCT (#3234.08), HTXS (#3231.08), HBHC (#3237.08), HVTB (#3228.08), HKID (#3229.08), HMIN (#9776.08) and HMBL (#6491.08). 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.

EMPHASIS AREAS

Emphasis will be placed on QA, quality improvement, and supportive supervision. In addition, emphasis will be placed on Laboratory infrastructure upgrade, commodity procurement 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 laboratories implementing HIV/AIDS programs, and customize a specific plan and schedule for each facility.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6709

Related Activity: 13034, 15661, 13035, 13036,
13037, 13038, 13039, 13040,
13041, 13042, 13043, 13045

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24901	5420.24901.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$7,165,892
6709	5420.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$4,809,260
5420	5420.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$2,340,988

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
15661	15661.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$400,000
13035	6491.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$200,000
13036	9776.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$400,000
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13040	3229.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,865,000
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13042	3233.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13045	3232.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	60	False
12.2 Number of individuals trained in the provision of laboratory-related activities	327	False
12.3 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	477,289	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

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 ID: 5332.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HLAB

Activity ID: 9911.08

Activity System ID: 12993

Mechanism: HHS/HRSA Track 1.0 CRS
AIDSR relief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$80,658

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

This activity ensures that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. Linkages with HVSI will ensure tracking of lab infrastructure indicators. AIDSRelief (AR) works in tertiary and secondary health care facilities to provide quality HIV and AIDS services to people living with HIV and AIDS (PLWHAs). AR supports Laboratory (Lab) infrastructure to all of our local partner treatment facilities (LPTFs).

AR provides 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. AR will support the improved diagnosis of TB, cryptococcal infection, syphilis, hepatitis B (HBV) and other bacterial infections. AR does not routinely do Viral load (VL) testing since our LPTFs are mostly primary and secondary level facilities, but ensure that VL testing is done to make difficult therapy switch decisions as well as for program evaluation on a random 10% subset of our clients from each LPTF who have been on therapy for longer than 9 months annually at Institute of Human Virology (IHV-ACTION) supported laboratories and at 2 of our LPTFs with VL capacity. In addition, 2-3% of AR clients on ART would require VL testing based on clinical indications. AR will also support expansion of early infant diagnosis (EID) at PMTCT supported facilities in accordance with the national EID scale up plan. AR will provide standardized training and supplies for collection and transport of dried blood spots (DBS) and clinical samples.

AR will continue to participate in the USG-Nigeria coordinated Laboratory Technical Working Group (LTWG) to ensure harmonization with other IP and the Nigerian government. AIDSRelief will continue to work with the PEPFAR LTWG for the development of a common Lab equipment platform appropriate for each lab level.

In COP07 AIDSRelief is providing support to 30 sites in a total of 14 states (Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau and Taraba). Of these 30 sites, 28 are secondary level and 2 are tertiary level. Two of these facilities have PCR capacity: 1) St Vincent's DOC (DREAM model) has bDNA VL testing supported by CRS private funding and 2) Annunciation Specialist Hospital in Enugu has NucliSens VL machine (initiated prior to PEPFAR). AR will continue providing automated CD4 testing equipment with capacity for processing large patient loads, cytosphere reagents using binocular microscopes that are easy to use and appropriate for secondary care centers for manual CD4 testing as backup in place of automated CD4, hematology analyzers and chemistry machines. All labs will be supported to test for syphilis, TB, HBV, hematology, chemistry, cryptococcosis and CD4. In COP 07, AR provided 5 LPTFs with fluorescent microscopes. In COP08, fluorescent microscopes will be provided to 5 additional LPTFs. In addition to 10 primary level satellites activated in COP07, 10 new satellite sites will have a laboratory capacity for hematology and HIV rapid testing and positive patients will be referred to the parent site for ART. Satellite sites do not have full laboratory capacity and are therefore not counted as lab targets. In setting COP08 targets and expansion, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

All equipment will be centrally procured and shipped to Nigeria. AR in-country lab specialists will be responsible for equipment installation. All AR lab specialists have received training by CD4 manufacturers as maintenance engineers to service CD4 machines. 10% of the cost of all equipment is kept in reserve for maintenance purposes.

In COP08 AR will develop a comprehensive lab program with 9 locally based FTE lab specialists focused in the following areas: 1 centrally based lab program director, 1 equipment installation/trouble shooting, 3 QA/QC, 1 blood / injection safety, 1 TB lab and 2 training. 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. Working with SCMS and CHANPharm, AR will centrally procure lab reagents from manufacturers locally and abroad and distribute to LPTFs. HIV Test kits will be provided directly by the USG through the SCMS mechanism.

AR works with UMD-ACTION for external QC, back-up CD4 testing support, training support for EID/DBS and provision of specialized Lab tests such as VL and DNA-PCR. To support pediatric diagnostic and treatment, Clinton Foundation will provide DBS collection material, transportation of specimens/results and CD4 test reagents. AR will work with MMIS to provide blood safety training and AD needles to all sites.

To ensure safe lab conditions, AR will increase its provision of appropriate sharps and bio-medical waste disposal containers at all sites. AR will ensure the availability of functional incinerators and/or collection of biomedical waste by approved, private companies. AR will also support post HIV exposure programs (PEP) at all sites.

In COP 08, AR will work with MLSCN to gain accreditation for 10 labs. This will include 2 tertiary and 8 secondary sites across 5 states.

In COP08 AR will contract with IHV-ACTION tertiary lab specialists to train 90 lab personnel from all LPTFs in the following areas: HIV diagnostics, CD4, chemistry, hematology and OI diagnosis. AR emphasizes 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. AR provides simplified lab manuals to reinforce each training episode. AR use Nigerian Institute of Medical Research Training Manuals to supplement simplified manual from IHV-University of Maryland.

AR will conduct QA activities consisting of quarterly site monitoring visits (using a standardized tool developed by the LTWG), quarterly proficiency testing (PT) for all tests and reporting of these results into a centralized system. AR will sub-contract to IHV ACTION for support of the AR PT program.

AR lab personnel and selected partner personnel 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.

Activity Narrative: They will then transfer the knowledge gained to all LPTF lab personnel using the provided training materials.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By supporting Lab infrastructure AR will help all LPTFs carry out 282,738 tests (including testing for 7,000 children). This will contribute to the Nigeria 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 28,200 clients including 2,270 pediatric patients in COP08. This activity will also contribute to the reduction in Mother to child transmission of HIV and early detection of any infant HIV infection. 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 28,200 ART clients in COP08. 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 42,070 clients in care at the 30 LPTFs and 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:

AR activities in adult basic care and support are linked to HCT (5425.08), ARV services (6678.08), PMTCT (6485.08), ARV drugs (9889.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08) to ensure that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. AR will collaborate with IHV-ACTION, other implementing partners and state hospitals to optimize resources and strengthen the comprehensive networks of care across the 16 states including centralized lab training, establishment of high level laboratory services for VL testing and EID. AR will link LPTFs with local and PEPFAR procurement and distribution agents such as CHANPharm and SCMS to ensure a sustainable supply chain for lab reagents. AR regional program managers will act as network coordinators.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9911

Related Activity: 12991, 12992, 12994, 12995,
12996, 12997, 12998, 12999,
13000, 13001, 13002, 13003,
13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9911		HHS/Health Resources Administration	Catholic Relief Services	5332	5332.07	Track 1.0	\$80,658

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

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

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5330.08

Prime Partner: Harvard University School of
Public Health

Funding Source: Central GHCS (State)

Budget Code: HLAB

Activity ID: 9912.08

Activity System ID: 13050

Mechanism: HHS/HRSA Track 1.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$188,039

Activity Narrative: Track 1 and Track 2 funds will be combined for this activity.

ACTIVITY DESCRIPTION:

This activity provides maintenance of activities at the National Central Public Health Reference Lab (NCPHRL) and HIV labs at tertiary (11) and secondary (22) health facilities in Plateau, Oyo, Borno, Yobe, Lagos, Enugu, Kaduna, and Benue States. These 34 labs represent an overachievement of our COP07 target (30 labs in the same 8 states). In COP08, APIN+ proposes adding additional expansion sites by building the infrastructure and capacities of 3 labs in secondary health facilities in Plateau state to for a total of 37 labs. In addition, we will expand the capacity of labs at primary health facilities throughout Plateau and Oyo states (HIV testing). By the end of COP07, our 11 major tertiary level labs and the NCPHRL will have capabilities for hematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration. Ten of these facilities will also have PCR technology.

APIN will work with GON in developing the NCPHRL into a national reference lab, a project identified by the MOH as a priority. This lab will serve national HIV QC/QA needs and with 2-3 additional APIN+ supported labs, will serve as a national laboratory training center. This lab's capacity will include standard HIV assays, clinical chemistries, hematology, and TB culture. In addition, we will continue to strengthen existing labs by providing backup equipments to major tertiary sites in geographically isolated areas to avoid interruption in service. Equipment maintenance is coordinated through assistance from a consultant trained in the maintenance of freezers and through the manufacturers for other items.

All 37 labs will provide HIV diagnosis through rapid test technologies. All 36 ART sites will have western blot capacity to confirm HIV status prior to initiation of ART. HIV serology, hematology, chemistries, and CD4 enumeration will be supported at all secondary hospitals with referral to the tertiary labs for PCR diagnostics and viral loads. Primary health care facilities are closely partnered with secondary and 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 sputum and/or pulmonary X-ray at all ART sites. We will be evaluating the use of PCR diagnosis of TB at selected tertiary sites in COP07; this will help to guide programmatic decisions regarding its use in COP08. Our labs with infant PCR diagnostic capabilities will continue to assist other PEPFAR IPs, using dried blood spots (DBS) to transport specimens from distant satellite sites. APIN+ will support the PEPFAR-Nigeria LGA coverage strategy (PMTCT and TB/HIV). Secondary sites will have lab capacity for HIV serology, hematology, chemistries, and CD4 enumeration. Primary feeder sites will be limited to HIV serology with referral to the secondary sites for additional lab monitoring.

Standardized lab protocols have been developed to accompany the PEPFAR clinical protocol and computerized lab results link with patient records. These protocols include provisions for the disposal of biomedical waste in accordance with good laboratory practices. Quality control / quality assurance (QA/QC) policies have been developed and detailed annual assessments of all lab activities are conducted. Quarterly QA/QC lab site visits are conducted by the HSPH project management team and will use a standardized assessment tool developed in Nigeria by the Lab Technical Working Group (LTWG). Results from the proficiency testing and site visits will be sent into a centralized system within Nigeria, developed and supported by the PEPFAR LTWG. EQA for lab tests was established in COP07 and is operational for CD4, HIV, HCV and HBV serology, chemistries, VL and HIV PCR diagnostics; through individual lab registration with UK-NEQAS and CAP. All PCR labs will participate in the CDC's DBS DNA PCR proficiency program (EID QA). We provide support for 264 lab staff persons (based at sites), responsible for implementation of lab protocols, data entry and performance of lab tests. In addition, we provide support for 7 APIN+ staff who provide technical assistance to sites. Regular lab training allows 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. Biannual trainings are provided on specific techniques/topics integrating QA/QC, good lab practices and biosafety. Competency monitoring/evaluations and refresher trainings will be provided within individual labs. PEP protocols have been implemented at each of our labs, supported under our ART drugs activities. APIN has supported international laboratory accreditation for NIMR and in COP08 will seek international accreditation for 2 additional labs and local accreditation for 10 other labs.

A laboratory information system (LIS) will be implemented at sites, with appropriate capabilities, to streamline the capture of lab data, minimize transcription errors and facilitate data entry and results output.

We will continue to participate in LTWG monthly meetings to ensure harmonization with other IPs and the GON, including the development of a common lab equipment platform (appropriate for each lab level).

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 to our central warehouse in Lagos. PEPFAR funding supports procurement of lab equipment, generators and water purifiers necessary for lab work. Equipment costs for tertiary labs can be high in the first year, but represents significant infrastructure development. Secondary and primary labs, including VCT facilities, have lower start up costs. Maintenance costs 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 PEPFAR program expands. APIN will perform 1,137,248 tests in COP08, including HIV diagnosis and tests for disease monitoring including CD4 enumeration, PCR diagnosis of infants and VL. In addition, we seek to train 720 lab staff members in FY08. APIN will provide training at their supported training facilities to a large number of non-APIN and non-PEPFAR supported laboratorians. Training lab staff will assist in building the human resource capacity of our sites to provide sustainable lab support to sites providing high quality HCT and ART treatment. Nine labs at tertiary care hospitals will have the capacity to perform early infant diagnosis (EID) by HIV DNA PCR. These labs are also linked to PMTCT sites, to provide a mechanism for EID as a part of the PEPFAR supported national scale-up plan (consistent with 2008 PEPFAR objectives for Nigeria). APIN will partner with the GON and Clinton Foundation for procurement of EID test kits and specimen collection supplies. The NIMR PCR lab will provide QA support for the EID program in the Southern half of

Activity Narrative: Nigeria (through retesting). 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. We have provided training to lab workers through the MOH ART training program at the 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:

These activities relate to activities in PMTCT (3227.08), Counseling & Testing (5424.08), Palliative Care TB/HIV (3222.08), ART Services (6715.08) and OVC (5415.08). Our labs are crucial in providing adequate HIV diagnostics in PMTCT, C&T, OVC, Palliative care and ART services. Furthermore the lab provides other diagnostics such as OIs. As a part of this activity, we seek to build linkages between labs and our patient care sites in order to ensure that lab information is fed back into patient records for use in clinical care. Our SI (3226.08) activities provide support in M&E, including data management of testing results.

POPULATIONS BEING TARGETED:

This program targets public and private health care workers with training to maintain high quality lab standards.

EMPHASIS AREAS:

This activity focuses on infrastructure building, creating a network of quality labs supported by strong tertiary labs, as well as commodity procurement and logistics. This activity also focuses on QA, training and the development of networks / linkages. QA and training are reinforced by the collaborative nature of the tiered network of labs. This program seeks to address gender equity by building the capacity of labs at affiliated sites to conduct testing related to PMTCT. Increased lab capacity will permit the sites to provide equitable treatment for both women and men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9912

Related Activity: 13048, 13049, 13051, 16297,
13052, 13053, 13054, 13055,
13057, 13058, 13059, 16920,
13060, 13061, 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9912		HHS/Health Resources Services Administration	Harvard University School of Public Health	5330	5330.07	Track 1.0	\$188,039

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Benue
Borno
Enugu
Kaduna
Lagos
Oyo
Plateau
Yobe

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 5544.08

Activity System ID: 13031

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$2,876,055

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, the International Center for AIDS Care & Treatment Programs at Columbia University (ICAP-CU) continued to expand its laboratory network model in Kaduna, Benue and Cross River States, enabling 10 hospital networks to support HIV/AIDS care and treatment programs. In COP08, ICAP-CU will support an additional 15 secondary hospital labs for a total of 25 labs (all secondary level facilities) in 3 additional states (Kogi, Akwa Ibom and Gombe). This will enable 118,125 people to access HIV/AIDS testing. It will also support 25,000 HIV-positive adults, infants and children on treatment, 20,500 HIV positive adults, infants and children not on treatment and 2,500 HIV positive mothers to benefit from HIV/AIDS care and treatment services. At total of 548,750 lab tests will be conducted during COP08.

ICAP's experience in COP07 will inform expansion plans in COP08. In COP07, baseline laboratory assessments revealed infrastructural deficiencies including lack of electricity and potable water, obsolete equipment and testing methods, severe staffing shortages and under-skilled staff. This will continue to be a challenge in COP08. ICAP-CU'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, malaria parasite, STI screening tests, pregnancy tests, stool, urine and blood cultures, Hepatitis B and C screening 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 early infant diagnosis (EID). ICAP-CU will participate in the National EID scale up plan, sending DBS specimens to appropriate laboratories supported by other PEPFAR implementing partners. ICAP-CU will collaborate with Clinton Foundation for sample collection materials and transport of specimens/results.

Lab staff will be trained in the use of already designed specimen shipment forms and other identified mechanisms to track samples and results among ICAP-CU lab network and other partner networks. In COP08, ICAP-CU will continue to fully fund training on diagnostic testing and immunologic monitoring, good laboratory practices (GLP) and biosafety. ICAP-CU will also support urban Primary Health centers, especially in the saturation plan states of Gombe and Kaduna States, to provide basic monitoring investigations using manual method/simple auto-analyzers via the development of mini labs (FBC, chemistry, and CD4). ICAP-CU will strengthen existing shipment flows from rural PHCs to the comprehensive site/urban PHC mini labs closest to them. ICAP-CU will also support the development of mobile lab teams to extend lab services to very remote/hard to reach communities and rural PHCs (Gombe and Kaduna). ICAP-CU will ensure that all bio-medical waste generated from all its supported sites will be properly disposed of by supporting renovation of hospital incinerators, provision of autoclaves to sites without existing incinerators, procuring and regularly supplying sharp containers, bio-hazard bags. ICAP-CU will continue to work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported laboratory sites.

ICAP-CU will work closely with the PEPFAR lab technical working group for the development of a common lab equipment list and will procure appropriate equipment for the different lab levels that it supports. It will continue to coordinate and fully fund formal didactic training sessions and share training resources to avoid duplication. On-the-job training will continue to be enhanced by job aids, standard operating procedures (SOPs) and diagnostic algorithms. 220 laboratory staff will be trained in GLP, HIV serology, and CD4 enumeration among others. Additional training on microscopy for AFB using the new nationally adapted WHO/CDC AFB smear microscopy training packages will be conducted at 50 DOTS sites to identify TB/HIV co-infections. TOT lab management training which will be offered by CDC/APHL will be provided for 2 ICAP lab advisors who will in turn step down the training to 25 site level lab supervisors to enhance lab management skills. ICAP-CU will also support the training of back-up Lab Scientists to provide services when regular ones are on annual leave or posted to different facilities. All available trainable lab personnel will be trained on all analyzers, regardless of specialty, to address the challenges of lab personnel shortages at some of these facilities. ICAP-CU will continue to advocate for and support the training of non lab personnel in rapid HIV testing at all sites.

ICAP-CU will continue to participate in the QA/QC national networks discussions and will support the active integration of recommendations/guidelines at its sites and state levels. ICAP-CU will also develop and implement QA/QC plans at all supported labs using national guidelines/tools where available. ICAP-CU will institute a robust 4 – pronged Quality Assurance management program in all its supported sites. These components will include quarterly site monitoring visits, use of proficiency testing panels, survey of rapid tests and equipment/results performance in the field and sample retesting. Results of the quarterly QA activities will be made available to a national centralized system (supported by PEPFAR). ICAP-CU will regularly assess the quality of rapid HIV testing done in remote PHCs and stand alone VCT using various QA tools which will include regular supervisory visits to provide mentoring, regular use of controls, competency assessments after training, biweekly proficiency testing and regular refresher trainings. ICAP-CU will continue to support PEP programs in all its sites by emphasizing the availability of this service in all its lab training.

ICAP- CU laboratory program is currently supported by a regional lab advisor from the HQ who provides regular TA to in country lab team. The in country team is comprised of one senior lab advisor, one central lab advisor (supervises all lab activities from the central office), one central biomedical engineer, and two regional lab advisors. An additional five lab advisors are expected to join the team before the end of COP07. This lab team will work closely with the LTWG and the state MOH to ensure that at least 8 ICAP-CU supported labs gain local lab accreditation through the national lab regulatory body (MLSCN).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

In FY08, ICAP-CU will use EP funds to support 25 hospital labs using the phased approach described above. To facilitate the GoN scale up plans, 245 laboratory staff will be trained on the provision of high-quality lab. Trainings will be stepped down to laboratory technicians and assistants from the primary health centers. Sixty lab technicians will be trained on ZN-staining /AFB identification to enhance TB diagnosis at the DOT sites. ICAP-CU will also strengthen the laboratories at new sites by renovating space and facilities

Activity Narrative: (within the existing hospital building space), and enhancing their diagnostic abilities. By ensuring appropriate training, supervision, equipment, maintenance and supplies, all 25 hospital labs will be strengthened to support these institution's rapidly-growing adult and pediatric HIV/AIDS care and treatment programs.

LINKAGES TO OTHER ACTIVITIES:

This activity also relates to activities in ART (5404.08), Palliative Care (5552.08), OVC (5547.08), VCT (5550.08), TB/HIV (5551.08) and PMTCT (6622.08). These services will directly support these activities by enabling 118,125 people access to HIV/AIDS testing and 25,000 HIV positive adults, infants and children on treatment, 20,500 HIV positive adults, infants and children not on treatment and an additional 2500 HIV positive mothers to access HIV/AIDS care and treatment.

TARGET POPULATIONS:

General populace with special emphasis on high risk groups (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 45,500 HIV positives and 2,500 HIV positive mothers includes a projected total estimate of 548,750 tests consisting of 116,000 LFTs, 116,000 CBCs, 119,250 CD4 counts, 5000 sputum exams, 2500 PCRs for EID and 190,000 HIV testing including tests in PMTCT and TB patients. Health workers will be trained in providing quality 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.

EMPHASIS AREAS:

Emphasis areas include commodity procurement, training, quality improvement/assurance, supportive supervision, upgrading of infrastructure and development of referrals, network/linkages.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6693

Related Activity: 13021, 13022, 13023, 13024,
13025, 13026, 13027, 13028,
13029, 13030, 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28554	5544.28554.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$2,461,800
6693	5544.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$1,410,000
5544	5544.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13029	5493.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$9,393,931
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13032	5541.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	25	False
12.2 Number of individuals trained in the provision of laboratory-related activities	245	False
12.3 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	548,750	False

Indirect Targets

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5273.08

Prime Partner: Clinical and Laboratory
Standards Institute

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 9845.08

Activity System ID: 13020

Mechanism: HHS/CDC Track 2.0 CLSI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$331,000

Activity Narrative: ACTIVITY DESCRIPTION:
 No funding planned for FY08 in the COP September base submission.
 Activities to be carried out with FY07 funds provided during COP07 plus-up and reprogramming (\$200,000).

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. 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, Namibia, and Vietnam in addition to Nigeria.

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 (SOPs), 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 staff will work with the Government of Nigeria (GON), PEPFAR Implementing Partners (IPs) and USG Laboratory Technical Working Group (LTWG) to harmonize/standardized SOPs developed independently by IPs and GON. These will be made available to the GON for use throughout Nigeria as part of an overall plan for implementing a national quality management system for the laboratory. CLSI will also provide technical assistance to the GON and IPs in the writing of new SOPs (as new technologies are made available in Nigeria).

CLSI will also work in close coordination with its coalition partner, American Society for Clinical Pathologists (ASCP), to prepare designated laboratories (2) for international 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.

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 LTWG, will enhance laboratory systems in Nigeria by providing assistance in the writing of lab SOPs and harmonizing existing 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 to an international standard 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 GON, IPs and USG technical experts. It will also work with laboratorians based in clinical health labs in the correct use of standardized laboratory SOPs.

EMPHASIS AREAS:

The emphasis of this activity is local organization capacity development related to quality assurance and quality improvement of laboratory testing. There is also emphasis on infrastructure improvement in preparing demonstration labs for accreditation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9845

Related Activity: 12988, 12990, 13003, 13031, 13061, 13116, 15648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25303	9845.25303.09	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	10729	5273.09	HHS/CDC Track 2.0 CLSI	\$100,000
9845	9845.07	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	5273	5273.07	Cooperative Agreement	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
12990	9846.08	6363	5272.08	HHS/CDC Track 2.0 ASCP	American Society of Clinical Pathology	\$293,000
12988	12440.08	6362	6173.08	HHS/CDC Track 2.0 APHL	American Public Health Laboratories	\$233,391

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 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	N/A	True

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

Coverage Areas

Federal Capital Territory (Abuja)

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3688.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 6680.08

Activity System ID: 13003

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$3,726,342

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

This activity ensures that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. Linkages with HVSI will ensure tracking of lab infrastructure indicators. AIDSRelief (AR) works in tertiary and secondary health care facilities to provide quality HIV and AIDS services to people living with HIV and AIDS (PLWHAs). AR supports Laboratory (Lab) infrastructure to all of our local partner treatment facilities (LPTFs).

AR provides 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. AR will support the improved diagnosis of TB, cryptococcal infection, syphilis, hepatitis B (HBV) and other bacterial infections. AR does not routinely do Viral load (VL) testing since our LPTFs are mostly primary and secondary level facilities, but ensure that VL testing is done to make difficult therapy switch decisions as well as for program evaluation on a random 10% subset of our clients from each LPTF who have been on therapy for longer than 9 months annually at Institute of Human Virology (IHV-ACTION) supported laboratories and at 2 of our LPTFs with VL capacity. In addition, 2-3% of AR clients on ART would require VL testing based on clinical indications. AR will also support expansion of early infant diagnosis (EID) at PMTCT supported facilities in accordance with the national EID scale up plan. AR will provide standardized training and supplies for collection and transport of dried blood spots (DBS) and clinical samples.

AR will continue to participate in the USG-Nigeria coordinated Laboratory Technical Working Group (LTWG) to ensure harmonization with other IP and the Nigerian government. AIDSRelief will continue to work with the PEPFAR LTWG for the development of a common Lab equipment platform appropriate for each lab level.

In COP07 AIDSRelief is providing support to 30 sites in a total of 14 states (Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau and Taraba). Of these 30 sites, 28 are secondary level and 2 are tertiary level. Two of these facilities have PCR capacity: 1) St Vincent's DOC (DREAM model) has bDNA VL testing supported by CRS private funding and 2) Annunciation Specialist Hospital in Enugu has NucliSens VL machine (initiated prior to PEPFAR). AR will continue providing automated CD4 testing equipment with capacity for processing large patient loads, cytosphere reagents using binocular microscopes that are easy to use and appropriate for secondary care centers for manual CD4 testing as backup in place of automated CD4, hematology analyzers and chemistry machines. All labs will be supported to test for syphilis, TB, HBV, hematology, chemistry, cryptococcosis and CD4. In COP 07, AR provided 5 LPTFs with fluorescent microscopes. In COP08, fluorescent microscopes will be provided to 5 additional LPTFs. In addition to 10 primary level satellites activated in COP07, 10 new satellite sites will have a laboratory capacity for hematology and HIV rapid testing and positive patients will be referred to the parent site for ART. Satellite sites do not have full laboratory capacity and are therefore not counted as lab targets. In setting COP08 targets and expansion, consideration has been given to modulating AR's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement.

All equipment will be centrally procured and shipped to Nigeria. AR in-country lab specialists will be responsible for equipment installation. All AR lab specialists have received training by CD4 manufacturers as maintenance engineers to service CD4 machines. 10% of the cost of all equipment is kept in reserve for maintenance purposes.

In COP08 AR will develop a comprehensive lab program with 9 locally based FTE lab specialists focused in the following areas: 1 centrally based lab program director, 1 equipment installation/trouble shooting, 3 QA/QC, 1 blood / injection safety, 1 TB lab and 2 training. 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. Working with SCMS and CHANPharm, AR will centrally procure lab reagents from manufacturers locally and abroad and distribute to LPTFs. HIV Test kits will be provided directly by the USG through the SCMS mechanism.

AR works with UMD-ACTION for external QC, back-up CD4 testing support, training support for EID/DBS and provision of specialized Lab tests such as VL and DNA-PCR. To support pediatric diagnostic and treatment, Clinton Foundation will provide DBS collection material, transportation of specimens/results and CD4 test reagents. AR will work with MMIS to provide blood safety training and AD needles to all sites.

To ensure safe lab conditions, AR will increase its provision of appropriate sharps and bio-medical waste disposal containers at all sites. AR will ensure the availability of functional incinerators and/or collection of biomedical waste by approved, private companies. AR will also support post HIV exposure programs (PEP) at all sites.

In COP 08, AR will work with MLSCN to gain accreditation for 10 labs. This will include 2 tertiary and 8 secondary sites across 5 states.

In COP08 AR will contract with IHV-ACTION tertiary lab specialists to train 90 lab personnel from all LPTFs in the following areas: HIV diagnostics, CD4, chemistry, hematology and OI diagnosis. AR emphasizes 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. AR provides simplified lab manuals to reinforce each training episode. AR use Nigerian Institute of Medical Research Training Manuals to supplement simplified manual from IHV-University of Maryland.

AR will conduct QA activities consisting of quarterly site monitoring visits (using a standardized tool developed by the LTWG), quarterly proficiency testing (PT) for all tests and reporting of these results into a centralized system. AR will sub-contract to IHV ACTION for support of the AR PT program.

AR lab personnel and selected partner personnel 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.

Activity Narrative: They will then transfer the knowledge gained to all LPTF lab personnel using the provided training materials.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By supporting Lab infrastructure AR will help all LPTFs carry out 282,738 tests (including testing for 7,000 children). This will contribute to the Nigeria 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 28,200 clients including 2,270 pediatric patients in COP08. This activity will also contribute to the reduction in Mother to child transmission of HIV and early detection of any infant HIV infection. 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 28,200 ART clients in COP08. 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 42,070 clients in care at the 30 LPTFs and 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:

AR activities in adult basic care and support are linked to HCT (5425.08), ARV services (6678.08), PMTCT (6485.08), ARV drugs (9889.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08) to ensure that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. AR will collaborate with IHV-ACTION, other implementing partners and state hospitals to optimize resources and strengthen the comprehensive networks of care across the 16 states including centralized lab training, establishment of high level laboratory services for VL testing and EID. AR will link LPTFs with local and PEPFAR procurement and distribution agents such as CHANPharm and SCMS to ensure a sustainable supply chain for lab reagents. AR regional program managers will act as network coordinators.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6680

Related Activity: 12991, 12992, 12993, 12994,
12996, 12997, 12998, 12999,
13000, 13001, 13002, 13004,
15655, 12995

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6680		HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$2,019,342

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
12991	6682.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$796,975
12992	9895.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$1,042,789
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13004	5359.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	30	False
12.2 Number of individuals trained in the provision of laboratory-related activities	90	False
12.3 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	282,738	False

Target Populations

Special populations

Tuberculosis patients

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Edo

Kaduna

Kogi

Nassarawa

Adamawa

Ebonyi

Enugu

Ondo

Taraba

Benue

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6173.08

Prime Partner: American Public Health Laboratories

Mechanism: HHS/CDC Track 2.0 APHL

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 12440.08

Planned Funds: \$233,391

Activity System ID: 12988

Activity Narrative: ACTIVITY DESCRIPTION:

This activity was funded in late 2007 and will continue through the COP08 program period.

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).

This is a continuing activity that includes the following activities:

Conduct an independent, third party evaluation of PEPFAR supported laboratory services in Nigeria. This will focus on comprehensive laboratory services offered by all six treatment partners. 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, review of training programs and review of the organization of the lab program within the treatment partner's Nigeria program. 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.

In addition, APHL will assist in improving the capacity within Nigeria for the evaluation and monitoring of non-PEPFAR supported laboratories. APHL will provide technical support to the Medical Laboratory Science Council of Nigeria (MLSCN), the national body responsible for accrediting all medical laboratories in Nigeria. Support will include review of the current lab accreditation tools/processes, recommendations for improvements and training for MLSCN staff responsible for conducting accreditation activities.

APHL will partner with IHVN-ACTION (an ART treatment partner currently supported by PEPFAR-Nigeria with a strong lab program) to lend technical support to the MLSCN and the National Central Public Health Reference Lab (NCPHRL) in expansion of the national proficiency testing program and associated training for Government of Nigeria (GON) and implementing partner (IP) lab support staff.

APHL will support training for the director of the NCPHRL (Management of Public Health Laboratory Systems, Professional Development Seminar). This two week curriculum, jointly developed by the George Washington University School of Public Health and APHL, is designed for senior public health professionals who are responsible for planning, managing or directing national public health laboratory systems. Participants will be provided with tools for assessing national laboratory systems and strategies for strengthening the capacities and capabilities of quality public health laboratories.

APHL consultants will deliver a week long Lab Management Training Package, formatted as a training of trainers (TOT), to representative lab staff from the GON and PEPFAR IPs. Attendees are then expected to provide the training out to a wider group of laboratorians from PEPFAR and non-PEPFAR supported sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The evaluation of PEPFAR IP lab programs will lead to improved laboratory practices across PEPFAR implementing partners and will ensure standardization and sustainability of the program through improvements made based on recommendations. Developing the strengths and capacities of the Nigerian lab accreditation body (MLSCN) and the central public health lab (NCPHRL) will have a positive impact on the national HIV/AIDS programs of Nigeria.

LINKS TO OTHER ACTIVITIES:

Strong laboratory systems support C&T, ART Services, ART Lab, Basic C&S, VCT, PMTCT, TB/HIV, and OVC.

EMPHASIS AREAS:

Emphasis is placed on capacity development through quality assurance and quality improvement and training (for laboratory staff).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12440

Related Activity: 14090, 12978, 12993, 13003,
13031, 13044, 13050, 13061,
13116, 13159, 15648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24820	12440.2482 0.09	HHS/Centers for Disease Control & Prevention	American Public Health Laboratories	10565	6173.09	HHS/CDC Track 2.0 APHL	\$200,000
12440	12440.07	HHS/Centers for Disease Control & Prevention	American Public Health Laboratories	6173	6173.07	APHL	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5272.08

Prime Partner: American Society of Clinical Pathology

Funding Source: GHCS (State)

Mechanism: HHS/CDC Track 2.0 ASCP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Activity ID: 9846.08

Activity System ID: 12990

Program Area Code: 12

Planned Funds: \$293,000

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. No funding is requested in the COP08 submission; activities will be carried out through the COP08 program period with funds provided in late COP07 reprogramming.

ASCP will 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 (Power Point (PP) presentations), participant's manual including 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.

ASCP will 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 "teach back" 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.

ASCP will work toward laboratory accreditation for Nigerian laboratories: 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.

ASCP will improve in-service training curriculum to medical laboratory scientist provided by MLSCN: ASCP will work closely with the MLSCN to develop HIV related, week-long training courses directed at medical laboratory scientist currently working in the field. MLSCN offers these courses on a yearly basis to a limited number of scientists. ASCP will work to improve the curriculum and support delivery to a wider group of scientist (from both PEPFAR and non-PEPFAR supported sites. IP developed training labs will also be utilized to add a lab practical component to the curriculum (currently only didactic lectures are provided).

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, developing a national approach to quality systems, implementing comprehensive laboratory quality services with the goal of accrediting laboratories in Nigeria. 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. The two accredited demonstration labs will serve as a model for 4 additional tertiary labs in Nigeria.

LINKS TO OTHER ACTIVITIES:

Strong clinical labs support 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.

EMPHASIS AREAS:

The emphasis of this activity is local organizational capacity development through training and on

Activity Narrative: infrastructure and quality assurance as detailed in the activity description above.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9846

Related Activity: 14090, 12993, 13003, 13020, 13031, 13044, 13050, 13061, 13116, 13143, 13159, 15648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25302	9846.25302.09	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	10728	5272.09	HHS/CDC Track 2.0 ASCP	\$400,000
9846	9846.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5272	5272.07	HHS/CDC Track 2.0 - ASCP	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12993	9911.08	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	Catholic Relief Services	\$80,658
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13020	9845.08	6371	5273.08	HHS/CDC Track 2.0 CLSI	Clinical and Laboratory Standards Institute	\$331,000

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	30	False
12.3 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	N/A	True

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.

Coverage Areas

Federal Capital Territory (Abuja)

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$20,106,296

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Strategic Information (SI) goal for Nigeria is a unified national monitoring and evaluation (M&E) framework with harmonized measurement and reporting activities across partners. The USG SI unit works closely with PEPFAR implementing partners (IPs), the National Agency for the Control of AIDS (NACA), the HIV/AIDS division of the Federal Ministry of Health (FMOH), and the Monitoring and Evaluation Advisory Committee (MEAC) of Global Fund, as well as other HIV/AIDS stakeholders in Nigeria to: 1) build M&E capacity at national and sub-national levels; 2) institute measures for quality assurance and improvement; 3) promote increased utilization of data toward evidence-based decision making; 4) evaluate intervention efforts; and 5) gather information about the epidemic in Nigeria through surveys and surveillance.

An M&E Technical Working Group (TWG) facilitated by NACA provides national coordination for SI. The USG also operates an SI Working Group (SI TWG) to facilitate inter-agency coordination. USG SI supports the routine collection and reporting of program data by IPs and the GON. In the last 2 years, the GON, with the support of the USG, developed and revised the National M&E Plan and the Nigeria National Response Information Management System (NNRIMS). NNRIMS is currently implemented in 34 of 36 states and the Federal Capital Territory. This system facilitates coordination of national reporting and PEPFAR indicator reporting. USG and the GON have also collaborated on training M&E staff and harmonizing the tools, data flow and indicators used by stakeholders.

Three major SI challenges addressed in COP08 are: Inconsistent data quality resulting from low M&E capacity at the state level and Service Delivery Points (SDPs); Limited utilization of data; and Lack of an M&E culture at all levels. In COP08, the USG will continue to support training (promoting a standardized training content) and Technical Assistance (TA) in M&E to IPs and the GON, and priority will be given to a Data Quality Assessment and Improvement (DQA/I) plan. Under this plan, IPs will be expected to work closely with their GON counterparts at the sub-national level and USG SI will build capacity at the national level. The DQA/I plan will require training, site supervision, and mentoring activities by IPs in collaboration with state M&E staff. An expected result is strengthened reporting by IPs. USG SI will collaborate with ENHANSE, an IP engaged in policy and systems strengthening, to disseminate program monitoring, surveillance, and survey data. Together with the planned workshops in Data Demand and Information Use (DDIU) and data quality assurance, these data dissemination activities will further build capacity and sustainability in data management and SI.

With USG support, the GON has developed consensus around core indicators for patient monitoring and management (PMM). Most USG IPs are now using common PMM tools. USG SI will work closely with IPs, NACA and the States' Agencies for Control of AIDS (SACAs) to ensure availability of standard registers and NNRIMS forms at PEPFAR-supported sites and to promote their availability and correct use at all SDPs. Various software packages are utilized in data management at SDPs. These will be

incorporated into one framework in order to move forward with the HMIS agenda; however, USG will explore the introduction of a single software package in consultation with the HMIS TWG in Washington and HMIS sub-committee of the SIWG to select scaleable and sustainable systems. These efforts will improve indicator target setting and reporting.

Indicator target setting involves a review of IP performance, coverage area, and capacity given funding levels. IP targets are reviewed against program area TWG recommendations and trends toward achievement of 5-year targets. In support of Nigeria's 5-year plan, the USG SI unit tracks IP progress toward targets on a monthly and quarterly basis, reviews reported achievements, and provides feedback to program area TWGs and senior management on progress toward annual and 5-year targets. These activities will play a key role in reporting results at the end of the first phase of PEPFAR and in projecting targets for the second phase of PEPFAR. Planned activities follow an inter-agency SI strategy for funding surveys and surveillance, results reporting, and HMIS. The strategy is reviewed during COP planning with a focus on annual program results reporting.

Contributing to one M&E system and the sustainability of M&E activities is the deployment of an HMIS for HIV/AIDS to which all stakeholders will have input and access. This is underway through a contract with a Partnership for Supply Chain Management and includes the design of a web portal, role-based user access for data input and retrieval, mapping capabilities, and reporting functionalities. This system, developed by Voxiva, has the capacity to handle real-time HMIS data reporting. In COP08, the focus will be on improving national, state, and local capacity to utilize data reported through this system.

In COP08 the USG will support the mapping of SDPs and begin the development of a fully populated geographical information system (GIS) relational database for in-depth analysis of the nature and trends of the epidemic in Nigeria. This first phase will identify tasks and associated costs for the geocoding of available data and migration to a robust GIS software. The ongoing integration and management of the Voxiva HMIS platform includes the development of a GIS layer for aggregated program-level data.

The USG has supported the GON in developing guidelines, protocols and standards of practice to standardize service delivery and ensure quality of services. HIVQual was piloted in 20 treatment sites with COP06 funding, in collaboration with GON and with TA from the New York State Department of Health. In COP08, HIVQual will be implemented in an additional 40 treatment sites. USG SI will also develop measurement tools for compliance and performance according to standards and provide quality assessment in all program areas to ensure that IPs and staff at SDPs are complying with these standards.

USG Nigeria has supported the GON to implement several nationwide population-based surveys and other surveillance activities to generate HIV/AIDS data. These include: 2 rounds of HIV surveillance at ANC clinics; a population-based National AIDS and Reproductive Health Survey (NARHS); 2 rounds of behavioral surveillance surveys (BSS) among high-risk populations; and other studies, including an assessment of orphans and other vulnerable children (OVC). An HIV/AIDS service provision assessment is planned in COP07, and two USG IP sites are participating in the HIV drug resistance monitoring demonstration project.

In COP08, the USG will support a Nigeria Demographic and Health Survey, a Child Status Index of OVC (in collaboration with the Ministry of Women's Affairs), an assessment of the private sector health care workforce, and dissemination of the NARHS+. Additional studies will include an analysis of PMTCT data for HIV surveillance; two studies on HIV drug resistance (threshold and treatment monitoring); estimations of recent HIV infections; two studies on military populations (transfusion-transmitted infections and risk factors for HIV-1 infection associated with international deployment); HIV and TB incidence among prison inmates; and a National TB Resistance and HIV Survey to assess tuberculosis drug resistance and co-infection rates. USG SI will provide oversight on a number PHEs designed to assess service delivery models in TB/HIV, PMTCT, and treatment.

The Nigeria PEPFAR SI team is expanding to 11 staff and now includes a balance of M&E, HMIS, and survey/surveillance staff across USG agencies. Additional M&E and HMIS positions planned in COP08 will further complement existing capacity within the USG. An SI team member is assigned to each program area technical working group.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	801
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	3217

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3689.08	Mechanism: USAID Track 2.0 CRS 7D
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 9913.08	Planned Funds: \$50,000
Activity System ID: 13009	

Activity Narrative: ACTIVITY DESCRIPTION:

CRS Seven Dioceses (7D) will collaborate with the CRS SUN project to strengthen monitoring & evaluation (M&E) capacity and build strategic information (SI) activities in 13 project sites across eight states, including the FCT. These states are Benue, Edo, Kaduna, Niger, Kogi, Nassarawa and Plateau. The service area will not expand in COP08 but the number of sites will increase from 10 to 13 sites due to the creation of three dioceses—one in Jos and two in Makurdi diocese. Activities will focus on program level reporting, Health Management Information System (HMIS), and quality assurance, and will be aligned with the USG strategic information (SI) data quality assessment/improvement (DQA/I) and capacity building plan to enhance reporting, monitoring, and management of the SUN/7D project.

The M&E system established in COP07 will be further strengthened in COP08. An M&E System Review Workshop will be conducted to assess the data collection tools and reporting structure through a participatory process involving the partners and representatives of Parish AIDS Volunteers (PAVs). Necessary adjustments will correct any identified gaps or weaknesses of the system during the workshop. 7D/SUN SI resources will be used to modify and print existing M&E tools that complement the harmonized Government of Nigeria (GoN) harmonized registers and reporting forms, to better capture program performance.

A total of 13 Arch/dioceses, the care and support network, and PMTCT facilities will participate in SI activities in COP08. To strengthen the HMIS, at least 13 new computer units will be acquired for dedicated application to M&E data entry, management, and analysis using excel, EPINFO and other appropriate data analysis software. A refresher course on data management will be conducted for the 13 diocesan M&E officers while the health coordinators and HIV/AIDS coordinators will be trained on the use of data for programmatic decision making by CRS in conjunction with appropriate GON M&E specialists. This training will introduce the participants to M&E principles and the National M&E Framework.

Two staff from each of the 20 SUN/7D supported PMTCT sites will be trained as well in SI by CRS and GON M&E specialists. This training will focus on utilization of the PMTCT M&E tools developed by the GON. Ongoing TA will be provided by the M&E specialist and the program managers to the diocesan management staff on how to use data generated in each diocese to improve project management as part of the CRS technical support functions to Partners. CRS staff will work with state M&E officers program monitoring and data quality improvement efforts and, to the extent possible, state M&E officers will be included in training programs in order to instill a sense of ownership and ensure sustainability of these efforts.

Due to high attrition of PAVs who are the primary implementers of activities in SUN/7D, a quarterly M&E orientation and training will be conducted at the Parish Action Committee on AIDS (PACA) level for the new volunteers by the diocesan M&E officers. This training will focus on the effective use of the data collection instruments already developed by CRS. Specifically two volunteers from each of the 13 partner arch/dioceses will be trained and given the data collection instruments to record the services delivered to clients. The trained PAVs will each conduct step-down training for 30 individuals in the use of program monitoring tools for a total of 780 PAVs indirectly trained in routine M&E.

SUN/7D M&E activities will function within the national framework and in the context of the “three ones” initiative. It will harmonize its M&E system with the national M&E framework. In particular, the program will use and adapt existing nationally developed M&E tools for data collection and collation. For example, the 7D supported PMTCT and HCT sites will use the national PMTCT and VCT registers. The 7D project will also attend and support periodic state and LGA co-ordination meetings.

Where necessary, CRS headquarters and Regional Technical Advisers and USG/CDC experts will be called upon for technical support purposes to CRS and partner programs. Routine supportive and supervision of PAVs, however, will be done by the diocesan staff.

A CRS training coordinator will work closely with SUN/7D and partner staff to determine the training needs of partner organizations. She will also ensure that trainings follow current modules, learning methods and curriculum that increase the capacity of participants to learn, retain and apply new knowledge. She will be supported with resources to synthesize key emerging effective employee practices for improved program outcomes. An M&E specialist will provide technical support and training to partner staff. The M&E Specialist will collaborate with the training coordinator to enhance both quality and technical depth of trainings. With technical support, partners will develop the capacity to evaluate their existing data and use this information to influence programming and improve performance.

The current quarterly PACA meeting will be expanded to include planning and feedback to LGA and State Actors on SUN/7D program performance in coverage areas. Additionally, SI resources will be used to support small-scale operation research. A “Do No Harm” analysis will be conducted in five selected dioceses to assess the effects of our intervention on the rights, privacy and quality of life of the beneficiaries and their families. An external consultant and or HIV/AIDS Technical Advisor from the CRS regional office will join the program staff to conduct the study. Moreover, monitoring data will be utilized to assess the motivations of volunteers and potential strategies to maximize their satisfaction and contribution. Self-stigma of PLWHA will also be assessed in an effort to design interventions to combat it.

SUN/7D SI activities will also focus on assessing compliance to existing national protocols and guidance for service provision. The outcome of the assessment will provide updated information on training needs for partner staff.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The SI activities will contribute to improved quality and reliability of data being reported on PMTCT, Basic Care and Support, HIV Counseling and Testing (HCT) and AB Prevention. Improvement in SI management capacity of existing and new partners will ensure effective data use and management and 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 SUN/7D project. By strengthening the capacity of local partners, SI activities will further increase the sustainability of HIV/AIDS programs in Nigeria. As a result of the combined SUN/7D SI activities, a total of 46 people from 23 organizations will be

Activity Narrative: trained in SI, and 13 organizations will receive TA in SI activities in addition to the 30 PAVs trained giving a total of 76 persons directly trained.

LINKS TO OTHER ACTIVITIES:

SI activity relates to PMTCT (3.3.01), Abstinence and Be Faithful Prevention (3.3.02), Palliative Care: basic health care and support (3.3.06), and counseling and testing (3.3.09). In addition, links with the GON and other USG IPs will be strengthened.

POPULATIONS BEING TARGETED:

This activity targets religious leaders, public health care workers, community-based organizations, and faith based organizations.

EMPHASIS AREAS

This activity includes an emphasis on human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9913

Related Activity: 13005, 13006, 13007, 13008

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24872	9913.24872.09	U.S. Agency for International Development	Catholic Relief Services	10591	3689.09	USAID Track 2.0 CRS 7D TBD	\$50,000
9913	9913.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13005	5348.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$1,200,000
13006	5312.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$2,000,000
13007	5366.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$610,000
13008	5422.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$365,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	13	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	76	False

Indirect Targets

The trained PAVs will each conduct step-down training for 30 individuals in the use of program monitoring tools for a total of 780 PAVs indirectly trained in routine M&E.

Target Populations

Other

Religious Leaders

Coverage Areas

- Benue
- Cross River
- Ebonyi
- Edo
- Federal Capital Territory (Abuja)
- Kaduna
- Kogi
- Lagos
- Nassarawa
- Niger
- Plateau

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3688.08

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 5359.08

Planned Funds: \$1,100,000

Activity System ID: 13004

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07, AIDSRelief provided strategic information (SI) management services to 28 local partner treatment facilities (LPTFs), 10 satellite clinics, 28 tuberculosis (TB) DOTS centers and 2 prevention of mother-to-child transmission (PMTCT) sites in 14 states (Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, the FCT, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Taraba). In COP08, AIDSRelief will provide support for SI management for 30 LPTFs, 20 satellite clinics, 2 PMTCT and 31 TB DOTS sites for a total of 83 facilities in the aforementioned states plus Abia and Imo. In setting and achieving COP08 targets across all program areas, consideration has been given to modulating AIDSRelief's rapid COP07 scale up plans in order to concomitantly work towards continuous quality improvement in SI activities.

AIDSRelief's SI activity incorporates program level reporting and implementation of both paper-based and computerized Health Management Information Systems (HMIS) for AIDSRelief LPTFs. This activity is coordinated by Constella Futures, one of AIDSRelief's consortium members. Using in-country networks and available technology, AIDSRelief will build a strong Patient Management Monitoring (PMM) system with added emphasis on harmonization with the Government of Nigeria's (GON) emerging National PMM system. It is anticipated that the USG-supported Voxiva system will complement the National system when the Voxiva web-portal becomes operational. AIDSRelief will support the implementation of this system at appropriate points of service. As part of capacity building and contribution to program sustainability AIDSRelief currently provides logistical support for automated PMM to AIDSRelief LPTFs by providing them with computers and other logistical support systems and will continue to do so in COP08.

In COP08, AIDSRelief will strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. AIDSRelief will continue to provide TA to LPTFs and personnel to adapt and harmonize existing tools to meet the standards of the GON and ensure proper roll-out of GON's revised PMM tools. Monitoring and evaluation of the AIDSRelief program will be consistent with the national plan for patient monitoring. AIDSRelief's SI team will work with the AIDSRelief CQI specialists to conduct site visits at least quarterly during which there will be evaluations of the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services and referral coordination. Data flow including data collection, management and reporting will be assessed and recommendations for improvement will be given. Supportive supervision and mentoring will be provided to all on-site staff that collect and utilize data (e.g., clinicians, pharmacists, data entry personnel, administrators). On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. In order to provide comprehensive support for all program activities the current AIDSRelief SI team of 3 will be expanded to a minimum of 8 staff who will comprise the headquarters team in Abuja and the regional teams.

A total of 120 LPTF personnel (including but not limited to data entry personnel, clinicians, nurses, pharmacists, and administrators) will be trained in PMM to ensure that all health workers coming into contact with patient records use them appropriately. State M&E officers shall be informed of, and involved in the monitoring processes and the training programs in order to instill a sense of ownership and ensure sustainability of these efforts. This strategy is in line with the USG SI data quality assessment/ improvement (DQAI) and capacity building plan. Additionally, information shall be shared and feedback from periodic (monthly and quarterly) reports shall be provided to LPTFs and respective state and local government agencies for AIDS control (SACAs and LACAs) for their planning purposes.

AIDSRelief SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria as well as the GON's National M&E Technical Working Group and its sub-committees. In this regard, AIDSRelief will also actively participate in the proposed HIVQual implementation at all sites where applicable. Another effort being implemented at the site level is the use of Life Table Analysis (LTA). The LTA publicly-available software will assist LPTF partners to analyze and interpret their patient data using simple procedures and recognized statistics. These procedures compute program continuation rates from existing medical records maintained by the ART program. AIDSRelief will train LPTF personnel to enable them to continue to conduct these LTAs independently and thus contribute to the sustainability of this activity. Due to the limitations of the CAREWare software that has been in use by AIDSRelief across 9 countries, in COP07 AIDSRelief is working towards transitioning to IQCare software, which provides for a more robust open source, freeware solution. IQCare will be introduced into new LPTFs and will continue to be supported, developed and enhanced in the existing ones. AIDSRelief will participate in the harmonization process of the existing IQCare with the National Public Health online real-time data system (Voxiva).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Improvement in SI management capacity of existing and new LPTFs will instill a data use culture that leads to improved quality of care. Staff training across the AIDSRelief sites in 16 states 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.

LINKS TO OTHER ACTIVITIES:

This activity relates to all AIDSRelief HIV/AIDS activities - basic care and support (5368.08), ARV services (6678.08), ARV drugs (9889.08), counseling and testing (5425.08), PMTCT (6485.08), TB/HIV (5399.08), OVC (5416.08), blood safety (5392.08), injection safety (6820.08) and laboratory infrastructure (6680.08). All programs require a robust data management system and data quality checks to ensure effective programming.

POPULATIONS BEING TARGETED:

The AIDSRelief SI activity targets AIDSRelief LPTF personnel including those primarily engaged in SI activities (on-site project coordinators, on-site 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 personnel coming in contact with the patient keep appropriate records and manage them efficiently and effectively.

EMPHASIS AREAS

This activity has a major emphasis on strategic information (HMIS development) and reporting for program level M&E with emphasis on targeted evaluations, logistics and training.

ACTIVITY DESCRIPTION:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6674

Related Activity: 12994, 15655, 12995, 12996,
12997, 12998, 12999, 13000,
13001, 13002, 13003

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25280	5359.25280.09	HHS/Health Resources Services Administration	Catholic Relief Services	10724	3688.09	HHS/HRSA Track 2.0 CRS AIDSRelief	\$750,000
6674	5359.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$400,000
5359	5359.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$365,917

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12994	6485.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$1,425,000
15655	15655.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$200,000
12995	5392.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$115,000
12996	6820.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$175,000
12997	5368.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$2,797,655
12998	5399.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$870,000
12999	5416.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$945,000
13000	5425.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$980,000
13001	9889.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$8,535,519
13002	6678.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$7,102,211
13003	6680.08	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	Catholic Relief Services	\$3,726,342

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	83	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Indirect Targets

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Kaduna

Kogi

Nassarawa

Abia

Adamawa

Ebonyi

Enugu

Imo

Ondo

Taraba

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 2768.08

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5541.08

Activity System ID: 13032

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,500,000

Activity Narrative: ACTIVITY DESCRIPTION:

The Monitoring and Evaluation (M&E) component of ICAP-CU programs enables the assessment of progress towards program goals/objectives and supports quality improvement activities. It strengthens medical records and patient information systems, improves data management and data quality, and enhances clinical services at ICAP-CU-supported sites.

In COP07, ICAP-CU provided strategic information (SI) management services to 42 sites in three states (Kaduna, Benue and Cross River). These included primary health centers (PHCs) providing a combination of PMTCT, TB/HIV and/or HCT, and 10 secondary hospitals providing comprehensive HIV/AIDS programs. In COP08, ICAP-CU will provide support for SI management to a total of 89 entities (70 sites and 19 CBOs) in six states (Cross River, Kaduna, Benue, Gombe, Akwa Ibom and Kogi states). The 70 sites include 25 secondary hospitals providing comprehensive services (increased from 10 in COP07) plus satellite PMTCT, TB DOTS and HCT sites.

Currently ICAP-CU's M&E team, with COP07 funding, consists of 16 ICAP technical staff and 24 data clerks (facility based) that support systems to monitor program activities and report on indicators required for national and USG reporting. The ICAP M&E team has supported the implementation of basic site patient tracking (using national paper-based systems) for care and treatment, including the identification and harmonization of indicators and definitions, and the adaptation and printing of data collection forms. M&E activities include the initiation of a paper-based records system, regular data collection and verification to meet reporting and data quality requirements, and tracking referrals and linkages to ICAP-CU-supported hospitals for HIV care and treatment services.

ICAP-CU also uses an electronic database to aid comprehensive patient tracking, facilitate site monitoring activities, assist reporting, monitor quality of services provided, and enhance programmatic evaluation. Using in-country networks and available technologies, ICAP-CU is building a strong Patient Management Monitoring (PMM) system harmonized with the Government of Nigeria's (GON) emerging national PMM system. ICAP-CU will fully participate in the GON to roll out the new national on-line real time data system (Voxiva platform) and implementation of HIVQual at all sites where applicable. 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) for these activities.

The monitoring and evaluation component of the ICAP-CU PEPFAR program enables the assessment of progress towards program goals/objectives and supports quality improvement for all activities. It strengthens medical records and patient information systems, improves data management and data quality, and enhances clinical services at ICAP-CU supported sites. In COP08, ICAP-CU staff will carry out regularly scheduled monitoring visits to all sites during which they will evaluate M&E activities including the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of data flow, referral coordination, and use of standard operating procedures, in line with the USG SI data quality assessment/improvement (DQA/I) and capacity building plan. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine visits. This will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will: ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment program monitoring and reporting; and provide relevant site-specific TA to develop targeted data QI plans. Emphasis will be placed 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. Furthermore, robust systems for tracking patients and monitoring adherence will be developed.

In COP08, additional M&E staff (including site data entry persons) will be hired in order to sufficiently address the greater level of M&E activities across all programs. Ideally, ICAP will hire eight additional full time staff (for a total of 24) and 26 facility-level data clerks (for a total of 50). Out of the eight additional ICAP core staff to be hired, three staff will be based in Abuja, including a database programmer/developer, a data analyst, and a quality management advisor. The database programmer's primary responsibility will be to develop a database application for HMIS collection and storage of aggregate and patient-level data for monitoring and evaluation of HIV clinical programs. The data analyst will merge and clean large datasets in Access, Excel or SAS format across ICAP-supported HIV prevention, care and treatment sites for use in routine monitoring and evaluation, and will also conduct descriptive and multivariate analysis of collected aggregate and patient-level data. The quality management advisor will lead the planning and implementation of service quality and data quality protocols across ICAP-CU supported sites in Nigeria and will ensure compliance with the protocols. Two regional M&E advisors will be hired to lead the M&E team in ICAP-CU's regional office in the planning, implementation and review of M&E activities at ICAP supported health facilities. Three regional M&E assistants will assist the regional M&E advisors in the development and refinement of M&E materials and provide support in the development and establishment of a systematic procedure for patient monitoring and evaluation including collecting, collating and reporting all data tracked by the ICAP Nigeria program.

ICAP-CU M&E staff train service providers in appropriate record-keeping and provide ongoing technical assistance to facility personnel to enhance site capacity to keep and review completed service delivery forms/registers, and to implement data quality assurance systems. In COP08 ICAP-CU will train and provide ongoing technical assistance to at least 250 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. 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. Service providers will also be supported to complete medical records and registers in an accurate and timely manner. In addition, ICAP-CU will provide technical assistance to 89 local organizations and facilities, enabling them to strengthen their own monitoring and evaluation activities.

ICAP-CU will continue to support additional M&E activities, including monthly feedback meetings with facilities and GON at all levels and regular quality checks on data and other services via adapted QM tools. Support will be provided to GON as necessary, and evaluation protocols will be developed and

Activity Narrative: implemented. State M&E officers will participate in the monitoring processes and the training programs in order to instill a sense of ownership and ensure sustainability of these efforts. Additionally, the SI team will continue to be active participants in the SI working group established and coordinated by USG-Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Correct and consistent data collection will contribute to the measurement of the achievement of the GON/PEPFAR care and treatment goals. It 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 (6622.08), adult basic care and support (5552.08), TB/HIV (5551.08), OVC (5547.08), HCT (5550.08), AB (15654.08), condoms and other prevention (9208.08), ARV services (5404.08), ARV drugs (5493.08), lab (5544.08), blood safety (6490.08) and injection safety (6819.08). ICAP-CU will conduct evaluations of PMTCT service delivery and decentralization of ART services to PHCs.

POPULATIONS BEING TARGETED:

The population being targeted includes the M&E officers in partner implementing organizations and various CBO/FBO/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.

EMPHASIS AREAS:

Emphasis areas include human capacity development and SI.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6692

Related Activity: 13021, 15654, 13022, 13023, 13024, 13025, 13026, 13027, 13028, 13029, 13030, 13031

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28555	5541.28555.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	11668	2768.09	HHS/CDC Track 2.0 Columbia Univ SPH	\$900,000
6692	5541.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$300,000
5541	5541.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$188,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13021	6622.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,000,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13022	6490.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$115,000
13023	6819.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$172,000
13024	9208.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,068,500
13025	5552.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$3,050,000
13026	5551.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,121,750
13027	5547.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,023,000
13028	5550.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$1,710,000
13029	5493.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$9,393,931
13030	5404.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$8,628,014
13031	5544.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$2,876,055

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	89	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	False

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3713.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 9914.08

Activity System ID: 13011

Mechanism: USAID Track 2.0 CRS OVC

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$50,000

Activity Narrative: ACTIVITY DESCRIPTION:

CRS SUN/OVC (SUN) will collaborate with the CRS 7 Dioceses (7D) project to provide SI activities to strengthen M&E in 13 sites in eight project states in Nigeria; Edo, Benue, Niger, Nasarawa, FCT, Plateau, Kaduna and Kogi States. Activities will focus on program level reporting, Health Management Information System (HMIS), and quality assurance, and will be aligned with the USG strategic information (SI) data quality assessment/improvement (DQA/I) and capacity building plan to enhance reporting, monitoring, and management of the 7D project.

The new monitoring and reporting system established in COP07 will be strengthened in COP08. An M&E system review workshop will be conducted to assess the data collection tools and reporting structure through a participatory process involving partners and representatives. Necessary adjustments will correct any identified gaps or weaknesses of the system during the workshop. The 7D/SUN SI resources will be used to modify and print existing M&E tools that complement the harmonized Government of Nigeria (GoN) registers and reporting forms, to better capture program performance.

Due to high attrition rate of Parish AIDS Volunteers (PAVs), a quarterly M&E orientation and training will be conducted at PACA level for the new volunteers by the diocesan M&E officers and M&E focal person in each parish. Specifically two volunteers from each of the 13 partner arch/dioceses will be trained in basic M&E to fully utilize the data collection tools they will use. SUN will support 7D in training 30 PAVs master trainers who will each mentor 30 people giving a total of 780 trained PAVs. The SI component of the project will also examine the motivation of volunteers and identify factors affecting attrition and satisfaction.

A refresher course on data management will be conducted for the 10 diocesan M&E officers while the health coordinators and HIV/AIDS coordinators will be trained on the use of data for programmatic decision making. Ongoing TA will be provided by the M&E specialist and the program managers to the diocesan management staff on how to use data generated in each diocese to improve project management.

In order to improve the quality of data being collected at every level of the project, a data quality assessment workshop will be held to train the diocesan M&E officers and program coordinators on how to assess and monitor data quality. Internal data quality assessments will be conducted at regular intervals to ensure the validity, reliability, timeliness, preciseness and integrity of data being collected.

The CRS home office will be working closely with the SUN staff to determine the training needs of our partner organization and partner staff. The CRS training coordinator will also ensure that trainings follow current modules, learning methods and curriculum that increase the capacity of participants to learn, retain and apply new knowledge. The M&E specialist will provide technical support and training to partner staff. The M&E specialist will collaborate with the training coordinator to enhance both quality and technical depth of trainings. With technical support, partners will develop the capacity to evaluate their existing data and use this information to influence programming and improve performance.

SI resources will also be used to support operations research. A "Do No Harm" analysis will be conducted in five dioceses to assess the effects of our intervention on the rights, privacy and quality of life of the beneficiaries and their families. An external consultant and or HIV/AIDS Technical Advisor from the CRS regional office will join the program staff to conduct the study. In addition, the outcome of SI activities will also help target the most vulnerable OVC in the community for support.

SUN SI activities will also focus on assessing compliance to existing national protocols and guidance for service provision. The outcome of the assessment will provide updated information on training needs for the partners' staff.

A total of 13 Arch/dioceses and the CSN will participate in SI activities throughout the COP08. There will be no geographical expansion in COP08 although three new dioceses are expected to be created from existing 10 dioceses while 65 youth OVC caregivers will be trained to support documentation during service delivery. Services will be expanded within the same states and sites as COP07.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The SI activities will contribute improved quality and reliability of data being reported on project activities and service provision for OVC. Improvement in SI management capacity of existing and new partners will ensure effective data use and management and 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 SUN/OVC 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 (3.3.01), Abstinence and Be Faithful Prevention (3.3.02), Palliative Care: Basic Health Care and Support (3.3.06), and Counseling and Testing (3.3.09). In addition, links with the GON and other USG IPs will be strengthened.

POPULATIONS BEING TARGETED:

This activity targets faith based organizations and religious leaders.

EMPHASIS AREAS:

Emphasis areas include human capacity development

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9914

Related Activity: 13010

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24874	9914.24874.09	U.S. Agency for International Development	Catholic Relief Services	10592	3713.09	USAID Track 2.0 CRS OVC TBD	\$50,000
9914	9914.07	U.S. Agency for International Development	Catholic Relief Services	4164	3713.07	OVC	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13010	5407.08	6367	3713.08	USAID Track 2.0 CRS OVC	Catholic Relief Services	\$2,500,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

Other

Religious Leaders

Coverage Areas

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 552.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3232.08

Activity System ID: 13045

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$2,500,000

Activity Narrative: ACTIVITY DESCRIPTION:

The Global HIV/AIDS Initiative Nigeria (GHAIN) project focuses on rigorous and sustainable strategic information in alignment with the Government of Nigeria (GoN) National Monitoring and Evaluation (M&E) framework and tailored to respond to the information needs of the United States Government (USG). GHAIN will implement strategic information (SI) activities by supporting 194 local organizations at the national level, and in the following states among others: Anambra, Edo, FCT, Kano, Cross River, Lagos, Niger, Akwa Ibom, Bauchi, Taraba and Sokoto. The following strategies form the basis of GHAIN's M&E activities: (1) facilitating the implementation of the "three-ones" principle on M&E; (2) ensuring timeliness and quality of routine data; (3) ensuring adequate utilization of the results from M&E activities for program improvement; (4) ensuring the sustainability of the M&E efforts; and (5) facilitating national efforts to obtain up-to-date information through public health evaluation, research and surveillance activities.

GHAIN liaises closely with other USG implementing partners (IPs) in collaborating with national and state level partners to ensure adequate conceptualization and implementation of harmonized M&E plans and strategic frameworks to support one national M&E system. Considerable effort will also be devoted to building and strengthening both Federal Ministry of Health (FMOH) and NACA HIV/AIDS management information systems toward improved harmonization of efforts through national M&E and USG technical working groups, and upgrading and adapting routine data collection and data quality assessment tools for different program areas and types of facilities, including primary health centers (PHCs).

Systems strengthening aimed at ensuring the timeliness and quality of data will include efforts to network with IPs on a common approach to improving the flow and quality of data through the existing government structure at LGA, state and national levels. Capacity building in data collection, quality and management will also be coordinated and conducted at each level and supported by appropriate use of information technology and databases linked to the NNRIMS and FMOH HMIS. In COP08, GHAIN will contribute to the integration of data management systems by building local and state capacity in linking HIV/AIDS data with the FMOH national HMIS through the use of common platforms for health data collection (i.e., District Health Information System [DHIS] software) and reporting (i.e., the Voxiva HMIS platform).

A strong focus on data quality will be ongoing to ensure that accurate data is used to inform programmatic decision-making at all levels. GHAIN's strategy will align with the USG SI data quality assessment/improvement (DQA/I) and capacity building plan. In COP06 and COP07, GHAIN provided technical assistance to the GoN on the development and implementation of a data quality assurance (DQA) system for the National ART, PMTCT and HCT programs by developing DQA standard operating procedures (SOPs) and checklists for on-site records review and planning for quality improvement. In COP08, this support will be expanded to other program areas and GHAIN will continue refining data quality assurance (DQA) tools and processes in collaboration with the USG SI team, and participate in joint DQA assessments with national and state officials and using systematic site monitoring on a monthly basis to identify needs for technical assistance and promote best practices. Systems will be in place to partner with local and state health authorities in conducting supportive supervision and providing regular technical assistance in the use of tools, storage of results and the flow of data. At the national level, GHAIN will participate in the national M&E TWG to build an appreciation of data quality, the capacity to conduct DQA assessments, and promote consistent practices across facilities, partners and states.

A critical success factor for any M&E system is ensuring that results inform decision-making at all levels by creating an evidence base tailored to the needs of managers and policy-makers. GHAIN will provide technical assistance in selecting appropriate analysis variables, in interpreting performance, and determining gaps and priorities to enhance the analysis and use of data include systematizing quantity and quality-related analysis at facility, LGA, state and national levels. Data dissemination will be managed primarily through the creation and maintenance of forums and information products for providing feedback of appropriately packaged and analyzed data to the GoN, the USG, points of service (POS), program managers and other stakeholders. Monthly M&E meetings chaired by the SACA/SAPC will continue to serve as useful forums for local and state authorities to collect, compile and analyze data. The utilization of results will be enhanced by the roll-out of GHAIN's patient management software, the Lafiya Management Information Systems (LAMIS). This software combines logistics and patient management information together at the facility level to improve routine reporting and sophisticated patient tracking and management. In COP08 it will be installed for all comprehensive care sites in conjunction with relevant technical assistance for its maintenance and analysis.

COP08 will be a critical year for informing the shape of GoN-led M&E efforts in the future. At the national level GHAIN will continue providing technical assistance in integrating the HIV/AIDS M&E system with the national HMIS, and other health data collection, quality and supervision mechanisms. Increased efforts will be devoted to building the capacity of local and state partners to manage the M&E portfolio within their catchment areas. Initially, these efforts will involve building linkages and communication systems within and between local and state agencies for the collection and exchange of HIV/AIDS-related data and its integration into the national HIV/AIDS programmatic response databases. These linkages and related capacity building will enable authorities at the LGA level to manage and oversee HIV/AIDS-related activities, collect, interpret and feed high quality data into the state level management information system. GHAIN does not provide remuneration to any government SI staff. To support the sustainability of the system, staffing levels are likely to remain stable from COP07 to COP08 with five M&E officers and one data management assistant in each zone. Leveraging of global fund resources has provided an additional 12 M&E officers who will be contributing to USG activities throughout the country.

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 mechanisms will be developed to ensure that results of M&E activities inform program design and management, build capacity in SI at all levels, and inform development of tools, protocols and reports. Strategic use of information contributes to improved quality of service delivery and lessons learned, which will be shared through such channels as scientific publications (abstracts, posters, presentations at conferences) and input into research and surveillance protocols. This funding will specifically contribute to facility monitoring and quality management assessments and Health Management Information Systems. Funding emphasis will also go to information technology (IT) and communication infrastructure, monitoring, evaluation and reporting, as well as capacity building for 404 people in SI. Funds

Activity Narrative: will be used to support studies that address evaluation questions in relation to PEPFAR-provided services, USG reporting systems and other SI activities in 194 organizations.

LINKS TO OTHER ACTIVITIES:

High quality data are required for effective and efficient client/patient and program management. HVSI will continue producing and facilitating the use of these information at POS, state and National level (especially for MTCT-3.3.01, HBHC-3.3.06; HVTB-3.3.07; HCT-3.3.09; HTXS-3.3.11; HMBL-3.3.03; HMIS-3.3.04; HVOP-3.3.05; HTXD-3.3.10; and HLAB-3.3.12.)

POPULATIONS BEING TARGETED:

HVSI will principally target SI professionals working with government at the LGA, state and national level. Others involved will include community- and faith-based organizations, non-governmental organizations and international counterpart organizations. More generally, collaborative initiatives in this regard will inform programming decisions by health workers, donors and the GON as well as guarantee quality of service delivery to primary beneficiaries of these services.

EMPHASIS AREA:

HVSI will emphasize local organizational capacity building, PHEs and targeted evaluations. This activity provides information to increase gender equity in HIV/AIDS program 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 the gender specific issues are catered for. The program area will also utilize existing partnerships to strengthen the capacity of organizations implementing various projects/programs as well as developing the government officials' capacity at the States and LGA level..

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6704

Related Activity: 13034, 13035, 13037, 13038, 13039, 13041, 13042, 13043, 13044

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24902	3232.24902.09	U.S. Agency for International Development	Family Health International	10601	552.09	USAID Track 2.0 GHAIN	\$3,250,000
6704	3232.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,150,000
3232	3232.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$2,150,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13034	3234.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$4,000,000
13035	6491.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$200,000
13037	3236.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,553,250
13038	3237.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,843,000
13039	3228.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,938,654
13041	3230.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$3,703,000
13042	3233.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13043	3231.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$21,619,751
13044	5420.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$6,715,748

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	194	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	404	False

Target Populations

Other

Religious Leaders

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Sokoto

Taraba

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 544.08

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3226.08

Activity System ID: 13062

USG Agency: HHS/Health Resources
Services Administration

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,900,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP07 APIN+ provided support for SI activities at 38 sites. In COP08, APIN+ will provide support to 40 sites (36 ARV and PMTCT sites, four stand alone HCT sites). These activities include Monitoring and Evaluation (M&E), Health Management Information Systems (HMIS), operational research studies, improved data management and maintenance of data quality in all APIN+ sites and the central public health laboratory. 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 and an M&E Officer assist the sites with on-site clinical, pharmacy and project reporting data collection. APIN+ will collaborate with the GON at both the federal and state levels. In line with the PEPFAR-Nigeria LGA coverage strategy, APIN+ will engage in scale-up for the capture of data from primary and secondary health facilities in each of the 17 LGAs of Plateau state. Data capture from these facilities will be coordinated through data entry and management teams at secondary and tertiary health care facilities in Plateau state.

A relational database system 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. This data is used for site and program-specific evaluation of services provided in each program area, 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. Paper based National registers are also in use at APIN+ supported sites. Where the electronic register is available, data is entered from paper documents to the electronic format. Refinement of instruments and databases is ongoing to accommodate program reporting requirements from HQ, central, and the GON. In addition, facility based data reporting will be harmonized with the new National Public Health data system.

APIN+ will provide computer hardware and software support to sites as services expand. 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 technical workgroup (TWG) and the SI team will continue to be active participants on the USG-Nigeria SI TWG.

In 2006 and 2007, JSI conducted Quality Improvement (QI) visits to APIN+ supported ART sites, focusing on ART services. Through HIVQUAL, additional QI indicators will be added in a coordinated fashion with USG-Nigeria and the GON. These QI efforts are linked with similar long term efforts in other Harvard PEPFAR countries (Tanzania, Botswana). In COP07, APIN+ initiated and piloted an internal QI initiative, designed at collecting qualitative and quantitative data regarding quality indicators on the provision of adult ART services at each site. In COP08 APIN+ anticipates scaling up these activities to conduct QI assessments at additional sites that have not been previously evaluated and to expand to other program areas including PMTCT and pediatric treatment. In COP08, APIN+ will adopt most of the QI activities to this cross-site model with significant input from Boston, the Nigerian program offices and colleagues in Botswana and Tanzania. Each site will be visited regularly by APIN+ M&E staff throughout the activity period; on-site TA and supportive supervision will be provided. Each site will also be assessed internally once it has had patients enrolled for at least one year. Regular inter-site interactions will be encouraged, facilitated by HSPH personnel in Nigeria and from the US. All related activities will be carried out in all supported sites to develop management experience for sustainability. APIN+ will facilitate good working relationships with state level M&E staff and will regularly communicate on monitoring activities, thereby encouraging their active involvement. This involvement will build the capacity of the state level staff and promote sustainability.

In COP08, 800 individuals will be trained in monitoring and evaluation (M&E), surveillance, and HMIS. APIN+ M&E and data staff conduct 3-4 training sessions centrally per year. In addition, they conduct regional data management training for personnel working with medical records and patient data on a regular basis. For other disciplines such as clinicians, nurses, pharmacists and laboratorians, data collection and M&E modules are incorporated into their respective technical training sessions.

Public Health Evaluations (PHEs) assess the efficacy of ART at all sites to provide feedback on program implementation, PMTCT activities and related ART interventions (funded under their respective program areas). During COP08, APIN+ will conduct a PHE to evaluate the rate and predictors of mother to infant transmission across five different antiretroviral therapy prophylaxis regimens, dependent on time of entry and mother's health status, in accordance with the Nigerian National PMTCT guidelines. APIN+ will also investigate the rate of breast milk transmission in infants found to be HIV negative at six weeks and followed until 18 months of age. Additionally, APIN+ will conduct a PHE to investigate drug resistance relative to viral subtype. These subtype drug resistance PHE has been supported by National Institute of Allergic and Infectious Diseases (NIAID)/National Institute of Health (NIH) funding in the past. Results of these PHEs 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:

SI activities supported by APIN+ are consistent with the 2008 PEPFAR goals to strengthen site capacity in the areas of data management and analysis. APIN+ will also provide SI support to its local administrative office, central pharmacy and warehouse. Training provided by APIN+ is consistent with 2008 PEPFAR goals to conduct human capacity assessments and training to build SI human resource capacity at sites providing ART. In 2008, PEPFAR plans to strengthen surveillance efforts and PMM systems in Nigeria. APIN+ SI activities are consistent with these goals in that funding will be used to refine and implement a global M&E plan for all supported sites and for each site individually. Furthermore, APIN+ will continue to collect data on the efficacy and utilization of ART at current sites and build data management capacity at new sites. The data collection activities will facilitate the ability of PEPFAR to report on Emergency Plan indicators, which may be used for programmatic decision-making.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

These activities are linked to PMTCT (3227.08), OVC (5415.08), TB/HIV (3222.08), HCT (5424.08) and ART Services (6715.08), where SI is used for QA/QC and M&E. In M&E activities, APIN+ will link to the National M&E TWG and Nigeria MEMS. Additionally, through the provision of information technology (IT) support and data management personnel, APIN+ will provide linkages between all supported sites as related to data sharing and HIV surveillance in PEPFAR program areas. Through operational research studies, APIN+ will collaborate with the FMOH, GON, NNART committee and the NIAID/NIH.

POPULATIONS BEING TARGETED:

The 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. Lastly, the M&E and capacity building efforts target implementing organizations, including community based and faith based organizations involved in the provision of ART, HCT, BC&S, TB/HIV and PMTCT services.

EMPHASIS AREAS:

These activities emphasize monitoring, evaluation, and reporting through data collection and implementation of M&E plans. Emphasis is placed strategic information, PHE, human capacity development and local organization capacity building.

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 sexes. This data will be essential to the development of outreach, treatment programs and education to reach an equitable number of men and women.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6717

Related Activity: 13051, 16297, 15652, 13052, 13053, 13054, 13055, 13056, 13057, 13058, 13059, 13048, 13049, 13060, 13061, 13050

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26438	3226.26438.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10719	544.09	HHS/HRSA Track 2.0 Harvard SPH	\$967,299
6717	3226.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$845,000
3226	3226.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13051	3227.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,850,000
15652	15652.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$160,000
13052	6489.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$115,000
13053	6818.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$200,000
13054	9216.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,468,500
13055	5369.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$5,065,000
13056	3222.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,175,000
13057	5415.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$2,235,000
13058	5424.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,087,000
13059	9888.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$7,154,288
13048	6714.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$9,401,952
13049	9910.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$2,820,586
13060	6715.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$14,085,825
13061	6716.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$6,624,810
13050	9912.08	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	Harvard University School of Public Health	\$188,039

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	800	False

Coverage Areas

Borno
Lagos
Oyo
Plateau
Benue
Kaduna
Ebonyi
Enugu
Yobe
Ogun

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5270.08	Mechanism: USAID Track 2.0 FS Health 20/20
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 10297.08	Planned Funds: \$450,000
Activity System ID: 12984	

Activity Narrative: ACTIVITY DESCRIPTION:

Abt Associates has been providing technical assistance to the Federal Ministry of Health (FMoH) to strengthen the public health system capacity to scale up HIV/AIDS services in Nigeria. As programs scale up, the need to build capacity for accurate data reporting and management, and use of strategic information (SI) for policy and programmatic decision making has become increasingly critical. Sustainability and growth of the system will require information on the private health sector in addition to the public health sector capacity. In COP08, through HS 20/20, Abt Associates proposes support for implementation of sustainable and quality HIV/AIDS services by providing technical support to an anticipated 10 agencies (including NACA and NASCP) to carry out a comprehensive human resources for health (HRH) assessment of private sector health services in collaboration with FMoH, the Guild of Medical Directors (GMD), National Medical and Dental Council (NMDC), and their state level counterparts and affiliates. Abt Associates will build on collaborative relationships established during FY06 and FY07 activities with National and State level partners, including FMoH, the HIV/AIDS Division of FMoH (formerly NASCP), National and State Agencies for the Control of AIDS (NACA and SACA), State Ministries of Health, and African Health Project (a local nongovernmental organization (NGO)).

The purpose of the HRH assessment is to document the numbers of different cadres of health workers available in private facilities, their distribution, level of training in HIV/AIDS service provision, type of continuing education attended, types of in-service training held, and the curricula of in-service trainings. This assessment will provide policy makers with knowledge of HRH status in the private sector at both state and national levels in order to build a comprehensive picture of HRH status across both public and private sectors in Nigeria. The Nigerian private health sector is robust and provides accessible and convenient health care to citizens seeking care who can afford the fees. As the country expands public-private partnerships, there will be a greater need for strengthened SI skills and capacity at the national level to oversee the health care system and make informed policy and programmatic decisions. The proposed assessment will provide evidence of strengths and needs in human capacity development within the private sector at state and national level, thereby providing data for accurate human resources forecasting, reallocation, and training. HRH in the private sector is critical to support the attainment of the expected PEPFAR targets and millennium development goals (MDG).

The HRH assessment will include data collection from state level facilities, including faith-based organizations, and training in SI to an anticipated 50 individuals (primarily within NACA and NASCP) involved in a collaborative effort to collate and analyze the data collected. Data collection instruments will be adapted to data quality assessment/improvement (DQA/I) standards and reviewed by a national team to ensure consistency prior to application. HS 20/20 and its collaborating partners will prepare a report of the current HRH capacity within the private sector for HIV/AIDS service delivery and make national recommendations that address the unique capacity issues identified at all levels. Following a participatory validation of the findings by key stakeholders at a workshop, the final report will be shared through a national dissemination meeting.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10297**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24886	10297.2488 6.09	U.S. Agency for International Development	Abt Associates	10599	5270.09	USAID Track 2.0 FS Health 20/20	\$450,000
10297	10297.07	U.S. Agency for International Development	Abt Associates	5270	5270.07	PHRPlus	\$500,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	False

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 6661.08

Activity System ID: 13088

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,120,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP06 and COP07, the Supply Chain Management System (SCMS) developed an in-country Logistics and Health Program Management Information Platform (LHPMIP). LHPMIP is a Government of Nigeria (GoN) system intended to help strengthen the logistics and management of Nigeria's HIV/AIDS program. LHPMIP supports: 1) facility level reporting; 2) implementing partner (IP) performance reporting; and, 3) logistics management and information tracking. The LHPMIP platform is a tool that allows for timely collection and analysis of data from the field. This in turn provides HIV/AIDS program managers with the data necessary to plan effectively and make informed decisions. Development and implementation of the LHPMIP is jointly overseen by a GoN and United States Government (USG) Project Management Team (PMT).

In COP08, SCMS will provide ongoing support to activities initiated under COP06 and COP07 and build on system developments toward an integrated, robust geographic information system (GIS). Underlying the LHPMIP tasks is a common infrastructure comprising servers, communications gateways, application software, software maintenance (point releases that add new functionality to the standard platform and patches which address bugs), application maintenance, which includes tasks such as back-ups and load balancing, and ongoing monitoring and technical support from Voxiva's monitoring centers. The anticipated COP08 cost for infrastructure maintenance is approximately \$162,000.

LHPMIP implementation is through four discrete tasks. The first task has been the development and implementation of the facility reporting module based on indicators in the Nigerian National Response Information Management System (NNRIMS). By the end of COP07, the facility reporting module will be fully developed, operational in a full production environment, with standard operating procedures (SOPs), user guides and training materials in place, and it will have exited its pilot phase. In COP08, based on the assessment of the pilot, SCMS will reserve a portion of the budget for minor system modifications requested by end users. In addition, new features, such as a data completeness and a data quality dashboard will be configured within the system to allow GoN administrators to monitor the accuracy of data originating from both Government- and IP-supported facilities. A full roll out of the module will follow in a phased approach, progressively scaling up from pilot sites to the current 160 and anticipated new ART sites across Nigeria.

SCMS will collaborate with MEASURE Evaluation in a review of the pilot and the development and implementation of the phased roll out plan. In COP07, MEASURE Evaluation, with technical input from SCMS, will develop training curricula and materials, and train an anticipated 30 individuals from PEPFAR IPs in the roll-out of the system to PEPFAR supported sites. Twenty-five master trainers will be identified and selected from GoN and development partners, who will integrate this training into the NNRIMS training being implemented nationally. SCMS will provide technical solutions, such as built-in data checks toward data quality assurance. SCMS will make needed changes on reporting formats and dashboards in consultation with MEASURE Evaluation and the USG SI to facilitate the use of data. MEASURE Evaluation will provide leadership in capacity building, data quality assurance, and data demand and information use while SCMS will provide continuous technical support to system users for ongoing access and use of the module. Currently, the application is hosted on a server located in Voxiva's global hosting facility in the United States. It is anticipated that the host server will move to Nigeria, after a thorough cost and performance assessment of local hosting options undertaken with COP07 funding. If a local hosting option is not indicated, Voxiva will continue to host and support the application from the US. Support for this task will account for approximately \$290,000 of the budget.

The second task corresponds to the development of the organization reporting module. Relevant indicators populating the facility reporting module are aggregated for inclusion in organization reports, which will provide input to program managers and policymakers toward meeting PEPFAR and GoN reporting requirements as well as evidence-based decisions. By the end of COP07 this module will have been deployed into a production environment. SOPs, a user guide and training materials will have been generated and USG IPs and the GoN will have been provided access to the system and trained in its use. Full deployment of the module will be undertaken in COP08 in close collaboration with MEASURE Evaluation. SCMS will provide the same support as described in task one above. Support for task two will account for approximately \$170,000 of the budget.

The third task, carried out in COP07, focuses on a comprehensive LMIS needs assessment toward recommendations and a proposal to (a) enhance and harmonize the national LMIS for HIV/AIDS commodities, including integration as appropriate with existing LMIS and (b) develop an implementation and training plan that will include capacity building of GoN (Federal, state and LGA), USG, and partner staff. In COP08, based on the results of the assessment, SCMS will undertake the design and subsequent configuration of an electronic LMIS. It is expected that an electronic LMIS will support procurement planning, ordering, and commodity distribution and delivery to points of care. Once the design is finalized, SCMS in collaboration with relevant stakeholders will develop a plan for implementation of the module, to be initiated at the site level in COP08. The LMIS assessment report has not yet been finalized and therefore a detailed budget has not yet been developed. \$190,000 of COP08 funds have been reserved for the development and configuration of this module.

A fourth task developed under COP07 focuses on the collection of facility profile data. The data gathered under this task will enhance the GIS facility component established under task one. By the end of COP07, SCMS will have modified the facility profile to capture more descriptive facility data, such as infrastructure (e.g., number of beds and incinerators), managed the collection of data through IPs (estimated at approximately 700 service delivery points), and begun the collection of data on an estimated 2,000 government facilities that will be providing TB/HIV-related services.

In COP08, SCMS will continue to collect information on GoN and PEPFAR facilities throughout the country. While the process for data collection, roles, and responsibilities has yet to be defined, the goal is to have 2,000 facilities registered within the database by the end of COP08. MEASURE Evaluation, with technical input from SCMS will provide further training to the 25 master trainers from GoN and development partners, who will build on the integration of this platform with NNRIMS and promote improved utilization of data at national and sub-national levels. TA in the use and application of the system will be provided to NACA, NASCP, and MEASURE Evaluation, who will oversee step-down TA. In addition, a series of system enhancements will be made to the GIS function. Specifically, SCMS will work closely with the USG SI team in identifying a consultant to identify tasks and associated costs for the geo-coding of available data and

Activity Narrative: migration to a robust GIS, including costing of hardware and software. This represents a first phase of the development of a fully populated GIS relational database for in-depth analysis of the nature and trends of the epidemic in Nigeria. Support for task four of the budget will account for approximately \$180,000 of the budget.

IPs using LHPMIP as part of their SI activity in COP08 include: DoD (#3245.08), Columbia University (CU)/ICAP (#15654.08), Family Health International (FHI)/GHAIN (#3232.08), Harvard University School of Public Health (HSPH)/APIN+ (#3226.08), University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION (#3253.08), Catholic Relief Services (CRS)/AIDSRelief (#9913.08) and LMS (#9915.08). As a further support to individual IP's SI activities, two groups have placed additional funds into SCMS for procurement of commodities such as laptops and other SI related equipment. DOD (#3246.08) has allocated \$80,000 and UMD (#16299.08) has allocated \$40,000.

LHPMIP will inform HIV/AIDS programs and support their scale-up to reach national targets of providing treatment to 350,000 People Living with HIV/AIDS, prevent 1,145,545 new infections, and provide care and support to 1,750,000 HIV affected individuals.

SCMS activity supports coordination and integration of information systems by ensuring that all key stakeholders are involved at all stages of the design, development and implementation, with oversight of LHPMIP by both the GoN and USG. In addition, this participatory approach supports country ownership and contributes to sustainability of the platform. To further support sustainability, SCMS will build GoN capacity in use and administration of the platform.

EMPHASIS AREAS:

SCMS activities under this program area address several emphasis areas. First, by providing a tool that facilitates collection of and timely access to data, it contributes to a strengthened Health Management Information System (HMIS) in Nigeria and thus supports the availability of key indicators to inform service delivery and programs and meet reporting requirements. It also supports gender equity in HIV/AIDS program by providing data from HIV/AIDS services disaggregated by sex, thus increasing awareness of gender inequity and providing grounds for decision making. Finally, it contributes to human capacity development by supporting training on the use and administration of the platform.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6743

Related Activity: 13149, 16299, 15654, 13009, 13045, 13074, 13117, 13062, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26063	6661.26063.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$1,150,000
6743	6661.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$2,900,000
6661	6661.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4043	4043.06	SCMS	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
15654	15654.08	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	Columbia University Mailman School of Public Health	\$120,000
13062	3226.08	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	Harvard University School of Public Health	\$1,900,000
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000
13009	9913.08	6366	3689.08	USAID Track 2.0 CRS 7D	Catholic Relief Services	\$50,000
13045	3232.08	6374	552.08	USAID Track 2.0 GHAIN	Family Health International	\$2,500,000
13074	9915.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$50,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5271.08

Mechanism: USAID Track 2.0 FS LMS Leader

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 9915.08

Planned Funds: \$50,000

Activity System ID: 13074

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to the AB (9758.08), Condoms and Other Prevention (10197.08) and Other Policy/Systems Strengthening (12449.08) program areas.

In the COP08, the Leadership, Management and Sustainability (LMS) Program will provide institutional building to 24 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) in addition to developing human capacity of 200 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.

COP08 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 USG PEPFAR; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development and sound governance structures. Activities will align with the USG data quality assessment/improvement (DQA/I) and capacity building plan. 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.

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 do this by developing health management information systems and strengthen the monitoring and evaluation systems to support PEPFAR reporting as well as provide data for improving service delivery, providing training through workshops and individual mentoring to improve the understanding within organizations of the need and uses of data, improve the efficiency of the data collection, and support the institutionalization of data quality systems that will ensure the accuracy of data and reporting. The skills of persons at all levels within organizations for collecting, reporting and use of strategic information will be strengthened.

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 to develop and implement accountable systems and where necessary, and manage the award in the interim while systems are being built. LMS will also support these groups in the development of organization wide management information system that has relevant linkages between financial and programmatic data. New awardees will be supported in the course of their program implementation and will ensure that accountable and sustainable programs are built, and that awardees are capable of maintaining their new relationships with the USG. A system for the dissemination of best practices in program effectiveness will also be provided to the new awardees.

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 areas. 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 will 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 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.

EMPHASIS AREAS:

The emphasis of this activity will be to concentrate on developing local organization capacity development, building the necessary skills for human resources, and building of systems that ensure quality assurance and strategic information (M&E). Other emphasis areas include human capacity development and SI.

TARGETS:

Targets are captured in the Systems Strengthening program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9915

Related Activity: 13070, 13071, 13075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9915	9915.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13070	9758.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$2,750,000
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
13075	12449.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$1,050,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4148.08

Mechanism: HHS/HRSA Track 2.0 NYAI

Prime Partner: New York AIDS Institute

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 6662.08

Planned Funds: \$0

Activity System ID: 13076

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, USG PEPFAR-Nigeria will, in collaboration with the Federal Ministry of Health, the New York State Department of Health – AIDS Institute (NYSDOH-AI) and other partners, identify and train HIV/AIDS care providers in the implementation of the N-HIVQUAL project across the country. A total of 40 new sites will be activated and 129 personnel will be trained in COP 08 on the three key components of HIVQUAL namely: performance assessment, quality improvement and infrastructural improvement. This activity will build upon the progress made in establishing N-HIVQUAL from COP06 through COP07. An additional of HIVQUAL in COP08 will be the training of three additional persons per site from the Consumer Group comprising People Living with HIV/AIDS (PLWHAs) and People affected by HIV/AIDS (PABAs).

The implementation of the PEPFAR project in Nigeria has from inception in 2004 focused mainly on achieving set targets through expansion from tertiary health facilities down to the primary healthcare centers (PHC) for expanded access of services. Over these periods, standards, national guidelines and standard operating procedures (SOPs) were developed to guide the delivery of the highest quality of HIV/AIDS services within the national context.

In FY 06, USG, GON and other implementing partners (IPs) identified the need to emphasize adherence to the various guidelines and standards across service providers as well as institutionalize the culture of continuing quality improvement of Services. This led to the adoption of the HIVQUAL model of quality assessment of antiretroviral therapy (ART) care, to identify gaps and subsequently improve the quality of services being provided through infrastructural improvement, performance measurement and continuing quality improvement (CQI) activities.

The COP08 activity will build upon the N-HIVQUAL work for which advocacy began in FY 2006 to establish N-HIVQUAL programs and to commence HIVQUAL Implementation in 20 pilot sites by the end of FY07. These sites are scheduled for assessment, and subsequent training of 60 key personnel from the various selected sites will follow rapidly. Equipments and materials to facilitate data management will be supplied to these pilot sites and to the HIV/AIDS division of the Federal Ministry of Health (FMOH). Data collection of first set of performance indicators across the 20 sites will be achieved in the third quarter, while collation and analysis using the first version of the N-HIVQUAL software will be completed in the last quarter of FY07.

In COP08, the program will be expanded to an additional 40 new sites, to achieve at least one site per state in all the thirty six states and the FCT-Abuja. These sites will generate two national and four zonal review reports in the program year. Furthermore, a total of another 60 people to include facility managers, clinicians, and M&E staff will be trained in COP08 to give a cumulative total of 189 facility staff trained on HIVQUAL. In COP08 a new addition onto the quality improvement process will be the identification and training of three members of support groups consisting PLWHAs and PABAs so as to empower them to play active roles in the process. Thus a total of 180 persons will be trained (60 from COP07 sites and 120 from the new COP08 sites).

N-HIVQUAL software will also be upgraded to include indicators from other program lines. This will provide a clue of the overall performance of the HIV/AIDS services in those facilities. The goal of HIVQUAL is to allow health services and individual health care providers to engage in a participatory process of QI based on evidence and data collected locally by their own teams. Using the HIVQUAL model, health facilities at various levels of care, States Ministry of Health (SMoH) and the Federal Ministry of Health (FMOH) as well, will be able to gauge the quality of services provided using indicators based on national guidelines. Feasible and sustainable strategies to improve quality through implementation of these established standards of HIV/AIDS service delivery is also part of the HIVQUAL process.

Established indicators to be measured through N-HIVQUAL will determine the level of continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening, prevention education, adherence assessment, weight monitoring, cotrimoxazole preventive therapy (CPT), and food security. The specific emphasis of this activity is at the clinic-level and will adapt methods of quality improvement to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility will be used to measure the growth of quality management activities. Facility-specific data will be aggregated to provide state, and national level performance data that indicate priorities for national quality improvement activities and campaigns.

The proposed approach of N-HIVQUAL is to establish zonal networks of providers that will engage in QI to enable teamwork that will address problems unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies as well as adherence to care services. A national training of trainers (TOT) on Total Quality Management (TQM) will be conducted for treatment implementing partners, FMOH staff and major national stakeholders with technical assistance from the New York State Department of Health and Human Services (NYDHHS). Involvement and partnership with all treatment partners will help disseminate quality improvement strategies and activities throughout their networks.

The USG HIVQUAL team in collaboration with the IPs will expand its focus to build quality improvement coaching skills among GON staff and providers in Nigeria, to provide advanced level training for sites to ensure buy-in and address specific peculiarities. Also included will be a basic training for new participants. Mentoring on QI processes and strategies for staff will continue throughout the activity. One of the goals for COP will be to develop the capacity of the identified lead staff within the USG or MoH to provide direction for the project.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The proposed activity will result in the capacity development of service providers at all tiers of health delivery in the area of Quality Improvement. This will further ensure qualitative growth and sustainability in the Care and treatment services provided with USG funds.

LINKS TO OTHER ACTIVITIES:

This activity is directly linked to the HIVQUAL program of the NYSDOH which will provide technical assistance and direct mentoring to the N-HIVQUAL project. The NSDOH-AI will utilize their pipeline -funds from COP06 and COP07 to support travel to and from the USA and within Nigeria during the initial intensive

Activity Narrative: mentoring phase. It will also support the development and modification of HIVQUAL Software and the in-country training of Nigerian personnel on the use of the software. This activity will also be linked to other treatment and care program areas. N-HIVQUAL will collaborate with USG IPs, GON, and other stakeholders at all levels to improve quality of services, build capacity on data collection, reporting and use, and form linkages as appropriate, especially with other SI capacity building activities.

POPULATIONS BEING TARGETED:

The populations being targeted in COP08 include care and treatment service providers in 40 additional sites as well as support the National AIDS/STDs Control Program in Coordinating the National HIVQUAL Project. At least three facility level staff in each site; six zonal core trainers as well as three NASCP Staff will be trained. Additional three persons per site from the Consumer Group comprising People Living with HIV/AIDS (PLWHAs) and People affected by HIV/AIDS (PABAs) will also be trained on their roles and active participation in Service Quality Improvement. A total of 129 hospital personnel and 180 consumers will be trained in COP08.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6728

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6728	6662.07	HHS/Health Resources Services Administration	New York AIDS Institute	4175	4148.07	HHS/HRSA	\$300,000
6662	6662.06	HHS/Health Resources Services Administration	New York AIDS Institute	4148	4148.06	HHS/HRSA	\$300,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	60	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	309	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 558.08	Mechanism: USAID Track 2.0 FS Measure TBD
Prime Partner: University of North Carolina	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 3251.08	Planned Funds: \$1,500,000
Activity System ID: 13120	

Activity Narrative: ACTIVITY NARRATIVE:

This activity continues from COP07. The Implementing Partner (IP) will continue to collaborate with and provide Technical Assistance (TA) to the National Agency for the Control of AIDS (NACA), National AIDS and STI Control Program (NASCP), selected states and other stakeholders to improve HIV/AIDS Monitoring and Evaluation (M&E) systems. The activity will improve HIV/AIDS information systems through training and follow-up with Local Government Agencies (LGAs), facilities, and other IPs to improve reporting rates, data quality and use of information for effective decision making. The IP will support these activities with two Resident Advisors (both with capacity to provide technical support to all activities listed below), and TA from headquarters (1-2 international TA visits to support each of the planned workshops, plus an appropriate amount of remote support on all activities). Specific activities include:

SUPPORT TO NACA/NNRIMS: The IP will continue supporting the Nigeria National Response Information Management System (NNRIMS), which has been rolled-out in all states with harmonized forms using COP05, 06 and 07 funds. With COP08 funds, the IP will collaborate with Supply Chain Management System (SCMS) to scale up the implementation of the SCMS/Voxiva web portal electronic platform to improve reporting from facilities using the core indicators from NNRIMS. COP08 activities will focus on building capacity at national and sub-national level (in 2-3 selected states) and developing a monitoring and supervision framework that will be used by the stakeholders to ensure timely reporting, data quality, and information use. This will be done in collaboration with the U.S. Government strategic information (USG SI) team, SCMS/Voxiva to support IPs, and NACA to improve supervision. Three to four refresher workshops on NNRIMS and training in use of the web portal will be provided. In FY08 the Community Level Program Information Reporting (CLPIR) Toolkit will be applied to improve the quality and use of community based indicator data. The IP will work with NACA and community and faith-based organizations to implement the Engagement Tool of the CLPIR Toolkit, which guides front-line service providers to identify their own information needs, produce adapted data collection forms and indicators, and facilitate information use.

SUPPORT TO NASCP: The IP will provide TA to NASCP and NACA (SACA at state level) on data management, analysis and use of information for facility and program staff at all levels. In addition, the IP will provide supportive supervision to selected states and facilities in collaboration with Government of Nigeria (GoN) officials (National and state) to ensure improved data quality and use of information.

M&E CAPACITY BUILDING AND INSTITUTIONALIZATION OF M&E TRAINING COURSES: The IP, in collaboration with a local training institution, will facilitate 2 general M&E workshops for GoN staff, IPs, USG, and other non-governmental organizations (NGOs) to build M&E capacity for HIV/AIDS programs. This activity will include institutionalizing the training by providing TA to a local university to incorporate M&E courses or modules into their training or teaching curricula. The institutionalization of the training within a local institution in Nigeria will enhance the sustainability of the M&E capacity building process.

DATA QUALITY/DDIU WORKSHOPS: The IP will support 4 specialized workshops—two on Data Demand and Information Use (DDIU), and two on Data Quality Assurance (DQA). The DDIU training will focus at the lower level such as states, and include staff from facilities and USG IPs to improving their skills in information utilization. Participants will develop data use action plans using available HIV/AIDS information from the SCMS/Voxiva web portal, surveys and other sources. The DQA workshop will cover data quality tools to improve IP reporting including training appropriate SI field staff in the quality assurance tool to address the upstream and downstream framework for target setting and results reporting as well as double-counting. The IP will initially conduct DQA site-visits to determine existing levels of data quality and related issues, and provide supportive technical assistance. These site-visit results will guide subsequent data quality workshops which are expected to enhance and broaden IPs and GoN skills in providing TA to the lower levels (states and facilities).

SECONDARY ANALYSIS: The IP will continue to participate in design and data analysis of national outcome evaluation studies such as the Nigeria AIDS and Reproductive Health Survey, Integrated Behavioral Sentinel Survey and the Nigeria Demographic and Health Survey and routine information from NNRIMS as needed.

SI SUPPORT TO USG: The IP will continue to assist USG to prepare semi-annual/annual PEPFAR reports. The IP will continue to actively participate on the SI working group established and coordinated by USG Nigeria. Overall, the proposed workshops will reach 250 trainees. Combined with other assistance, the expected result is improved HIV/AIDS M&E capacity and improved quality of HIV/AIDS data. With funding from the OVC program area, this IP will provide TA to FMoWASD, several selected IPs, and other national and state level stakeholders in the adaptation and implementation of the Child Status Index (CSI) tool developed by MEASURE Evaluation to monitor the status of individual children. Anticipated training targets described in the OVC narrative number 125 individuals, thus bringing the total target to 375.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: Focused TA to an anticipated five agencies (NACA, NASCP, a local University, and 2-3 SACAs) in SI and FMoWASD in CSI tool implementation and analysis of data (described in the OVC narrative), collaboration with SCMS/Voxiva, and the capacity-building workshops will build on existing work from previous years under the MEASURE Evaluation Project, and are expected to improve M&E capacity among public sector partners and USG IPs. With improved capacity, partners will be more likely to report HIV/AIDS information consistently, with better data quality, and use information for effective decision making. The proposed activities will contribute significantly to the USG Nigeria objective of promoting and improving data demand and information utilization with the goal of strengthening program management and decision-making. This TA will contribute to and promote the Third One—one national M&E framework—as well as contribute to the sustainability of the national information system. Ultimately, this activity will provide USG with a better understanding of progress toward a broad range of desired HIV/AIDS outcomes, as well as more accurate and streamlined reporting, allowing for improved planning and management of multiple PEPFAR supported HIV/AIDS activities.

LINKS TO OTHER ACTIVITIES: TA to NACA, states, NASCP, the Federal Ministry of Women Affairs and Social Development and PEPFAR partners is directly linked to system strengthening and policy development. Linkages between TA in data collection, analysis and utilization of information will strengthen the capacity of the organizations and personnel to generate reliable, timely and accurate information that improves the ability of health managers and providers at all levels to plan activities, set priorities, and allocate human and financial resources in response to needs.

Activity Narrative:

POPULATIONS BEING TARGETED: Orphans and Vulnerable Children is a population being targeted under this activity.

EMPHASIS AREAS: The emphasis areas for this activity are local organization capacity building and SI.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6774

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24920	3251.24920.09	U.S. Agency for International Development	University of North Carolina	10605	558.09	USAID Track 2.0 Measure III	\$1,250,000
6774	3251.07	U.S. Agency for International Development	University of North Carolina	4185	558.07	Measure Evaluation	\$1,275,000
3251	3251.06	U.S. Agency for International Development	University of North Carolina	2776	558.06	Measure Evaluation	\$400,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	6	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	375	False

Target Populations**Other**

Orphans and vulnerable children

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 632.08

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3253.08

Activity System ID: 13117

Mechanism: HHS/CDC Track 2.0 Univ
Maryland

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$2,760,000

Activity Narrative: ACTIVITY DESCRIPTION:

ACTION will strengthen Strategic Information (SI) under the "One M&E Framework" by supporting standardized HIV program reporting systems and Health Management Information System (HMIS)/Patient Management Monitoring (PMM). In COP07 ACTION is supporting SI activities in 121 sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). In COP08 it is expected that ACTION will support SI activities in 151 sites in 23 states, including 78 ART and full service sites, 28 PMTCT/HCT sites, 15 HCT only sites, and 30 DOTS sites providing HCT services.

Effective use of paper-based data (using national paper-based systems) and electronic data will be promoted in clinical, laboratory, and 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. National registers and data tools will be used at all service delivery points. Funds will be used to provide information technology (IT) infrastructure and CAREWare at ART sites with capacity for automation. 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. 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. A goal of these evaluations is to better integrate the outputs of SI data into clinically relevant reports that will facilitate patient management and encourage improved data recording by clinical staff. Continuous quality improvement (QI) (HIVQUAL) will be implemented in coordination with USG at all points of service where appropriate. 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.

To this end the ACTION SI team is working with HRSA to facilitate direct download of laboratory data electronically from laboratory equipment rather than depending on manual data entry of electronic information. Reports that record serial laboratory data in tabular or graphic form will strengthen patient care practice by streamlining data reporting in a user friendly fashion. 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. This data will also be employed to monitor loss to follow-up, treatment adherence and other key metrics of clinical quality that will guide improved assessment, training, retraining and help define best practices and strategies.

ACTION conducts quarterly data analysis meetings at each supported site to ensure data quality and provide recommendations for improvements. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine visits. Randomly selected individual patient records will be reviewed across tools as one method of assessing accuracy. Data quality improvements at the local level supported by ACTION will ensure accurate data provision to the Nigerian National AIDS surveillance and information system as well as state and local governments.

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 GON as needed in software maintenance of the national system and will continue to work with GON 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.

In addition, ACTION facilitates the provision of site level data to SACA and SMOH for state level surveillance activities. 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). SACA and SMOH staff are invited to every SI training activity supported by ACTION that takes place within their states. TA through joint field monitoring visits will also be explored. 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). In addition to state level support, ACTION SI staffs collaborate on a regular basis with NACA and NASCP on development and review of National data collection tools and guidelines. It is anticipated that the USG-supported VOXIVA system will complement the NNRIMS when the VOXIVA web-portal becomes operational. ACTION will support the implementation of this system at appropriate points of service. Additionally, ACTION will ensure the reproduction and distribution of NNRIMS and patient registries at supported sites. The SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria.

ACTION program staff will provide training to 369 individuals in monitoring and evaluation (M&E), surveillance, and HMIS. Trainees will include record clerks, M&E officers, clinicians, pharmacists, nurses, laboratorians, NGO staff/counselors. Emergency Plan (EP) funding will be used to train health care providers and medical data personnel on data collection, data use and reporting. Site level M&E staffs 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 that 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 staffs are posted at ACTION regional offices to implement site data quality control/quality assurance activities. In addition, program staffs are based at larger treatment sites to ensure accuracy and completeness of PMM data. In COP08, ACTION will hire additional SI program assistants to facilitate development and refinement of M&E materials and provide support in the development and establishment of a systematic procedure for patient monitoring and evaluation including collecting, collating and reporting data tracked by the ACTION Nigeria program. An SI staff member will be dedicated to public health evaluations as listed below.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Strengthening SI will enable timely, transparent, and quality data reporting of substantial portions of 2008 EP targets for Nigeria and will, through collaboration with the GON, establish one standardized system to monitor the National HIV program. Planned public health evaluations (PHEs) will guide decisions in improving program implementation and scale-up and will be defined and coordinated with the USG team in-country. The following PHE are proposed (funded under their respective program areas): evaluation of the referral system at the National TB Training Center, Zaria; capacity for early diagnosis of TB and MDR-TB in the current scale up (TB/HIV); mobile radiography for TB diagnosis (TB/HIV); improving loss to follow-up through the PMTCT cascade for HIV+ women and their infants; evaluating care outcome of HIV/AIDS

Activity Narrative: services at primary health centers utilizing trained and mentored Nurses or Community Health Officers (ARV services).

Of interest is evaluating barriers to care and access to care for HIV positives identified and referred through HCT. 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) emphases on documenting best practices on ART, HCT, 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 PMTCT (3257.08), blood safety (3258.08), AB (15651.08), condoms and other prevention (9210.08), basic care and support (3259.08), TB/HIV (3254.08), OVC (5417.08), ARV services (3255.08), and lab (3256.08). Linkages between these program activities 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.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development and SI.

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 HCT client data to assess service uptake among couples/partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6764

Related Activity: 13106, 16299, 15651, 13107, 13108, 13109, 13110, 13111, 16916, 13112, 13113, 13114, 13115, 16915, 13116, 13118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25252	3253.25252.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$50,777
25251	3253.25251.09	HHS/Centers for Disease Control & Prevention	University of Maryland	10722	632.09	HHS/CDC Track 2.0 Univ Maryland	\$1,800,016
6764	3253.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,450,000
3253	3253.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,015,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
15651	15651.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$287,000
13107	3258.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$315,000
13108	6821.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$350,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13114	5429.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$11,406,128
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13116	3256.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$10,375,092
13118	12448.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	151	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	369	False

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
Benue
Kwara

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1561.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5358.08

Activity System ID: 13144

Mechanism: HHS/CDC Track 2.0 Agency
Funding

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$2,775,000

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 one USDH, a senior SI manager, two HIV surveillance specialists, one HMIS program specialist and four monitoring and evaluation officers. The budget includes salary and expenses for one USDH and six FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP).

These seven staff members will work in coordination with the USAID Strategic Information staff members 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 and technical support to EP partners and the GON and will also strengthen their M&E systems through feedback and capacity building.

The USGSI has set up a national HIVQual team and has begun the piloting of HIVQual in 20 treatment sites. In COP08, HIVQual will be implemented in all treatment sites in the country. The HIVQUAL activity involves building capacity in performance measurement, quality improvement, and infrastructure development at the facility level. HHS/CDC will continue to develop measurement tools for compliance and performance according to National standards and will provide quality assessment in other program areas to ensure that implementing partners and service delivery points are complying with these standards. HIVQual is budgeted under ARV Treatment Services (see #5406.08) and described under SI Activity #6662.08.

In COP07 the HHS/CDC GAP Nigeria laboratory and SI staff will have provided 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 (ANC). In addition the team will have provided technical assistance to the 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 have assisted 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 COP08 the USGSI team will continue its support of the FMOH through technical assistance including survey activities.

With the planned rapid expansion of the PMTCT program in the country, a large percentage of ANC sero-survey sentinel sites will be providing PMTCT services in FY08 and many more in subsequent years. In COP08 HHS/CDC GAP will undertake an evaluation study to assess the utility of PMTCT program data for HIV surveillance. This study will be conducted using the multi-country protocol developed by CDC-Atlanta and is budgeted at \$50,000.

In COP06, HHS/CDC GAP Nigeria began participation in a multi-country HIV drug resistance monitoring demonstration project which was implemented in 2 ART sites in COP07. In COP08 this study will be expanded to 10 additional sites. This study will continue to monitor the emergence of HIV drug resistance (HIVDR) during a client's first year of ART and evaluate potentially associated program factors on which action could be taken to optimize ART program functioning for HIVDR prevention. This HIV drug resistance monitoring activity is budgeted at \$850,000.

Related to this HHS/CDC also intends to examine whether standard first-line ARVs will continue to be effective due to viral mutagenicity by assessing the level of transmitted resistance in drug naïve populations. This study will be conducted in 5 PMTCT sites using blood samples obtained through informed consent from HIV+ patients who have never taken ARV drugs. This drug resistance threshold survey is budgeted at \$250,000.

The USGSI team will also be involved in TB/HIV evaluation activities. CDC SI staff will collaborate with the TB/HIV working group and other stakeholders in Nigeria to conduct a National TB Drug Resistance and HIV Survey to estimate rates of TB/HIV co-infection and to assess the prevalence of drug resistant tuberculosis (MDR and XDR) in patients attending TB/HIV clinics in Nigeria. This activity was submitted as a PHE in the TB/HIV program area (see #18832.08).

SI will also undertake a survey designed to measure the incidence of recent HIV infections through a focused study of a specific population – that of pregnant women attending antenatal care (ANC) clinics. Specimens for this survey will come from leftover blood collected at ANC clinics, a number of which are supported with PEPFAR PMTCT programming. Data collection will be retrospective and prospective using specimens collected under an IRB-approved protocol. Analysis will be done on the samples from negative HIV testing results using line listing data for surveillance, and where unavailable, aggregated data may be used. This activity is funded at \$100,000.

These projects, 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. Further details about proposed surveillance activities can be found in Table 5.5.

In order to successfully develop and interpret strategic information (SI) and implement evidence-based HIV/AIDS programs and policies, Nigerian HIV/AIDS program managers and policymakers must be able to generate, analyze, and interpret quantitative information. They must critically evaluate and use data generated by epidemiologic studies, surveillance, program monitoring, targeted evaluations, public health evaluations (PHEs) and similar efforts. USG PEPFAR Nigeria will, in collaboration with the Federal Ministry of Health and two Nigerian universities, provide training for public health HIV/AIDS managers in field epidemiology. A total of 75 program managers will be trained in COP08 on relevant short courses and 15 will be enrolled into the two-year long course for the award of a master's degree in field epidemiology through this Field Epidemiology and Laboratory Training Program (FELTP). FELTP is funded under SI (\$550,000) and also under System Strengthening (see #12447.08).

CONTRIBUTION TO OVERALL PROGRAM AREA:

SI activities will directly ensure generation of quality data to measure EP program achievements,

Activity Narrative: performance towards set targets as well as accountability of resources. These SI activities will build the capacity of at least 200 staff of EP partners and the federal and state GON staff, and provide TA to at least 50 organizations.

LINKS TO OTHER ACTIVITIES:

CDC Strategic information activities are related to all program areas across all IPs as SI activities are a critical component for appropriate monitoring of activities under each program area. All data collected and analyzed will be disaggregated by age/age-group, sex and other relevant qualitative variables to inform program planning and more particularly to identify any underserved populations. This links to System Strengthening (#12447.08); TB/HIV (#18832.08); ARV Services (#5406.08); and SI (#6662.08).

EMPHASIS AREAS:

Local organizational capacity building will occur through TA provided to IPs as well as state and federal government staff. Human capacity will be developed through USGSI staff participation in training activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6785

Related Activity: 13132, 13133, 13134, 13135,
13136, 13137, 13138, 18832,
13139, 13140, 13141, 13142,
13143, 13145, 13146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25983	5358.25983.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$3,846,637
6785	5358.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$1,350,000
5358	5358.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$731,333

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
18832	18832.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,300,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	46	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	108	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1532.08	Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 5357.08	Planned Funds: \$1,227,715
Activity System ID: 13130	

Activity Narrative: ACTIVITY DESCRIPTION:
 This activity represents the “fully-loaded” costs of USAID’s SI team, which includes the USG/PEPFAR SI Liaison, an information manager, a Health Management Information System (HMIS) advisor, a monitoring/evaluation and financial advisor, a program officer for M&E, and a program assistant. The program officer for M&E is a new position, requested for approval in this COP, as the level of support, M&E coordination activities, and PEPFAR evaluations are expanding. The team, working with the wider PEPFAR SI team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the HIV and TB monitoring and evaluation activities. There will be a range of national level and targeted surveys and evaluations planned during COP 08, and the expanded team will support the collection, analysis, use and dissemination of data for programming and policy purposes.

Two of the positions are Fellows; the others are local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6777

Related Activity: 13121, 13122, 13123, 13124, 13125, 13126, 16938, 13127, 13128, 13129, 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24946	5357.24946.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$743,642
6777	5357.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$1,039,000
5357	5357.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$308,954

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13131	3263.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$2,604,217

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 554.08	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 3245.08	Planned Funds: \$569,000
Activity System ID: 13160	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to all prevention activities: PMTCT (3.3.01), Abstinence/Be Faithful (3.3.02), Safe Blood (3.3.03), Injection Safety (3.3.04), Condom and Other Prevention (3.3.05), HIV/AIDS/TB Treatment and Care Services: OVC (3.3.08), ARV Drugs (3.3.10), ARV Services (3.3.11), Palliative Care services (3.3.06), TB/HIV (3.3.07), HCT (3.3.09), and Laboratory Infrastructure (3.3.12).

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). Strategic Information (SI) activities will be conducted at 14 existing Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) sites and 6 new expansion sites in COP08. The existing military sites and communities include: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), 347 Nigerian Air Force Hospital (Jos), Nigerian Naval Hospital (Calabar), Naval Medical Centre (Warri), Nigerian Military Hospital (Port Harcourt), 45 Nigerian Air Force Hospital (Makurdi), Military Hospital (Benin), 2 Division Nigerian Army Hospital (Ibadan), Military Hospital (Maiduguri) and 3 Division Hospital (Jos).

In COP08, the program will expand to six new sites. These include: Brigade Medical Center Sokoto, Armed Force Specialist Hospital Kano, 34 FAB Medical Center Owerri, Ministry of Defence Clinic, Military Cantonment Onitsha, and Headquarters Nigerian Army CAS Medical Reception Station Kontangora. Information strengthening and technical assistance will also be provided to the 20 sites and to the Emergency Plan Implementation Committee and Ministry of Defence (NMOD) Headquarters.

This Strategic Information (SI) activity has several components. At the DOD level, SI funding will support three full time positions. These assets will coordinate DOD SI implementation efforts with the NMOD and participate with USG Nigeria SI technical Working Group. The next component is the incorporation of program-level reporting and the establishment of both paper-based and computerized HMIS across NMOD HIV treatment sites. These activities will support the design and implementation of high quality, sustainable, evidence-based interventions and programs in the following areas at 20 sites: ART Services, ARV Drugs, Laboratory Infrastructure, HCT, PMTCT and TB/HIV. All activities will be in line with GON SI harmonization policies and guidance as we strive to meet the three ones.

Another component of this activity includes training and capacity development of NMOD personnel in the area of SI. By COP07, it is anticipated that 147 staff will be trained in the management and maintenance of the SI system in areas such as data entry, analysis, data management and data quality assurance. In COP08, the DOD-NMOD will train 12 staff at each of the 6 new sites and provide a refresher for 6 individuals from the 14 existing sites. The DOD will continue its data management and reporting refresher training program throughout the year. The DOD will also continue to provide the NMOD with training and technical assistance emphasizing all aspects of patient data handling: confidentiality, data security, disciplined data entry, analysis, management and quality assurance. The program will continue to adapt and harmonize existing paper records and processes to meet the standards of the GON. Training for DOD specific needs will be conducted by the DOD program, while available training from IPs and GON will support harmonization of data activities. The DOD will carry out regular site visits to ensure proper data handling procedures are adhered to at all times.

The DOD-NMOD will expand utilization of an electronic patient registry (Government of Nigeria-approved) and patient monitoring and management system (PMM) in all program areas. Utilizing the simple, available and sustainable technology at the fourteen existing DOD-NMOD sites, the program will extend and develop this system to the new six sites in COP08. This single system generates a unique PIN number to ensure patient confidentiality while supporting patient tracking through a clinical module, a pharmacy module, a laboratory module, a counseling module, a registration module and a financial module. These core modules allow for tracking of all program areas through a single tool with a single interface, which has greatly improved data quality from the input side and has improved speed of retrieval on the report generation side. As a national unique patient numbering system is introduced, DOD will ensure harmonization of the tracking systems. The registry will be supported by the use of networking infrastructure that provides computer hardware, software applications and networking equipment; 4-6 additional computers per site in addition to the 5 computers and 1 server already supported and the VSAT and networking solution provided by the NMOD and EPIC. This registry will allow for aggregated reporting on a real time basis and will interface directly with LHPMIP, the national monitoring and evaluation tool developed and based on the Voxiva platform.

The DOD will continue to participate in the relevant PEPFAR working groups aiming to develop and implement credible, cost-effective SI policies and systems, harmonized with other IPs, Nigerian Ministries and USG agencies. The program will continue to support the NMOD's Information Monitoring TWG. The DOD will also continue to participate in national surveys, and in the development and regular use of standardized qualitative methodologies for service assessments to ensure a consistent approach across all HIV service providers. Implementation of National and PEPFAR supported data program such as HIVQUAL have full NMOD-DOD support with the full time involvement of a Nigerian medical officer in the planning and implementation of HIVQUAL from the NMOD level down to each service delivery facility.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, 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) is the cornerstone of evidence-based improvements and will encourage and sustain data quality, and ensure service quality throughout the program. The SI program is designed for sustainability and it is hoped that the NMOD will take over additional SI activities as the program matures.

During COP08, discrete surveillance activities will be commenced in order to better describe the poorly understood epidemiology of disease prevalence within the Nigerian Military. The first of two surveillance initiatives will analyze the association of HIV infection and the pre, intra and post deployment education provided to, testing and risk behavior activities of Nigerian Military members who have been deployed both domestically and internationally. The second will describe the current prevalence of transfusion transmitted

Activity Narrative: infections (HIV-1, HIV-2, HCV, HBV and Treponema pallidum) within the NMOD. Results of these studies will inform the NMOD, GON and USG of areas of strength and weakness and support strategy development for targeted interventions.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 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 20 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 a 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 (#3246.08, #5313.08, #5388.08, #5362.08, #16943.08), HIV/AIDS/TB treatment and care services (#3240.08, #3247.08, #5409.08, #3241.08) and Treatment and Laboratory Infrastructure (#3243.08, #3242.08, #3244.08).

POPULATIONS BEING TARGETED:

This activity targets national level policy makers in the military, the GoN and national organizations, such as the National Agency for the Control of HIV/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.

EMPHASIS AREAS:

The DOD SI activities include an emphasis on HMIS and on capacity development, infrastructure, training, and policy and guidelines. This activity also helps to address the issue of gender equity in HIV/AIDS programs as data collected can help to inform any gender imbalances in programming.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6800

Related Activity: 13149, 13150, 13151, 16943, 13152, 13153, 13154, 13155, 13156, 13157, 13158, 13159

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25203	3245.25203.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$200,000
25202	3245.25202.09	Department of Defense	US Department of Defense	10717	554.09	DoD Track 2.0 Program	\$323,776
6800	3245.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$250,000
3245	3245.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$393,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
16943	16943.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$45,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13157	3242.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$325,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	21	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	156	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Kaduna

Lagos

Rivers

Benue

Federal Capital Territory (Abuja)

Plateau

Borno

Cross River

Delta

Enugu

Oyo

Benin

Anambra

Imo

Kano

Niger

Sokoto

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4133.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 15668.08

Activity System ID: 15668

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$40,000

Activity Narrative: ACTIVITY DESCRIPTION

In COP08 Africare will begin activities under the Strategic Information (SI) program area. Africare will be supporting the SI activities that will occur for a total of 36 entities (17 facility-based sites, 4 stand alone HCT sites, 10 community sites, 5 NGOs) in 3 states (Bayelsa, Lagos and Rivers). Africare staff and the staff of the NGOs that partner with Africare for activities at a variety of these sites will be involved in these site-level SI activities. Africare will strengthen SI under the "One M&E Framework" by supporting standardized HIV indicator reporting systems at program sites and registering sites in the national M&E system. Data collection and indicator reporting will be harmonized and one reporting system will be used in accordance with the national guidelines and indicators. Africare will work with USG and GON to include Africare-supported facilities in the National Public Health data system launched in 2007 (Voxiva platform) where applicable. Africare will be an active participant on the USG SI working group supporting PEPFAR in Nigeria.

Funding will be used to provide information technology (IT) infrastructure for data aggregation and reporting. Effective use of paper-based and electronic data systems will be promoted in clinical settings to enhance the enrollment, follow-up, assessment, and referral/linkages to other Africare-supported services (e.g., TB, STI, home-based care, HCT, etc.) and to services outside of Africare's programs (e.g., ART services) for all Africare clients.

Africare's data quality assurance program will involve several components. Each state team (Rivers and Lagos) will have an M&E focal person who will report back to the M&E staff in the central office in Abuja. The state-based staff will also work with sites to ensure that they are reporting appropriately to state level data collection authorities as part of the national system. National registers and data collection tools will be used at all service delivery points. Africare will ensure that copies of registers are available and in use at sites and will provide supportive supervision to site staff to ensure they are being used correctly. State-based Africare staff will conduct regular monitoring and supervisory visits to all sites. They will liaise with state level M&E authorities regarding site level reporting and monitoring; state M&E officers will be invited to participate in monitoring activities in order to build relationships and capacity within the states. During routine monitoring visits data collection tools will be reviewed for completeness and accuracy and on-site technical assistance will be provided. Randomly selected individual patient records will be reviewed across tools as one method of assessing accuracy. For sites identified as having problems with data reporting requirements, SI staff will involve the site in developing a corrective plan that may include follow-up through additional visits, mentoring and more regular communication/reporting via other routes (phone, email). Africare SI staff will liaise with the USG SI staff as they develop and implement their DQA activities to ensure completeness and harmonization with PEPFAR and GON reporting requirements.

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. Africare will also work with on-site administrators and staff to improve their knowledge and understanding of the data from their sites so that they will be involved in decision-making, thus promoting sustainability of the program.

Building site staff capacity to monitor key metrics in an ongoing way is an important strategy for promoting sustainability. Emergency Plan (EP) funding will be used to train 60 Africare M&E staff, CBOs, FBOs, health care workers, counselors, and facility-based data focal persons on data collection, data use and reporting. Facility based data focal persons are hired through the hospital or health center personnel system to promote sustainability. Training to 60 home based care providers, peer educators, and community groups will be done by CBOs and FBOs through step down training. A total of 120 persons will be trained in data collection and monitoring and evaluation activities appropriate to their level of service provision.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Strengthening SI will enable timely, transparent, and quality data reporting of 2008 EP targets for Nigeria. Concurrently, through collaboration with the GON, Africare will work to establish one standardized system to monitor the National HIV program. Targeted evaluations that could guide decisions in improving program implementation and scale-up and will be discussed, defined and coordinated with the USG team in-country. Africare will work to promote effective use of patient data by care providers to ensure best practices in HIV prevention and care.

LINKS TO OTHER ACTIVITIES

SI activities are cross-cutting and relate to condoms and other prevention (15667.08), abstinence and be faithful messaging (15680.08), adult basic care and support (6493.08), TB/HIV (9879.08), OVC (15666.08), and counseling and testing (6642.08). 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, counselors, facility-based data focal persons home based care providers, peer educators, and community groups in best practices of information use and reporting. HMIS and program evaluations target the general population and people affected by HIV/AIDS receiving services supported by the Africare.

EMPHASIS AREAS

This activity emphasizes human capacity development and SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15667, 12985, 12986, 15666, 12987

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15667	15667.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$150,000
12985	6493.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$170,000
12986	9879.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$337,500
15666	15666.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$500,000
12987	6642.08	6361	4133.08	HHS/CDC Track 2.0 Africare	Africare	\$410,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	36	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Coverage Areas

Rivers

Lagos

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 555.08	Mechanism: HHS/CDC Track 2.0 IFESH
Prime Partner: International Foundation for Education and Self-Help	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 15669.08	Planned Funds: \$40,000

Activity System ID: 15669

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 IFESH will begin activities under the Strategic Information (SI) program area. IFESH will be supporting the SI activities that will occur across seven program areas for a total of 35 sites (20 hospitals, 10 TB DOTS sites, five community sites for OVC/adult care/ABC activities) in two states (Rivers and Imo). IFESH will strengthen Strategic Information (SI) under the "One M&E Framework" by supporting standardized HIV indicator reporting systems at program sites and registering sites in the national M&E system. For facilities 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. IFESH will work with USG and GON to include IFESH-supported facilities in the National Public Health data system launched in 2007 (Voxiva platform) where applicable. IFESH will be an active participant on the USG SI working group supporting PEPFAR in Nigeria.

Funding will be used to provide information technology (IT) infrastructure for data aggregation and reporting. Effective use of paper-based and electronic data systems will be promoted in clinical settings to enhance the enrollment, follow-up, assessment, and referral/linkages to other IFESH-supported services (e.g., TB, PMTCT, STI, home-based care, HCT, etc.) and to services outside of IFESH's programs (e.g., ART services) for all clients.

IFESH's data quality assurance program will involve several components. IFESH will have a dedicated M&E SI staff person who will work with IFESH staff in other programs and with site-level staff. The M&E staff person as well as the programmatic staff will also work with sites to ensure that they are reporting appropriately to state level data collection authorities as part of the national system. They will liaise with state level M&E authorities regarding site level reporting and monitoring; state M&E officers will be invited to participate in monitoring activities in order to build relationships and capacity within the states. National registers and data collection tools will be used at all service delivery points. IFESH will ensure that copies of registers are available and in use at sites and will provide supportive supervision to site staff to ensure they are being used correctly. IFESH programmatic and M&E staff will conduct regular monitoring and supervisory visits to all sites. During routine monitoring visits data collection tools will be reviewed for completeness and accuracy and on-site technical assistance will be provided. Randomly selected individual patient records will be reviewed across tools as one method of assessing accuracy. For sites identified as having problems with data reporting requirements, the M&E staff person will involve the site in developing a corrective plan that may include follow-up through additional visits, mentoring and more regular communication/reporting via other routes (phone, email). IFESH staff will liaise with the USG SI staff as they develop and implement their DQA activities to ensure completeness and harmonization with PEPFAR and GON reporting requirements.

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. IFESH will also work with on-site administrators and staff to improve their knowledge and understanding of the data from their sites so that they will be involved in decision-making, thus promoting sustainability of the program.

Building site staff capacity to monitor key metrics in an ongoing way is an important strategy for promoting sustainability. Emergency Plan (EP) funding will be used to train 36 individuals including one IFESH staff and 35 site level health care providers and medical data personnel on data collection, data use and reporting. Site level M&E staff are hired/identified through the hospital or health center personnel system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Strengthening SI will enable timely, transparent, and quality data reporting of 2008 EP targets for Nigeria. Through concurrent collaboration with the Government of Nigeria and the PEPFAR team IFESH will support the establishment of one standardized system to monitor National HIV programs.

LINKS TO OTHER ACTIVITIES:

SI activities are cross-cutting and relate to PMTCT (3248.08), condoms and other prevention (15664.08), abstinence and be faithful messaging (15679.08), adult basic care and support (5665.08), TB/HIV (15665.08), OVC (15678.08), and counseling and testing (5668.08). Linkages between these program activities 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 on 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 IFESH.

EMPHASIS AREAS:

This activity includes major on human capacity development and SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13065, 15664, 13066, 15665,
13067, 15679

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13065	3248.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$400,000
15679	15679.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$50,000
15664	15664.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
13066	5665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$150,000
15665	15665.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$100,000
13067	5668.08	6380	555.08	HHS/CDC Track 2.0 IFESH	International Foundation for Education and Self-Help	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	35	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	36	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Imo

Rivers

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3809.08

Mechanism: HHS/CDC Track 2.0 ECEWS

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15674.08

Planned Funds: \$15,000

Activity System ID: 15674

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ECEWS will begin activities under the Strategic Information (SI) program area. ECEWS will be supporting the SI activities that will occur across 6 program areas for a total of 46 sites (25 community sites with a combination of HCT/TB/OVC/adult care/ABC activities, 11 additional condom/other prevention outlets, 5 school-based sites, and 5 NGOs) in 2 states (Akwa Ibom and Cross River). ECEWS staff and the NGO staff that partner with ECEWS for activities at a variety of these sites will be involved in these site-level SI activities. ECEWS will strengthen Strategic Information (SI) under the "One M&E Framework" by supporting standardized HIV indicator reporting systems at program sites and registering sites in the national M&E system. For facilities 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. ECEWS will work with USG and GON to include ECEWS-supported facilities in the National Public Health data system launched in 2007 (Voxiva platform) where applicable. ECEWS will be an active participant on the USG SI working group supporting PEPFAR in developing and maintaining a unified national data platform for HIV services in Nigeria.

Funding will be used to provide information technology (IT) infrastructure for data aggregation and reporting. Effective use of paper-based and electronic data systems will be promoted in clinical settings to enhance the enrollment, follow-up, assessment, and referral/linkages to other ECEWS-supported services (e.g., TB, STI, home-based care, HCT, etc.) and to services outside of ECEWS' programs (e.g., ART, PMTCT services) for all ECEWS clients.

ECEWS' data quality assurance program will be led by an M&E focal person who will be responsible for centralized monitoring and reporting activities. The ECEWS M&E focal person will work with ECEWS technical program officers and with the staff of 5 partner CBOs/FBOs to ensure the correct collection of data within their programs. The CBOs/FBOs will in turn work with sites to ensure that they are compiling data correctly and reporting appropriately to state level data collection authorities as part of the national system. National registers and data collection tools will be used at all service delivery points. ECEWS, through the CBOs and FBOs, will ensure that copies of registers are available and in use at sites and will provide supportive supervision to site staff to ensure they are being used correctly. ECEWS staff along with the CBOs/FBOs will conduct regular monitoring and supervisory visits to all sites in the respective program areas. ECEWS will liaise with state level M&E authorities regarding site level reporting and monitoring; state M&E officers will be invited to participate in monitoring activities in order to build relationships and capacity within the states. During these routine programmatic monitoring visits data collection tools will be reviewed for completeness and accuracy and on-site technical assistance will be provided. Randomly selected individual patient records will be reviewed across tools as one method of assessing accuracy. For sites identified as having problems with data reporting requirements, ECEWS programmatic staff will involve the site in developing a corrective plan that may include follow-up through additional visits, mentoring and more regular communication/reporting via other routes (phone, email). ECEWS will also liaise with the USG SI staff in the development and implementation of these DQA activities to ensure completeness and harmonization with PEPFAR and GON reporting requirements.

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. ECEWS and partner CBOs/FBOs will also work with on-site administrators and staff to improve their knowledge and understanding of the data from their sites. This will promote sustainability and effective use of patient data by care providers to ensure best practices of HIV care.

Emergency Plan (EP) funding will be used to train a total of 72 people on data collection, data use and reporting. This includes 1 ECEWS staff person and 10 staff from CBOs/FBOs who will translate this information to 61 site level volunteers and data collection staff through step down training as well as through their daily working relationships and regular mentoring activities for program implementation. In addition, ECEWS programmatic staff will provide regular supportive supervision to the CBOs/FBOs and to the sites on site visits. Site level M&E staff hired through the hospital or health center personnel system will be mentored to document and report program activities within the site. While sites are asked to provide for M&E staffing, temporary staffing support maybe made available to new sites, who must agree at program initiation to list these staff in the budget request of the institution for the next fiscal year.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Strengthening SI will enable timely, transparent, and quality data reporting of 2008 EP targets for Nigeria and through collaboration with the GON will establish one standardized system to monitor National HIV programs. Planned targeted evaluations 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 and access to care for HIV positives identified and referred through HCT.

LINKS TO OTHER ACTIVITIES:

SI activities are cross-cutting and relate to condoms and other prevention (5656.08), abstinence and be faithful messaging (15656.08), adult basic care & support (15657.08), TB/HIV (15658.08), OVC (15659.08), and counseling and testing (15660.08). 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.

TARGET POPULATIONS:

This activity targets local organizations (CBOs, FBOs) and health care providers in best practices of information use and reporting. HMIS and program evaluations target general population and people affected by HIV/AIDS receiving services supported by ECEWS.

EMPHASIS AREAS:

This activity includes emphasis on Monitoring, Evaluation and Reporting and Local Organization Capacity Development.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:**Related Activity:** 15656, 13033, 15657, 15658,
15659, 16907**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15656	15656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$25,000
13033	5656.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$267,000
15657	15657.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$95,000
15658	15658.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$50,000
15659	15659.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$250,000
16907	16907.08	6373	3809.08	HHS/CDC Track 2.0 ECEWS	Excellence Community Education Welfare Scheme (ECEWS)	\$275,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	46	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	72	False

Coverage Areas

Akwa Ibom

Cross River

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7215.08	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 16922.08	Planned Funds: \$59,581
Activity System ID: 16922	
Activity Narrative: ACTIVITY DESCRIPTION: The USAID Agency SI ICASS budget for FY08 is estimated at \$59,581 to provide necessary ICASS supports for the staff of six USAID personnel under the SI program, area.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity: 16928, 16929, 16930, 16931, 16932, 16933, 16934, 16935, 16936, 16937, 15675	

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
15675	15675.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$296,431

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7144.08

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15649.08

Planned Funds: \$0

Activity System ID: 15649

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity that is linked to Program Service Delivery Areas through the strategic information provided for improved oversight, management, and learning from these activities.

During COP 08, the LMS Comprehensive AIDS Services Rapid Expansion (COMPARE) project will continue to monitor and report on output and achievements of program level results initiated in COP '07 project sites in Kogi and Niger states, as well as new sites in COP08. Program monitoring will allow for tracking of results; analysis of scale up; improved program management; and feedback to service providers which will enhance quality of not only data collection, but service provision as well.

Technical assistance provided to sites will be coordinated with other SI programs and aligned with the USG data quality assessment/improvement (DQA/I) and capacity building plan. Capacity building in this area will be achieved through a combination of approaches, including workshop training (training content will include M&E skills building, surveillance topics, and HMIS concepts), on the job training, and facilitative supervision. Technical Assistance will focus on: self-guided assessment of information systems; use of existing methods and tools for collecting, analyzing and disseminating data; use of data for service planning, monitoring and evaluation; and measuring and improving data quality.

The implementing partner (IP) will provide technical assistance to 17 service delivery locations (fixed and mobile) and M&E training to at least 80 individuals.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities will strengthen the capacity of individuals and units (facilities) from project-supported sites to identify, properly collect, analyze and use HIV/AIDS related data, for reporting as well as program management and planning.

LINKS TO OTHER ACTIVITIES:

Strategic information links to the other PEPFAR Program Areas LMS is engaged in, primarily by ensuring accurate data collection, reporting, and utilization. The current program areas funded in this LMS project are: PMTCT; Basic Care and Support; HIV/TB; OVC; Voluntary Counseling and Testing; ARV Drugs; ARV Services; and Lab. Strategic Information activities will serve as a vital link between these areas, ensuring not only data collection and sharing, but enabling program managers to adapt programs to strengthen linkages, build support networks, and provide comprehensive and holistic care for clients and their families.

POPULATIONS BEING TARGETED:

This activity targets health providers, facility managers and other individuals in the community or in organizations in LMS supported states that are involved in the collection, analysis, reporting and use of HIV/AIDS related data.

EMPHASIS AREAS:

This activity includes an emphasis on capacity development in M&E. It will promote understanding among service providers and health managers regarding the nature of data they are asked to collect and report on, as well as the importance and utilization of the information obtained. In addition, this activity contributes to gender equity in HIV/AIDS programming through data collection. Data on services received, by gender, can inform program planning and intervention design changes. In line with the USG DQA/I plan, this project will develop capacity of GoN staff at State, LGA, and facility level.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15641, 15642, 15643, 15644,
15645, 15646, 15647, 15648

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15641	15641.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$328,562
15642	15642.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,400,000
15643	15643.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$207,250
15644	15644.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$0
15645	15645.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$1,320,000
15646	15646.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$3,500,000
15647	15647.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,160,000
15648	15648.08	7144	7144.08	USAID Track 2.0 LMS Associate	Management Sciences for Health	\$2,200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	17	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	False

Coverage Areas

Kogi

Niger

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 554.08

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 9916.08

Planned Funds: \$200,000

Activity System ID: 13167

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents funding for three full-time, contracted positions for Strategic Information (SI) activities. This includes an SI Manager, SI Program Assistant and Hardware/IT Officer to support SI activities for the U.S. Department of Defense (DOD) and the Nigerian Ministry of Defense (NMOD). In COP08, the DOD-NMOD will support activities at 20 sites in 16 states plus the FCT. The budget includes support for one expatriate SI Manager and two FSN salaries, overhead charges, funding required for domestic travel, training funds and allocated minor support costs.

A unique aspect of the NMOD-DOD Program is the employment of staff with past NMOD experience or familiarity. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Treatment and Clinical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group will hybridize US policy and implementation with NMOD/GON practices.

These three positions will work in coordination with CDC SI staff and 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 the Nigerian Ministry of Defense. The DOD SI Team will also work as members of the USG SI Technical Working Group. The SI Manager's also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site SI programs.

The DOD SI Team will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and the GON. The team will also support SI activities of the USG and GON, including the continued implementation of the HIVQUAL quality improvement project.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9916

Related Activity: 13162, 13163, 13164, 16942, 16939, 16940, 16941, 13165, 13166, 13168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25211	9916.25211.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$269,775
9916	9916.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
16942	16942.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$100,000
16939	16939.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
16940	16940.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
16941	16941.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9399.08

Mechanism: N/A

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 21680.08

Planned Funds: \$35,000

Activity System ID: 21680

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7142.08

Mechanism: USAID Track 2.0 FS Measure DHS

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17041.08

Planned Funds: \$2,000,000

Activity System ID: 17041

Activity Narrative: Activity Narrative: This activity will be achieved with OVC and SI input. The activities relate to both Strategic Information (M&E, HMIS, Survey/Surveillance, and Reporting) and OVC programs, and will contribute to the following priority areas: Child Survival, Family Planning, Malaria, Safe Motherhood, OVC, and TB/HIV.

The 2008 Nigeria Demographic and Health Survey (NDHS) will collect data from a nationally representative sample of approximately 36,000 women of reproductive age 15-49 and approximately 12,000 men aged 15-59.

The NDHS will be implemented by the National Population Commission (NPC), which also implemented the 2003 NDHS. The MEASURE DHS program of Macro International Inc. in Calverton Maryland, U.S.A. will provide technical assistance through its contract with the U.S. Agency for International Development (USAID). The survey will be funded by USAID and DFID. Whereas Macro will be responsible for all technical aspects of the survey, preparation of draft questionnaires and instruction manuals, data processing programs and plans for tabulation and analysis, NPC will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and writing and distribution of reports. NPC will furnish the necessary central office space for survey personnel.

Macro and NPC will seek advice on the survey design from various institutions and stakeholders, especially the Federal Ministry of Health. For this purpose, NPC will call a Stakeholders' Meeting to which it will invite representatives from important users, technical institutions and international bodies like the Federal Ministry of Health, the Planned Parenthood Association of Nigeria, the Federal Office of Statistics, all the USAID-funded implementing partners, various universities, and donor organizations like UNFPA, UNICEF, DFID, USAID, CDC, JICA, and others.

The 2008 NDHS has been expanded to include questions on malaria, orphans and vulnerable children (OVC), and TB/HIV. The malaria questions relate to transmission prevention through use of nets by household members, antimalarial drug use during pregnancy, and antimalarial treatment for fever in children five years of age and younger. In addition to collecting information on orphanhood, the 2008 NDHS contains an OVC module that also includes information on vulnerable children. The OVC module is designed to collect information on care and support to children identified as orphans and vulnerable children. Likewise, the survey will collect information on care and support to adults who have been sick for three or more months within the past twelve months. Additional questions to assess knowledge, practices and attitudes regarding TB and HIV/AIDS also have been added to the questionnaires. These questions will address knowledge of transmission modes, prevention, treatment, and knowledge of the link between TB and HIV.

Three reports will be prepared for the NDHS: a preliminary report, a final report, and a summary (Key Findings) report.

The preliminary report will be produced 1-3 months after the end of fieldwork. It will be brief and consist primarily of the approximately 12-15 tables specified in the model DHS preliminary report. Text accompanying the report will not exceed 15 pages. This report will be in English and will be prepared jointly by NPC and Macro staff. Approximately 500 copies will be reproduced; NPC will be responsible for distributing copies to institutions and organizations in Nigeria that it feels would be interested in the preliminary results, and Macro will be responsible for distribution to USAID and interested organizations in the U.S.

The final report will be published within nine months after the end of fieldwork. It will consist of a single volume of approximately 300 pages in length. The report will be in English and will be written by personnel from various organizations (e.g., Federal Ministry of Health, university staff, the National Food and Nutrition Commission, etc.) with technical assistance from Macro staff as needed. NPC will organize a report-writing workshop with all the designated authors. NPC senior staff and Macro staff will present the tables and explain how to analyze the data and give pointers on technical writing. The draft report resulting from this workshop will be edited by NPC and Macro staff and then be presented to a larger group of reviewers within Nigeria. Macro will be responsible for pulling together all comments and producing the final version of the report. Approximately 5,000 copies of the final report will be printed by Macro, 4,000 of which will be shipped to Nigeria for distribution by NPC. Printers in Nigeria may be identified to print copies for distribution in Nigeria.

The Key Findings report will be published at the same time as the final report. This report will contain a succinct summary of the main survey findings aimed at policymakers and program managers. The report will be part of the DHS series of summary reports. The writing of this report and its publication will be the responsibility of Macro staff, with input and review by NPC.

In addition to these printed materials, the data will also be distributed in the form of CDs prepared at Macro headquarters in Calverton and shipped to Nigeria. These materials will be distributed to staff at the Federal Ministry of Health, university staff, the National Food and Nutrition Commission, among others.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9401.08

Mechanism: N/A

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 21702.08

Planned Funds: \$25,000

Activity System ID: 21702

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9404.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 21703.08

Planned Funds: \$25,000

Activity System ID: 21703

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9693.08

Mechanism: N/A

Prime Partner: PROHEALTH

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 22505.08

Planned Funds: \$10,000

Activity System ID: 22505

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9692.08

Mechanism: N/A

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 22506.08

Planned Funds: \$50,000

Activity System ID: 22506

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$7,590,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

In 2007, Nigeria elected President Umaru Yar'Adua in the first transition between civilian leaders in the country's history. Unfortunately, the elections were seriously flawed and a disappointment to both Nigeria and the international community. While USG-Nigeria feels strongly that former President Obasanjo's commitment to HIV/AIDS will eventually be embraced by President Yar'Adua, his 7-point agenda to the nation, health did not feature on the list. That said, President Yar'Adua appointed a strong Minister of Health and has since indicated that improving the Nation's health system is an underpinning to his agenda. Thus, the USG team anticipates that implementation of PEPFAR will continue at a rapid pace, but that strong advocacy with the new administration is necessary to ensure that the national commitment to HIV remains both strong and focused.

While the Chief Executive and Ministers of the country have transitioned, many of the key personnel in the operational levels of the Government of Nigeria (GON) remain the same. The new Minister of Health is an international recognized pediatrician and a former USG employee, and is already proving to be a tremendous advocate for the PEPFAR program. As a pediatrician, she fully supports a focus on pediatric treatment and improved services for OVC in COP08.

The broad strategy of USG-Nigeria in this program area includes strengthening of the procurement, distribution and monitoring of HIV/AIDS related commodities; human resource strengthening within the GON, the military, and indigenous organizations; policy support and dissemination; and support to civil society through strengthening local and indigenous organizations as well as the Global Fund. Successes to date in these areas as well as planned activities in COP08 are detailed below.

The integration of DELIVER with SCMS during COP07 meant a key change in the management of logistics partners working with the GON. Integration has resulted in a wider pool of technical assistance capacity while building upon investments and efforts made in earlier years. The establishment of a formal logistics management unit within NASCP was a significant achievement in COP07, and the USG will continue to strengthen this unit.

Ongoing efforts to provide training, advocacy and development of systems for determining and managing the quantity and variety of commodities in the GON system have improved coordination and reduced wastage. Quantification and forecasting exercises for the GON and IPs are leading to harmonized procurement efforts and have reduced over- and under-stocks of drugs and test kits while providing the needed information to facilitate emergency stock exchanges when needed. This close collaboration led the GON to recognize the need to assess the performance of their drug logistics system. USG-Nigeria supported a process mapping of the GON procurement and distribution network in COP07, including a formal assessment of the Central Medical Stores, leading to a detailed work plan for improvements which will be implemented in COP07 and COP08.

The USG-Nigeria Five-Year Plan acknowledges the large pool of well trained health staff in Nigeria from primary through tertiary levels but cautions that few are trained in skills such as ART management or counseling. Health workers' skill levels have improved through such efforts as the continuing support for an incentive and retention scheme. The USG-Nigeria will continue to support the GON to address results from the COP06 Human Resources Information System assessment. USG-Nigeria will also continue to work with the GON and relevant stakeholders to pursue appropriate task shifting for HIV/AIDS services such as provision of antiretroviral therapy at lower levels of care, provision of prophylaxis for women who chose to deliver at home and HIV rapid testing by non-laboratorians.

To improve health worker service delivery skills, USG-Nigeria supported a fellowship program in COP07. After training, fellows are placed in NGO supported HIV/AIDS facilities to provide short term surge capacity for rapidly expanding HIV/AIDS treatment, care and support facilities. In COP08, this training will be expanded to include health care workers across a range of program area specialties. In COP08, the newly instituted Field Epidemiology and Lab Training Program (FELTP) will continue to build specialized capacity within Nigeria, with 26 fellows expected to go through the program during the program period. In addition to the fellowship program, USG-Nigeria, through two IPs, also supported an in-service training program for nurses in order to build their skills and capacity to care for PLWHA. This program will continue in COP08 and advocacy efforts will be made to broaden the reach of the program to include formalized curricular changes to pre-service training for nurses.

Greater Involvement of People Living with HIV and AIDS (GIPA) empowerment training was conducted in COP07, in conjunction with the Global Fund, to build the capacity of people living positively and openly with HIV and to support the development and implementation of HIV/AIDS workplace programs in the private sector. This initiative is applied within the USG-Nigeria team through adherence to the GIPA policy when hiring new staff.

In COP08, USG-Nigeria, through implementing partners, will embed 15 consultants in key GON departments in order to build capacity to implement HIV/AIDS programs. This effort within the Child Development Department of the Ministry of Women's Affairs is an extremely important effort to improve the care of OVC in Nigeria. This will also serve to strengthen the strategic information activities of NACA (the National Agency for the Control of AIDS) and NASCP (the National AIDS/STD Control Program) and to improve the pharmacovigilance ability of NAFDAC (the National Agency for Food, Drug Administration and Control). Other key institutions such as the Nigerian Ministry of Defence will be strengthened in COP08 through the provision of leadership training which will include skills to reduce stigma and discrimination and address key gender issues and will also focus on building their pharmaceutical and medical consumable management. USG/Nigeria will also work with the Ministry of Environment to mobilize resources and policies around management of medical waste.

One of the major milestones in COP07 was the passage of the NACA Agency Bill moving NACA from an office under the Presidency and establishing it as a para-statal agency. Work with other GON agencies in previous years has included the

provision of capacity building to NASCP to assess their management structures and to determine where new structures, personnel and policies could be developed to improve their efficiency and efficacy. USG/Nigeria's work prompted NASCP to write a letter of appreciation citing progress made to date and management improvements. Similar assessments and capacity building efforts will continue with NACA, NAFDAC, NTBLCP, and other key federal ministries in COP08.

In COP08, once legislation on the second phase of PEPFAR is passed, USG/Nigeria and policy partners will work with the GON to design partnership compacts. Compacts will be informed by the results of a PHE to evaluate the impact of PEPFAR/Nigeria on the general health system. This evaluation will be based on a similar PHE conducted in Rwanda which examined a range of non-HIV health and demographic indicators to determine projected post-PEPFAR impact.

High-level visitors such as Senator Nelson and OGAC technical experts have underscored the importance of integrating food and nutrition into the USG/Nigeria program. As a result, in COP08 USG/Nigeria will initiate the drafting of, and advocacy around, national food and nutrition guidelines.

In COP07, USG-Nigeria was much more successful in identifying new local partners for direct award, largely due to the efforts of our new capacity-building partner that was engaged to assist local partners to become more competitive in the solicitation process. As a result, 13 award recommendations resulted from the USAID APS and, of those, 10 were local organizations that will become prime partners of the USG for the first time. Seven of the 13 award recommendations are to faith-based organizations with deep roots in the community. In COP08, this focus on building new partner capacity will continue as they are supported through the pre-award assessment, agreement negotiations, project start-up, and on-going monitoring and reporting. The APS will remain open to fill specific gaps in the portfolio, but the major focus in COP08 will be to ensure the success of the new awardees and their contribution to the PEPFAR goals in Nigeria.

Strengthening management capacity of indigenous organizations and the Global Fund to efficiently and effectively address the national response is crucial for sustainability. USG will continue to build these skills in COP08 along with support for organizational development such as project management, M&E, financial management, planning, leadership development, and sound governance structures.

Since COP06, USG/Nigeria has worked closely with the Global Fund (GF) to strengthen both the CCM management structure and principal recipients, such as through support for the reconstitution of a new CCM. In COP08 USG/Nigeria will continue to improve coordination, program implementation, monitoring and evaluation, strategic and annual planning of the GF, through supports to the management structure as well as in technical leadership and partnership for improved implementation.

USG/Nigeria will actively seek partnerships with the private sector in COP08 in key program areas such as injection safety, AB and OVC. Partnerships will target key populations and approaches with innovative activities otherwise not possible through the IPs, leading to a broader reach and increased sustainability.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4420
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1457
14.3 Number of individuals trained in HIV-related policy development	42
14.4 Number of individuals trained in HIV-related institutional capacity building	210
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	550
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	430

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3699.08	Mechanism: HHS/CDC Track 2.0 SBFAF
Prime Partner: Safe Blood for Africa Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 21668.08	Planned Funds: \$100,000
Activity System ID: 21668	

Activity Narrative: The Safe Blood for Africa Foundation (SBFA) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). Activities are linked to the National Blood Transfusion Service's (NBTS) long term strategy. SBFA is assisting the NBTS in implementing the primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. In FY08, SBFA activities under the medical transmission program area will be primarily focused on: sustainability plans for the NBTS; capacity building for blood safety activities at USG supported hospitals in Nigeria; supporting NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promoting coordinated blood safety activities across all partners.

Many challenges have faced the development and institutionalization of the NBTS in Nigeria within the government. In the second quarter of 2008 the Government of Nigeria (GON) organized a maiden stakeholders' conference to address some of these challenges. Critical areas requiring additional support were identified for the progress and sustainability of the NBTS. One of such area is the establishment of an effective and sustainable Nigerian Blood Service that is a clearly defined Agency which conforms to the recommendations and guidelines of the World Health Organization (WHO). The successful future of the NBTS depends on this. NBTS is presently a division under the Federal Ministry of Health and its activities are limited and restrictive under the bureaucracy of the Ministry. An autonomous status of the NBTS will give it greater government funding and increased direct access to policy makers and donor agencies. In FY08 under health policy and system strengthening, SBFAF will work with the Enabling HIV & AIDS, TB and Social Sector Environment (ENHANCE) for this activity identified as a need for the sustainability of NBTS. ENHANCE is a Nigeria-USG bilateral project that creates an enabling policy and legislative environment for health and education programs in Nigeria. This organization played an active role in the development of the National Health bill and will be part of the Ministerial Steering Committee that will be constituted to produce an appropriate policy framework and draft the legislative bill to actualize this objective.

SBFA has worked with ENHANCE and the NBTS through the National Technical Committee to develop National Blood policy. In FY08, emphasis will be on entrenching the policy into law and setting up a regulatory body and oversight standards. This is a significant intervention for the prevention of HIV and other TTIs through improved blood safety practices. SBFA 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.

Another key area for the successful future of the NBTS will be to develop a blood safety training manual. This manual is an integral component of the development of sustainable and replicable best practices in transfusion medicine. Capacity building is one of the key mechanisms to achieving the objectives of the NBTS long term strategy. SBFA is expanding its TA to establish a more appropriate blood safety program in US Government (USG) supported hospitals in Nigeria. SBFA has conducted a robust training program that has been fundamental to the rapid expansion of the NBTS. SBFA will utilize the standardized training manual to further train a pool of Trainers in Nigeria. Trainers will include all categories of health workers relevant on blood safety activities he facilities will be educated on the use of the blood screening algorithm and proper diagnostic strategy based on prevalence criteria. SBFA will train nurses and medical laboratory scientists in USG supported hospitals and hospitals within NBTS catchment areas to recruit repeat voluntary blood donors from the ranks of current family replacement donors. SBFA will also train these personnel in blood collection and donor care, as well as in counseling, including appropriate utilization of the NBTS predonation screening questionnaire, leading to improved screening of all donors in all facilities.

SBFA will continue to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure its sustainable, independent operation and increased leadership role in the safety of Nigeria's healthcare system.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3681.08

Mechanism: USAID Track 2.0 Safe Injections

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17043.08

Planned Funds: \$50,000

Activity System ID: 17043

Activity Narrative: ACTIVITY DESCRIPTION :

This activity relates to the injection safety (3.3.04) program area. In COP08 the MMIS project will continue advocacy and policy dissemination efforts with the Federal Ministry of Environment concerning health care waste management.

The national baseline injection safety assessment completed in 2004 by the Federal Ministry of Health and the Making Medical Injections Safer (MMIS) project identified gaps in facility level health care waste management (HCWM). For example, only 2.5% of health facilities had general injection safety policies and none had health care waste management policies in place. The assessment also revealed that sharps were present around 65% of the surveyed facilities and that 96.2% of the secondary and tertiary level facilities had improper waste disposal. Less than 4% of the facilities had high temperature incinerators, and so most sharps and clinical waste were disposed via open dumping in municipal sites or via unsupervised open burning.

MMIS has been addressing these issues through support for the formation of a National Technical HCWM working group, under the leadership of the Federal Ministry of Environment in partnership with the Ministry of Health. Plans are underway for the creation of a national level HCWM Steering Committee that will be tasked with the implementation of HCWM policies, guidelines and plans for action developed by the working group.

MMIS will continue to work with the Federal Ministry of Environment and state health waste management agencies at the health facility level to improve health care waste management throughout Nigeria. During COP08, efforts at the national level will include the continued support for the HCWM working group, which will expand to include state level and UN stakeholders as well as interested NGOs. MMIS will facilitate the development and adoption of policies, guidelines and action plans through national workshops, for eventual legislative consideration by the GON. At the state level, the Lagos State Waste Management Authority (LAWMA) will continue to receive technical support from MMIS to serve as a role model for other states looking to effectively address sharps waste management issues through state and facility level waste management policy development.

MMIS will also work to disseminate and implement the WHO standards of practice for waste segregation, storage, transport and environmentally appropriate final disposal as well as the dissemination of any new legislative actions resulting from the HCWM working group's efforts. These dissemination efforts will be accomplished via statewide HCWM summits and trainings for all levels of policy makers and waste handlers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

MMIS assistance to the Ministry of Environment will support the development and implementation of health care waste policies and practices, leading to the appropriate handling of health care waste and the related reduction in risk of infection due to exposure to sharps and other hazardous waste by health care professionals, waste handlers, and the general community.

LINKS TO OTHER ACTIVITIES:

These policy level efforts are linked directly to the full range of activities occurring under safe injection program area. The wider impact on health care waste management will also be seen at the facility level implementation of activities in the areas of blood safety, HCT, lab and others where health care waste is produced.

POPULATIONS BEING TARGETED:

This activity targets leaders within national ministries and government parastatals.

EMPHASIS AREAS:

This activity includes an emphasis on institutional capacity development and on building human resources and quality services as detailed in the activity description above.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13069

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13069	9774.08	6382	3681.08	USAID Track 2.0 Safe Injections	John Snow, Inc.	\$168,090

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6171.08

Mechanism: USAID Track 2.0 FS TB CAP

Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17044.08

Planned Funds: \$0

Activity System ID: 17044

Activity Narrative: Activity Description: Funding for this activity will fall under the TB/HIV program area while targets are reflected in the policy and systems strengthening program area.

Tuberculosis (TB) is a serious public health problem in Nigeria with an estimated prevalence of 684,000 cases. This data places Nigeria as the highest TB disease burden country in Africa and 4th among 22 high TB burden countries in the world, after India, China and Indonesia. WHO estimates that 371,642 new TB cases (all forms) and 162,163 smear positive cases occurred in 2005 and that the incidence is increasing. The case detection rate is around 27% at the end 2006. By 2006, DOTS services were available in all 36 states and Federal Capital Territory (FCT) and 650 of 774 LGAs had at least on facility providing DOTS services. The burden of HIV/AIDS is also significant. The HIV prevalence as tested among ANC attendees is on average 4-5%. There are however, significant differences between states and probably within states. The average HIV prevalence among TB patients has increased to almost 30%. Based on an evaluation visit by TB CAP in January 2007 and referring to the APA2 workplan (OP07) the following two intervention areas are proposed for FY08/ Nigeria.

- 1 Strengthening the TB/HIV management and leadership capacity
- 2 Strengthening of TB, TBHIV drug and commodity logistics

Part 1: \$200,000- Strengthening the TB/HIV management and leadership capacity

Nigeria has been implementing TB/HIV collaborative activities and the request for better management cannot be met by existing pool of technically knowledgeable and competent staff. The first step to addressing this issue is to ensure better coordination and implementation of TB/HIV activities through training a cadre of staff on TB/HIV collaborative activities. The second step is to have these managers roll out this knowledge and these skills into the rest of the country through a rollout training plan. In order to develop Improved human and institutional capacity, this COP08 for TBCAP proposes the following three activities to achieve this two step objective;

1. TOT on TB/HIV in collaboration with WHO training Institute in Sondalo, Italy

Following the development of the basic package of policy and guidelines on TB/HIV, WHO (as the TB CAP implementing partner on this activity), jointly with the Italian WHO Collaborating Centre for Tuberculosis and Lung Diseases developed and conducted successfully two TB/HIV courses for consultants in 2004 and 2006. From the gained experience with these two courses, a TOT for Nigeria will be designed and conducted by WHO and the Istituto Scientifico di Tradate, Italy in collaboration with NTBLTC in Zaria and trainers from the NTLCP as well as the AIDS and Sexually transmitted infections Control Program (NASCP). The overall goal of the course is to develop skills and to guide States and LGAs in planning, implementation and evaluation of TB/HIV collaborative activities, based on current policy and guidelines. As part of the institutional capacity building two or three Zaria trainers will be identified and work with WHO trainers as master trainers for the TOT. This will ensure the availability of skilled TOT staff to roll-out the training to finally ensure country-wide coverage of good TB/HIV services. The newly trained staff will have the knowledge and skills to provide the necessary assistance for the implementation of the TB/HIV collaborative activities in Nigeria. By the end of the Course the participants will have further developed their skills to review data on the key components of Tuberculosis and HIV/AIDS national programs and analyze and synthesize the main findings, identify priorities, propose solutions and develop recommendations. Based on experience and due to the methodological participatory approach, the maximum number of participants will be 16 and be selected among the Zaria and NTBLCP and NASCP staff.

2. Work with NTBLTC in Zaria and USG partners including UMD/IHV/ACTION (#3254.08) who currently provides support to adapt TB/HIV modules for Nigeria

In order to rollout the training TB/HIV modules need to be adapted to Nigerian setting. Newly trained trainers in collaboration with WHO consultants and representatives of the target group will adapt each module with relevant data and information from Nigeria. Selected Zaria and NTBLCP trainers will also develop a detailed rollout training plan to replicate the trainings at the LGA level. The target group for the training courses is the LGA managerial health staff responsible for the NTBLCP and NASCP.

3. Mentored roll out of subsequent trainings in country

Based on the rollout training plan, a series of State level 2-3 day training courses will be conducted. During each session managerial health staff from 3-4 LGAs from the selected states will be invited. Through these trainings 300 LGAs will be covered in 17 USG-supported states in 3 zones: North-East, North-West and North-Central., and extended nationwide. From each LGA these trainings will bring together the district TB/Leprosy coordinators, communicable disease team members and HIV coordinators. The main purpose of the LGA level training is to update the knowledge and skills of staff on TB/HIV collaborative activities as well as facilitate the development of district level TB/HIV collaborative activity implementation plans. LGA level training sessions will be conducted by pairs of newly trained TB/HIV trainers. Each pair of trainers will be mentored by WHO and Zaria trainers during their first LGA training session.

Part 2: \$300,000 - Strengthening of TB, TB/HIV drug and commodity logistics

The activity is linked to ensuring uninterrupted drug availability at TB and HIV treatment sites. Overall objective of the project is to strengthen pharmaceutical management systems for the delivery of TB/HIV services in Nigeria specifically focusing on the functioning of the TB GDF. This objective will allow for the identification through assessment and the provision of support for more functional elements of the pharmaceutical management cycle including Selection, Procurement, Distribution, Rational use, adequate Policy and Regulatory framework and Management support systems. The objective of a strengthened commodity management will be achieved through the implementation of the following activities which began in COP07 and will be expanded and strengthened in COP08;

Conduct an assessment to measure the strengths of pharmaceutical management systems: The objective is to collect data on all aspects of TB pharmaceutical management including; policy and legal framework, selection, procurement, distribution, rational use and pharmacy MIS to inform the development of strategies that will ensure secure availability and rational use of TB medicines.

Introduce Fixed-dose combination (FDC) and TB medicines kits to improve adherence to treatment: The objective is to ensure that multi-source (generic) FDC TB medicines are registered and that the ones currently in the system are of assured quality.

Update and review standard operational procedures (SOP) and guidelines to include FDCs and TB PK medicines: The objective is to review all related guidelines and SOPs to ensure that FDCs and TB PK are listed for use even at the lowest level of health care delivery.

Provide training to improve local capacity for TB pharmaceutical management of the TB GDF commodities in Nigeria : The objective is to provide trainings to cover all aspects of pharmaceutical management in view of the introduction of FDCs and TB PK and the development of new SOPs and guidelines. To reflect the strategy of TB/HIV/AIDS mainstreaming, HIV/AIDS program managers and pharmaceutical officers will

Activity Narrative: surely benefit from this training. In COP08 the following follow-up activities will be implemented:
 Assessment of the program implementation: Collect data on the implementation of COP07 activities including MIS, use of FDC and dissemination and use of SOP.
 Follow-up training: Ensure that program managers, pharmaceutical officers, Nurses, HBC & CBO providers and expert patients have been trained. These trainings will only focus on key persons due to limited funding.
 Continuous technical assistance (TA): Provide periodic TA to NTBLCP, MOH and the National Agency for Food, Drug Administration and Control (NAFDAC) on program implementation. Specific TA would include working with facilities and providers to make sure that IPT is available in health centers meeting appropriate diagnostic criteria and that guidelines are implemented to make sure that every patient who qualifies for IPT receives it.
 Assist National and state TB control programs to develop a functional commodity logistics management system. Design and pilot test systems for forecasting, procurement, distribution and tracking of anti-TB drugs and commodities. Inventory management systems will also be designed and pilot tested and key staff trainings in their use will be initiated. TB CAP will collaborate with FMOH, WHO GDF and the SCMS project to leverage resources and ensure sustainability. Expansion and full implementation of these systems will require additional funding in following years.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13111

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13111	3254.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,687,300

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	125	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 6504.08

Activity System ID: 13161

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$250,000

Activity Narrative: ACTIVITY DESCRIPTION:

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its fourth year in implementing PEPFAR activities with the US Military HIV Research Program (USMHRP) directly implementing with its counterpart, the Nigerian Military. This type of implementation ensures direct capacity building within an agency of the Federal Government of Nigeria. Through this partnership, the impact of this program is felt 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; offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities.

The NMOD-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 the National Agency for the Control of AIDS (NACA). The NMOD funds these meetings, held three times a year since 2005. The Emergency Plan Implementation Committee (EPIC), subordinate to the SC, is comprised of two NMOD personnel per treatment site along with the EPIC headquarters and the DOD HIV Program Office. This committee directs the implementation of the program through quarterly meetings and is funded by DOD. The DOD maintains daily contact with the EPIC headquarters on all aspects of program implementation. Through this partnership, 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 to ensure coordinated and complementary use of resources.

Due to the formalization and strengthening of HIV infrastructure in COP06, EPIC was able to clearly articulate their needs and successfully received its third annual operating budget from the GON (2007 funding- \$1.5 Million USD). In addition, the NMOD is hiring 100 new health care providers (HCPs). Both the operational funds and new HCP personnel are specifically for PEPFAR implementation.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the NMOD-DOD HIV Program will continue to extend free prevention, care and treatment services in 14 military facilities and communities. In COP08, the program will expand to six new sites.

In COP08, 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. Other activities will include continuing support for training on administrative policy and systems strengthening activities, and the provision of training and development for the NMOD. Support to three target organizations (NMOD, EPIC and the Armed Forces Programme on AIDS Control) will include addressing high-risk issues such as peacekeeping and other international deployments as well as internal deployments.

At the local level, the DOD will support training and development activities for 200 individuals at 23 sites, in centralized 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 who are on a career track in the GoN, the program 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. This clearly fulfills PEPFAR program goals for independent operation and oversight roles.

Other specific interventions at 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.

Policies toward capacity building and NMOD ownership of PEPFAR activities will continue in COP08 with the NMOD's initiative to store, manage and distribute supplies (ARVs, reagents, other consumables) procured through the Supply Chain Management System (SCMS, #6706). Movement toward central acquisition and distribution will decrease operating costs and the use of cash accounts at each site. The DOD program will continue support policy development for implementation of the NMOD-owned, contractor (SCMS) operated warehouse developed under COP07 funding, as well as the linkages of NMOD customs agents with NAFDAC, federal customs authorities and the Ministry of Foreign Affairs. The program design will ensure continued USG visibility and accountability at all levels of implementation. The NMOD ownership of the program is supported through the integrated approach of PEPFAR implementation, the formation and strengthening of NMOD HIV structures, application of an operating budget, increases in HCPs and logistics improvements. The stewardship transfer, which is projected within the next two years, will contribute to a sustainable program.

Within Nigeria, in addition to its commitment to the PEPFAR Team and its technical working groups on policy and guideline development, the DOD will continue to be involved with organizations responsible for responding to the HIV/AIDS epidemic through national policy development, implementation and coordination activities. These organizations include the FMOH, NACA, the National AIDS and STD Control Program (NASCP), and the Global Fund.

By the end of COP08, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Niger, Oyo, Plateau, Rivers and Sokoto (16 states and FCT).

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

DOD activities will foster a strong USG relationship with another branch of the Nigerian Government; build the capacity of indigenous partner through joint implementation of activities; offer a cost effective model for implementation through a direct USG-GON collaboration, and support both the military and civilian communities.

TARGET POPULATIONS:

This activity targets both military and civilian populations, including health care workers, administrators and

Activity Narrative: community liaisons at each site as well as Nigerian Ministry of Defence leaders and commanders, the Steering Committee and Implementation Committee and others who are involved directly with policy development.

EMPHASIS AREAS:

This activity includes emphasis on in-service training contributing to human capacity development and local capacity building. Other emphasis includes gender issues, such as addressing male norms and behaviors, and on reducing stigma and discrimination.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6809

Related Activity: 13150, 13152, 13157, 13158, 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6809	6504.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$50,000
6504	6504.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$40,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13157	3242.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$325,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	23	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	23	False
14.3 Number of individuals trained in HIV-related policy development	50	False
14.4 Number of individuals trained in HIV-related institutional capacity building	50	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	200	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Benue
Borno
Cross River
Delta
Enugu
Federal Capital Territory (Abuja)
Kaduna
Lagos
Oyo
Plateau
Rivers
Benin
Anambra
Imo
Kano
Niger
Sokoto

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1561.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 12447.08

Activity System ID: 13145

Mechanism: HHS/CDC Track 2.0 Agency
Funding

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$675,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity to develop a long term 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. This activity is a wraparound because it utilizes both HHS/CDC and USAID central funds (non-PEPFAR) to support a portion of its implementation. This activity is linked to HHS/CDC-SI (#5358.08) with partial funding in that area.

The Nigeria Field Epidemiology and Laboratory Training Program (N-FELTP) which started in 2007 is an adapted version of the CDC International Field Epidemiology and Laboratory training program. Its main objective is to develop in-country capacity and Leadership in Strategic Information (LSI) within the health sector including HIV/AIDS. It is being implemented by the Federal Ministry of Health (FMOH) in collaboration with CDC/USG-PEPFAR, two in-country universities, and other stakeholders. The program will train junior level professionals (physicians, laboratorians) from the state and federal ministries of health. It consists of three tracks that focus on epidemiology, laboratory and veterinary epidemiology, respectively. N-FELTP includes two distinct programs that include a series of short courses (three months) which are certificate-awarding and a long course (two year fellowship program) which is degree-awarding in each of the three tracks. Both the short and long courses provide 25% didactic training and 75% field work experience.

While the short courses are designed to meet Nigeria's short term training demands in issues of curbing epidemic diseases and emerging public health concerns, the long courses are designed to meet longer term demands of developing technically strong public health leadership that can guide the process of sustainable development of health systems. To date 25 senior public health practitioners have been trained in short courses and two other planned trainings (25 participants each) will be conducted by the end of COP07.

The long course will begin in COP08. This 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 non-laboratorians 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. For non-HIV activities N-FELTP leverages resources from non-PEPFAR sources such as USAID, CDC, and the Government of Nigeria. CDC influenza resources funded the development of the N-FELTP program and the first short courses. USAID avian influenza resources are being used to support the veterinary laboratory long course. Work is also being done to develop public/private partnerships for additional support for future years. The FMOH has embraced this program as a critical system strengthening tool and is establishing a counterpart funding line in its annual budget beginning with their 2008 fiscal year budget submission. USG plans to continue providing direct support for N-FELTP for the next five years, at which time the program is expected to be sustained by the Nigerian Government.

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 within the state and national Ministries of Health.

POPULATIONS BEING TARGETED:

The fellows in this program that are targeted for training are physicians, epidemiologists and laboratorians who work within the state and Federal Ministries of Health.

COVERAGE AREAS:

This program is national in its scope as the trainees will come from any of the 36 states or the Federal Capital Territory and will return to their respective positions after completion of the fellowship program.

LINKS TO OTHER ACTIVITIES:

These HHS/CDC PSC staff positions will work in coordination with the Federal Ministry of Health and the Federal Ministry of Defense to provide mentoring and technical assistance related to epidemiology and laboratory services. HHS/CDC-SI (# 5358.08).

EMPHASIS AREAS:

The major emphasis area for this activity is human capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12447

Related Activity: 13144

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25984	12447.2598 4.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$2,558,267
12447	12447.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$750,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 632.08

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 12448.08

Activity System ID: 13118

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$175,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is linked to the Counseling and Testing (5426.08), ART Services (3255.08), Basic C&S (3259.08), PMTCT (3257.08), OVC (5417.08), and Other Prevention (9210.08) program areas.

ACTION will support the efforts of the Nigerian FMOH and nursing educational sector in strengthening the skills of nurses for the national response to the HIV/AIDS epidemic in the country in line with the Health Sector National Strategic Framework for HIV/AIDS. Nurses constitute the highest number of health care workers in Nigeria and spend the highest number of hours with patients. However, there has not been a specific program to address the weak nursing knowledge in HIV care that exists country wide. If adequately trained and empowered to utilize learned skills, nurses could render more appropriate care for PLWHAs and contribute meaningfully to mitigating the impact of HIV/AIDS as well as to sustaining the efforts supported by the Emergency Plan. As the number of patients accessing ART services continues to increase without an exponential increase in the number of doctors, especially in primary and secondary sites, doctors are overworked and patient access to care is sub-optimal. With proper training, nurses can be utilized to address the personnel challenges faced by ART sites.

This activity is aimed at establishing an HIV care nurse training program at the practice and nursing education level to address the weaknesses that exist in the skill levels of nursing professionals in Nigeria in a sustainable manner. This training will be tied in with an integrated care strategy being implemented at the model HIV Clinical Training Clinic at University of Abuja Teaching Hospital at Gwagwalada. The care model employs a care team strategy that upgrades the role of the nurse in care provision and frees the physician to address patient management challenges rather than focusing on onerous paper work. A care team consisting of a physician, several nurses, adherence counselors, and pharmacy staff work together to facilitate efficiency and quality of patient care. A community liaison links the team and the patient to community-based services targeting improved treatment access, adherence, nutrition, safe water and home-base care. Evaluation of this model and expanded training of other sites in an evidence-defined care model will help shape policy for operationalizing the IMAI/IMC approach.

In COP07, ACTION collaborated with FMOH, Nursing & Midwifery Council of Nigeria and other USG partners, LMS in particular, to develop a standard HIV/AIDS curriculum for nurses in practice. A pilot TOT was conducted for 45 trainers drawn from different facilities at all tiers of the healthcare system. Under COP08, this training will be rolled out regionally to nurses in practice. In addition, the curriculum will be adapted for incorporation in the standard education of nursing students country-wide and a pilot training for nursing instructors conducted.

The standardized curriculum, developed through a South-South collaboration with Ethiopia, was developed under COP07 for the training of nurses in practice. The curriculum was crafted to focus on specific skills sets and knowledge needs identified by the Nursing and Midwifery Council of Nigeria and Nigerian nursing educators. The curriculum incorporates the FMOH/NACA adopted IMAI/IMCI approach to HIV/AIDS care with emphasis on such nursing skills as: aseptic technique, injection safety, universal precautions, nursing triage, nursing assessment, follow up of stable ARV patients with prescription re-authorization, monitoring for ARV adverse effects and treatment efficacy, adherence/general counseling, and linkages with community care and other services. In addition, HIV palliative care is emphasized including treatment of minor ailments (such as thrush, malaria, and diarrhea) using standing orders developed and approved by supervising physicians. Through the training, nursing skills are enhanced to provide counseling for prevention, HCT, disclosure/partner notification and other support services. As many of these skills are transferable, the ability of nurses to manage and care for patients with other chronic disease conditions is enhanced.

Under COP08, the 45 Master Trainers trained in COP07 will be supported to conduct 5 regional trainings targeting 150 nurses drawn from mostly primary and secondary health facilities within the ACTION "Hub and Spoke" and Global Fund "cluster" networks. 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 for those in practice. This will foster a culture of professional development for Nigerian nurses. The IHV-Nigeria Training Department will oversee assessments and monitor for quality and coordinate and strengthen training materials and activities.

Through advocacy by ACTION, the USG, and others, the Nursing and Midwifery Council of Nigeria has mandated nursing schools to include HIV/AIDS nursing in their training curricula and has identified the need to standardize the content of these curricula. The HIV/AIDS nursing training curriculum developed under COP07 will be adapted by the Council as the model curriculum for HIV/AIDS nursing education under COP08. ACTION will support meetings with key stakeholders to carry out the adaptation for nursing students and support an initial pilot TOT for 25 nursing school faculty. In addition, nursing school administrators will be encouraged to incorporate clinical rotations at ACTION and other IP supported hospital and community based sites into their curriculum to enhance hands on experience for students. One-hundred and seventy five people will be trained as part of this activity. Management structure and logistics for the training program will be through USG funding to LMS (#6383), who will also lead the expansion of the fellowship design for other health care workers.

ACTION currently supports ARV services at 44 sites and will develop 34 additional sites under COP08 for a total of 78 sites structured under a hub and spoke network model. Twenty-eight hub sites are affiliated with 25 smaller secondary hospital sites and 25 additional primary health center ARV sites so that routine care of stable patients can be available at 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 COP08 to provide ARV in a more accessible location. Most of these sites are staffed by nurses. ACTION anticipates that at least half of the 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 focused initially. The fellows will not be limited to Action supported sites, as the program is designed to provide supports across PEPFAR and beyond. The states will also be broad and expanding with the eventual objective a national training designed for support to a range of facility types with empowered staff.

Sites were selected in line with the National ARV Scale-Up Plan with the goal of universal access. They include: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa,

Activity Narrative: Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Curriculum development and implementation will lead to capacity development at the site level and nursing schools. This is 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 with development of a cohort of trainers across the country.

EMPHASIS AREAS:

This activity focuses on training, as capacity development for sustainability is a key focus. This activity also focuses on training curriculum and module development, provision of additional training resources for trainers and trainees for step down training in hospitals, and human resources, as manpower shortfalls to address HIV care needs will be addressed. This activity addresses "Twinning" as a South to South partnership with another African country was utilized to develop the curriculum.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12448

Related Activity: 13109, 13112, 13106, 13110, 13113, 13115, 13117

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12448	12448.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13106	3257.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$3,550,000
13109	9210.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,735,500
13110	3259.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$5,346,000
13112	5417.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,359,000
13113	5426.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$1,705,000
13115	3255.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$17,410,275
13117	3253.08	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	University of Maryland	\$2,760,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	175	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

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 ID: 553.08

Prime Partner: The Futures Group
International

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3238.08

Activity System ID: 13104

Mechanism: USAID Track 2.0 ENHANSE

USG Agency: U.S. Agency for International
Development

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$3,000,000

Activity Narrative: ACTIVITY DESCRIPTION:

ENHANSE is a national-level integrated project with the mandate to create an enabling environment for HIV/AIDS in the social sector. This activity's emphasis is on policy development and utilization. This activity focuses on the use of accurate and strategic information to inform the policy and planning process. ENHANSE will also leverage organized private sector support and resources for national HIV/AIDS programs.

During COP07 ENHANSE provided support to the National Agency for the Control of AIDS (NACA) that enabled the successful passage of the bill that converted it from a Committee within the Presidency to a full fledged agency. In COP08, the ENHANSE project will continue support to NACA to strengthen its newly legislated functions by embedding key staff in the agency and supporting the development of a National AIDS Priority Plan. The National AIDS and STI Control Program (NASCP) of the Federal Ministry of Health (FMOH) will be supported in the dissemination and utilization of survey reports including the National Demographic Health Survey (DHS), National HIV/AIDS Reproductive Health Survey (NARHS), Ante-Natal Clinic Survey (ANC), Integrated Bio-Behavioral Surveillance Survey (IBBSS), and will ensure improved data use for policy planning. An impact evaluation of the national response focusing on health, education, agriculture, and the economy will be given priority attention.

Additional support to NACA will include review of the National Strategic Framework and National HIV/AIDS Policy. To maximize on the investment made for the establishment of the national information management platform, ENHANSE will support the capacity building of 50 key officers of line ministries, CSOs, OPS and the uniformed services on national reporting systems, such as Voxiva.

In COP07 ENHANSE provided support for the revision and finalization of the new national laboratory policy that addresses manpower challenges and standardization of services. Work with other agencies of the GON in COP08 will include collaboration with NASCP to develop and disseminate this policy and at least four other key policies and plans in various thematic areas including prevention, HCT, ART, PMTCT, palliative care, TB/HIV, nutrition and OVC in conjunction with all USG agencies administering PEPFAR. The HCT manual will be reviewed to ensure that provider-initiated HIV testing and counseling (PIHTC) is incorporated. The National Plan of Action for Pediatric ART will be developed to encourage service uptake by children. ENHANSE will print and disseminate the Palliative Care guidelines and facilitate the development of the National Plan of Action. Training of stakeholders on the use of these key documents and harmonization of the various curricula will also be supported. The development and printing of the National Nutrition Guidelines for HIV/AIDS and its National Plan of Action will occur in COP08. To enhance information sharing within NASCP and between NASCP and the stakeholders, ENHANSE will support NASCP to develop and disseminate its quarterly newsletters, including the maintenance of its website developed during COP07.

In COP08, ENHANSE will work with the Food & Drugs Division of the FMOH and other partners to develop a national supply chain management system policy and strategic plan to promote harmonized and more effective procurements and logistics management. Support will be given to NAFDAC to develop mechanisms for improving their ability to more effectively evaluate and rapidly register new products approved by the USG to support PEPFAR implementation.

To address GON manpower challenges, ENHANSE will continue to embed 15 strategic long-term consultants in NASCP, NACA, Food & Drugs Division of the FMOH, National Agency for the Food and Drug Administration and Control (NAFDAC) and the Child Development Unit within the Federal Ministry of Women Affairs (FMWA) in areas identified by LMS/MSH (#5271.08) and other USG partners for strategic institutional capacity building to support PEPFAR implementation. The consultants will provide technical oversight of their programs including M&E activities, thereby improving the quality of implementation and reporting and build on previous successes achieved in COP 06 and COP 07 with a similar strategy embedding staff in NACA and NASCP.

Activities in support of improved OVC programming via system strengthening for the Federal Ministry of Women's Affairs, policy development for issues around access to care for children, improved school enrollment for OVC, and Implementation of the OVC National Plan of Action will receive priority attention and are addressed under ENHANSE's OVC narrative submission (3.3.08), but the capacity building targets are captured here.

Barriers that arise from excessive bureaucracy within federal and national level institutions will be overcome by providing TA to these institutions to improve their capacity to carry out their core mandates around coordination of national programs. The various technical working groups (TWGs) set up to improve coordination of the activities in the various thematic areas will be strengthened. The Prevention TWG will continue collaboration with NBTS/SBFAF (#5329.08), and the MMIS (#3218.08) project to promote newly approved policies that minimize use of injectables and ensure appropriate waste management thereby reducing blood transmitted infections and fostering the practice of non-remunerated safe blood donations and transfusions with technical and logistical support from ENHANSE.

Barriers to effective program implementation that arise from the predominant Islamic North will be minimized by the special focus on Islamic FBOs especially to develop their own HIV/AIDS national policies and operational guidelines and plans. ENHANSE will also work with two major Christian denominations to develop their HIV/AIDS policies.

Collaboration with the CCM and GF will build upon the successful support provided during COP 07 that saw the country rescue several grants that had been threatened with cancellation. In COP 08 support will be directed towards improved grant implementation and harmonization with programs of other partners in the national response. This activity will be coordinated in collaboration with the LMS (#5271.08) project. As directed by the USG, support will also be given for the development of new grant applications where appropriate.

ENHANSE will continue to serve as the platform through which USG implementing partners have dialogue for greater harmonization of activities via workshops and exchange of information using the USAIDIT newsletter and website.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

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 TO OTHER ACTIVITIES:

This activity is linked to activities in strategic information and cuts across all other program areas. Specifically it 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. It is also linked to initiatives with the uniformed services, and national management of TB, as well as programs addressing OVC.

This activity is linked via the national multi-sectoral response to HIV/AIDS to activities in most ministries and parastatals of government. It is also linked to the activities of the Global Fund in Nigeria as it is indirectly to other activities that support the national HIV/AIDS response via collaboration with NACA such as the World Bank MAP project, the Clinton Foundation, the Bill and Melinda Gates Foundation and the UN system.

POPULATIONS BEING TARGETED:

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. In addition, this activity targets media organizations from the print and electronic media as well as the national legislature. 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.

EMPHASIS AREAS

This activity focuses on policy development and utilization. This activity also focuses on the use of accurate and strategic information to inform the policy and planning process. ENHANSE will also leverage organized private sector support and resources for national HIV/AIDS programs and improve the political will of key national leaders. ENHANSE will continue to support the national legislature to enact appropriate legislations that support national HIV/AIDS programs. Collaboration with National Human Rights Commission will continue to ensure passage of the bill on stigma and discrimination. Support to the legislature will assist in hastening the processing of the relevant bills already in both chambers. This activity will also address specific legislation related to the workplace and HIV/AIDS. Cross-cutting legislation such as the domestication of the "Convention for the Eradication of Domestic violence Against Women (CEDAW)", the Child Rights Act, and those addressing intellectual property rights especially as it relates to the use of generic drugs and products for public health purposes will be priorities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6739

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
6739	3238.07	U.S. Agency for International Development	The Futures Group International	4180	553.07	ENHANSE	\$3,500,000
3238	3238.06	U.S. Agency for International Development	The Futures Group International	2772	553.06		\$2,150,000

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	50	False
14.4 Number of individuals trained in HIV-related institutional capacity building	50	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	50	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	50	False

Target Populations

Other

Orphans and vulnerable children

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3682.08	Mechanism: USAID Track 2.0 SFH
Prime Partner: Society for Family Health-Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 5299.08	Planned Funds: \$490,000
Activity System ID: 13101	

Activity Narrative: ACTIVITY DESCRIPTION:

In Nigeria, HIV and AIDS related stigma is unacceptably high and poses a challenge to national AIDS control efforts. The UNAIDS stigma index increased in 2003 from 6% to 11 % for males and from 3% to 5% for females by 2005. An evaluation of Society for Family Health's interventions showed that those exposed to SFH's programs were less likely to stigmatize persons living with AIDS.

In COP 05, SFH began engaging religious leaders and other gatekeepers and developed the successful Zip Up abstinence campaign. This provided the entry point for engendering social support for HIV prevention initiatives among gatekeepers in Nigeria. In COP06, SFH supported two major Islamic groups, the Jama'atul Nasir Islam (JNI) and Ansar U 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. 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. COP07 also saw the addition of Living Faith Foundation, NASFAT and the women's wing of Ansar U Deen Society to SFH's FBO initiative. At community level, SFH began working through Civil Society Organisations to implement community mobilization and peer education activities. In COP07, 19 civil society organisations were engaged through participatory and capacity building processes which enabled SFH to identify program management gaps in these organisations.

In COP08, SFH will continue to support national level civil society networks to conduct state level step-down training and to implement HIV prevention and basic care and support activities. For example, SFH will strengthen the leadership skills of HIV program managers, support gender mainstreaming, build the capacity of FBOs and CBOs in their proposal writing and grants management capabilities, and establish management information systems at select CSOs for program tracking and evaluation. In sum, forty CSO partners will be identified in COP08 and program management and implementation capacity building will be conducted for at least three persons per organization.

Support at the national level in COP08 will also include the organization of sensitization workshops to educate gatekeepers on the relationship between gender violence and the spread of HIV. SFH will continue to support GoN nationwide HCT campaign to position the Heart to Heart (H2H) brand as the national HIV counseling and testing logo. In addition SFH will also support the dissemination and implementation of the newly reviewed Behaviour Change Communication Strategy developed by the National Agency for the Control of AIDS (NACA) at the state level. SFH will continue to support an embedded staff member at NACA. In COP08, SFH will continue to support NACA and the National Prevention Technical Working Group (NPTWG) in the development and dissemination of the national prevention ABC guidelines. With funding from the TB/HIV program area, SFH will support the National Tuberculosis/Leprosy Control program in the development of radio and TV campaigns promoting TB prevention and treatment

POPULATIONS BEING TARGETED:

At the state level, SFH will facilitate the inclusion of FBOs into State Action Committee on AIDS (SACAs) so that such FBOs 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 100 community based organisations in high risk sites and train at least three persons per organization in community mobilization for stigma reduction and on HIV program planning and management.

SFH will also work with the private sector as part of the workplace initiatives program. SFH will foster the development and domestication of the national workplace policy in twelve selected companies. Such policies will advocate elimination of stigma and discrimination in the workplace on the basis of real or perceived HIV status or vulnerability to HIV infection.

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), TBHIV (3.3.07), and HKID (3.3.08) program areas. Specific targets include religious and community leaders, civil society organisations, and faith based organizations. Dialogue and collaboration with GON remains essential in the light of the principles of the "three ones".

EMPHASIS AREAS:

This activity will increase gender equity in programming through advocacy with other FBO leaders and will address issues of stigma and discrimination against PLWHA. SFH will engage with women groups within the FBO leadership and ensure that women's groups are equitably represented in all training and leadership activities conducted among the FBO groups. This activity places emphasis on local organization capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6732

Related Activity: 13096, 13097, 13098, 13099,
13100

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24934	5299.24934.09	U.S. Agency for International Development	Society for Family Health-Nigeria	10611	3682.09	USAID Track 2.0 SFH	\$350,000
6732	5299.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$490,000
5299	5299.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$41,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13096	5316.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$7,000,000
13097	5372.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,871,500
13098	12364.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$200,000
13099	6497.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$3,750,000
13100	5423.08	6390	3682.08	USAID Track 2.0 SFH	Society for Family Health-Nigeria	\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	12	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	144	False
14.3 Number of individuals trained in HIV-related policy development	4,320	False
14.4 Number of individuals trained in HIV-related institutional capacity building	432	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	180	False

Indirect Targets

Indirect targets will include other leads 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

Other

Business Community

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5271.08	Mechanism: USAID Track 2.0 FS LMS Leader
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 12449.08	Planned Funds: \$1,050,000
Activity System ID: 13075	

Activity Narrative: ACTIVITY DESCRIPTION:

In COP 08 the LMS Program will continue 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. In addition, LMS will manage and expand the fellowship program developed during COP07 to provide recent graduates opportunities to receive on the job training and mentoring in USG supported HIV/AIDS programs.

During COP08 LMS will continue and expand its work with 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 is developing leadership and management skills at national and state levels for both organizations and focal persons in these organizations. Support also includes strengthening organizational and program management capacity to efficiently and effectively address the national response, with particular emphasis on coordination issues. LMS will continue 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 technical assistance and capacity building is an improved organizational structure with a clear mission, more efficient governance, effective internal and external communications, M&E systems, and improved management. LMS will continue to coordinate with the ENHANSE project (#6392) to appropriately fill identified gaps in the line ministries through TA and staff supports.

In COP08, LMS will continue to work with the IHV/UMD to administer the fellowship program established in COP07 to improve health worker service delivery skills in the rapidly evolving HIV/AIDS arena, to foster these skills in the national health sector workforce, and provide short-term surge capacity to staff in rapidly expanding HIV/AIDS treatment, care, and support facilities. Fellows for this program are selected from recent graduates who have a demonstrated interest in the management and provision of HIV/AIDS prevention, care, and treatment. The program provides an intensive specialized training in HIV/AIDS, leadership, and management of HIV/AIDS programs. A majority of the fellows program focuses on the practical application of skills through mentored placement(s) in GON or NGO HIV/AIDS facilities. Graduates of the fellowship program are expected to effectively contribute to the provision of HIV/AIDS services in Nigeria and to be future leaders in the field.

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:

This activity relates to AB (9758.08), OVC (12414.08), TB/HIV (12369.08), and SI (9915.08) Program Areas. During Cop 08 the LMS project will continue those policy analysis and systems strengthening activities initiated in COP 07.

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.

EMPHASIS AREAS:

This activity includes emphasis on institutional capacity development and on building human resources and quality services as detailed in the activity description above.

TARGETS:

LMS Leader will train 250 individuals in institutional capacity building relating to OVC care and support, AB, and Condoms and Other Prevention and an additional in TB. LMS will also provide 24 organizations relating to OVC, AB, and Other Prevention and 10 in TB with technical assistance in institutional capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12449

Related Activity: 13070, 13071, 13072, 13073,
13074

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24906	12449.24906.09	U.S. Agency for International Development	Management Sciences for Health	10602	5271.09	USAID Track 2.0 FS LMS Leader	\$2,500,000
12449	12449.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$950,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13070	9758.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$2,750,000
13071	10197.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$267,000
13072	12369.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$200,000
13073	12414.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$500,000
13074	9915.08	6383	5271.08	USAID Track 2.0 FS LMS Leader	Management Sciences for Health	\$50,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	34	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	300	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4043.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 5300.08

Activity System ID: 13089

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$1,500,000

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6727

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26064	5300.26064.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10928	4043.09	USAID Track 2.0 SCMS	\$1,000,000
6727	5300.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$1,200,000
5300	5300.06	U.S. Agency for International Development	John Snow, Inc.	2775	556.06	DELIVER	\$464,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	325	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$12,233,489

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The USG-Nigeria PEPFAR team will continue to invest strategically in human and physical capital to develop a dynamic, integrated interagency infrastructure that fully and efficiently catalyzes PEPFAR, Global Fund and other donor resources to combat HIV/AIDS in Nigeria. The USG-Nigeria M&S budget in COP08 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant number of implementing partners in Nigeria, which is the second largest PEPFAR country based on the established 2009 end of year targets.

Given the sheer size of Nigeria (approximately 25% larger than the state of Texas or country of France) an innovative strategy in COP08 to add a USG-Nigeria Lagos field office will facilitate oversight of USG-Nigeria supported programs. In COP08 USG-Nigeria will open a field office in Lagos (the largest city in Nigeria). While initially staffed and funded by HHS/CDC and DOD, the field office will support the extensive USG PEPFAR program in southern Nigeria.

To meet the USG-Nigeria PEPFAR program needs, the USG-Nigeria team is requesting 45 new positions in COP08, bringing the new staffing plan to a total of 169 positions. These positions will be responsible for monitoring and oversight of the \$430 million COP08 PEPFAR program and providing technical and policy support to the Global Fund Program in Nigeria. The rapid expansion of the portfolio, including the addition of new and inexperienced indigenous partners and the planned geographic expansion to national coverage by the end of COP08, increases the management demands on the team.

All of the 125 USG-Nigeria positions submitted in COP07 have either been filled or efforts are underway to recruit for such positions. This reflects an increase in 46 positions from COP06. There will be significant turnover in key personnel in COP07. For example, the USAID HIV/AIDS Team Leader, will depart post in COP07 and be replaced by her deputy. The former PEPFAR Coordinator (HHS/OGHA secondment) departed post in COP07 and was replaced by a new PEPFAR Coordinator (USAID).

In COP07 the USG Nigeria PEPFAR team made progress in critical infrastructure upgrades to the HHS/CDC offices which serve the entire USG-Nigeria PEPFAR team, increasing capacity, efficiency and productivity. This progress includes the lease and renovation of additional office space adjacent to CDC's initial space which will serve the expanding DoD PEPFAR program, HHS/CDC PEPFAR laboratory technical staff and DoD and HHS/CDC driver pools.

In the early years of PEPFAR/Nigeria, 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 substantially changed in COP06 and COP07 with the substantial growth of the HHS/CDC in-country office. More recently, DOD brought on a number of locally hired staff to fill its technical roster to complement the technical working groups. A unique aspect of the USG-Nigeria program, through DoD, is the recruitment and employment of several retired military personnel and civilians with past experience with the Nigerian Ministry of Defense (NMOD). These individuals support the military-to-military aspects of the program and act as a bridge to developing ownership of the program within NMOD.

While outside technical consultation will still exist for all agencies, the current emphasis 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 COP08 while building capacity of local partners.

The USG PEPFAR team is subdivided into 12 primary USG PEPFAR working groups with liaison members between groups to ensure consistency and essential linkages. These USG working groups include: (1) the sexual transmission working group inclusive of abstinence/be faithful, condoms and other prevention; (2) the medical transmission working group; (3) the PMTCT working group; (4) the counseling and testing working group; (5) the pediatric and adult ART working group; (6) the basic care and support working group, inclusive of palliative care and OVC; (7) the TB/HIV working group; (8) the gender working group; (9) the SI and HMIS working group; (10) the laboratory support working group; (11) the networks of care working group; and (12) the procurement and operations working group inclusive of SCMS oversight and commodities procurement. In addition there are three cluster groups that meet less frequently to discuss linkages between programs in terms of planning, implementation and policy developments. The cluster groups are the care and treatment cluster, the prevention cluster, and the SI/lab (cross-cutting) cluster. Each working group is composed of chairperson(s), a network coordinator, liaisons from other working groups and general members. Each working group has a chair or two co-chairs; the chair/co-chair may only be members of one additional working group (maximum two groups total). In addition, an individual cannot be the chair or co-chair of more than one working group in order to maintain focus and equitably distribute workload. Non-chair members may be members of multiple groups, but may only serve as a liaison member to one other group. There is a specific network coordinator assigned as a member of all technical working groups. These network coordinators liaise 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 and GON representatives. All working groups report back to the senior management and policy group. Reporting back is done through various mechanisms from as needed verbal and/or written communication to scheduled presentations to the USG management team.

Strategic policy decisions are made in weekly senior management meetings held with the U.S. Ambassador to Nigeria to set policy and strategic direction and 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.

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 bureaucratic 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.

The staffing database has been emailed to OGAC. The program planning and oversight functional staff chart and an integrated USG/Nigeria agency chart are attached to this submission under supplemental documents.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4043.08	Mechanism: USAID Track 2.0 SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 12161.08	Planned Funds: \$520,000
Activity System ID: 13090	
Activity Narrative: ACTIVITY NARRATIVE: In COP08, the Supply Chain Management System (SCMS) will support PEPFAR implementing USG agencies by procuring equipment and supplies needed for their operations. CDC has placed \$200,000 in SCMS under Management and Staffing (M&S) for equipment support including the procurement of equipment and supplies essential for M&S operational support as directed by CDC. As details of this activity on behalf of CDC become clearer specific requirements will be identified and addressed. DOD has also placed \$320,000 in SCMS under M&S for the procurement of equipment and supplies as needed for the successful operations of the DOD agency activities for the management of their PEPFAR portfolio. The specific commodities required will be defined based on the needs of the program and staff, but it is anticipated that about \$120,000 will be expended on the procurement of an armored vehicle for operational support of the PEPFAR team in Lagos.	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12161	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12161	12161.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$1,100,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1561.08	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 6566.08	Planned Funds: \$1,969,569
Activity System ID: 13146	

Activity Narrative: ACTIVITY DESCRIPTION: This narrative describes the CDC Nigeria M&S needs for both GHAI and GAP funds. The CDC Nigeria M&S budget, including GHAI and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the COP08 submission.

The USG Nigeria team's M&S goal, through the HHS/CDC office in Nigeria, is to have sufficient staff for COP08 to provide more technical and programmatic oversight and assistance to all implementing partners in Nigeria. The CDC M&S budget in COP08 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 the established 2009 end targets. Geographical size of the country, 25% larger than Texas, also influences the USG staffing needs to provide monitoring of activities. Direct country project officer oversight at CDC is in place for four of the seven existing Nigeria PEPFAR ARV treatment partners working in over 250 clinical sites (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, OVC and PMTCT. Upcoming RFA awards will likely add 4-8 new partners by November 2007. These new partners will need rapid integration and agency management to influence achievement of the Nigeria 2-7-10 goals.

To achieve the goals of effective technical assistance to the Government of Nigeria and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Nigeria has planned for full staffing at 81 positions in FY2008, an increase of 14 technical and 8 administrative support staff (see USG Nigeria Staff Matrix COP08). Presently 51 of the 59 approved COP07 positions have been filled and eight positions are under recruitment. Three of these vacant CDC positions are for USDH staff for which candidates have been found and processes for selection are nearing completion.

The COP08 HHS/CDC 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 the 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. No new USDH positions are sought in COP08, but two PSC positions to support systems strengthening is requested to support the CDC Field Epidemiology and Laboratory Training Program. The envisioned period of staffing for these positions is for two years with technical independence for continuation of the program after this timeframe. It is not expected that these PSC positions will be filled until Q3 FY08 due to the process for position approval at HHS/CDC and the timeline for recruitment, selection and relocation. A further breakdown of total staff requested includes 38 FSN technical staff (funded under specific program areas and M&S), 2 PSC technical positions (under Systems Strengthening, and 34 M&S FSN support staff including 17 administrative, finance and IT staff plus 15 drivers. 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 for results process that allows for complementary staffing across agencies. While some technical positions in program areas are duplicative for agencies, that duplicity is based on the total size of COP08 programming and the minimum time required to adequately monitor field work of partners and providing technical assistance to the Government of Nigeria.

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 4 USDH M&S positions expected in FY08, residential leases and post allowance for 7 USDH M&S positions, security services for offices/warehouse, 1 new vehicle for increased CDC Nigeria technical staff field support, and increased communications costs related to staff growth. This COP08 submission does not include HQ TA support in keeping with COP08 guidance that this will be funded through the Headquarters Operational Plan process.

Funding for M&S related equipment and supplies in the amount of \$400,000 for HHS/CDC has been placed under SCMS M&S for procurement purposes. ICASS charges of \$1,000,000 and CSCS charges \$289,531 are budgeted separately in their own activities as required by COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6794

Related Activity: 13132, 13133, 13134, 13135,
13136, 13137, 13138, 13139,
13140, 13141, 13142, 13143,
13144, 13145, 13147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25985	6566.25985.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10911	1561.09	HHS/CDC Track 2.0 Agency Funding	\$3,480,771
6794	6566.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$1,050,000
6566	6566.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$925,626

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13147	3260.08	6398	1530.08	HHS/CDC Track 2.0 CDC Agency	US Centers for Disease Control and Prevention	\$3,056,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1530.08 **Mechanism:** HHS/CDC Track 2.0 CDC Agency
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: 3260.08 **Planned Funds:** \$3,056,000

Activity System ID: 13147

Activity Narrative: ACTIVITY DESCRIPTION: This narrative describes the CDC Nigeria M&S needs for both GHAI and GAP funds. The CDC Nigeria M&S budget, including GHAI and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the COP08 submission.

The USG Nigeria team's M&S goal, through the HHS/CDC office in Nigeria, is to have sufficient staff for COP08 to provide more technical and programmatic oversight and assistance to all implementing partners in Nigeria. The CDC M&S budget in COP08 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 the established 2009 end targets. Geographical size of the country, 25% larger than Texas, also influences the USG staffing needs to provide monitoring of activities. Direct country project officer oversight at CDC is in place for four of the seven existing Nigeria PEPFAR ARV treatment partners working in over 250 clinical sites (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, OVC and PMTCT. Upcoming RFA awards will likely add 4-8 new partners by November 2007. These new partners will need rapid integration and agency management to influence achievement of the Nigeria 2-7-10 goals.

To achieve the goals of effective technical assistance to the Government of Nigeria and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Nigeria has planned for full staffing at 81 positions in FY2008, an increase of 14 technical and 8 administrative support staff (see USG Nigeria Staff Matrix COP08). Presently 51 of the 59 approved COP07 positions have been filled as HHS/CDC GAP Nigeria has continued its recruiting efforts over the last 12 months. Three of these vacant CDC positions are for USDH staff for which candidates have been found and processes for selection are nearing completion.

The COP08 HHS/CDC 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 the 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. No new USDH positions are sought in COP08, but two PSC positions to support systems strengthening is requested to support the CDC Field Epidemiology and Laboratory Training Program. The envisioned period of staffing for these positions is for two years with technical independence for continuation of the program after this timeframe. It is not expected that these PSC positions will be filled until Q3 FY08 due to the process for position approval at HHS/CDC and the timeline for recruitment, selection and relocation. A further breakdown of total staff requested includes 38 FSN technical staff (funded under specific program areas and M&S), 2 PSC technical positions (under Systems Strengthening, and 34 M&S FSN support staff including 17 administrative, finance and IT staff plus 15 drivers. 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 for results process that allows for complementary staffing across agencies. While some technical positions in program areas are duplicative for agencies, that duplicity is based on the total size of COP08 programming and the minimum time required to adequately monitor field work of partners and providing technical assistance to the Government of Nigeria.

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 4 USDH M&S positions expected in FY08, residential leases and post allowance for 7 USDH M&S positions, security services for offices/warehouse, 1 new vehicle for increased CDC Nigeria technical staff field support, and increased communications costs related to staff growth. This COP08 submission does not include HQ TA support in keeping with COP08 guidance that this will be funded through the Headquarters Operational Plan process.

Funding for M&S related equipment and supplies in the amount of \$400,000 for HHS/CDC has been placed under SCMS M&S for procurement purposes. ICASS charges of \$1,000,000 and CSCS charges \$289,531 are budgeted separately in their own activities as required by COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6793

Related Activity: 13132, 13133, 13134, 13135, 13136, 13137, 13138, 13139, 13140, 13141, 13142, 13143, 13144, 13145, 13146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25986	3260.25986.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10912	1530.09	HHS/CDC Track 2.0 CDC Agency	\$3,056,000
6793	3260.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4188	1530.07	HHS/CDC Agency Funding	\$3,056,000
3260	3260.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2779	1530.06	HHS/CDC Agency Funding	\$3,017,766

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1532.08

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 3263.08

Planned Funds: \$2,604,217

Activity System ID: 13131

Activity Narrative: ACTIVITY DESCRIPTION:

The USG Nigeria team's M&S goal, through the USAID office in Nigeria, is to have appropriate oversight for the 27 bilateral agreements worth \$120M and the 13 field support agreements worth \$24M (this does not include the management of SCMS, which is an additional \$41M); to deliver quality results and responsible and transparent use of USG funds. Given the highly technical nature of ART services, and the need for broad expansion for community- and home-based care services, the need for on-site monitoring is substantial. The rapid expansion of the portfolio, including new and inexperienced indigenous partners and a planned national coverage by the end of COP08, increases the management demands on the team. In addition to the contractual responsibilities for the USAID-managed agreements and contracts, the USAID team plays a vital technical and strategic role in integrating the Emergency Plan programming across partners. The interagency technical teams are also involved in the joint oversight and monitoring of all Implementing Partners, and in coordinating and collaborating with the GON and bilateral and multilateral donors, including Global Fund and the Clinton Foundation, and with other stakeholders. The technical team members also play key roles in the development of national guidelines and in advocacy efforts around their areas of technical expertise. This leadership builds significant national capacity and is developing the caliber of HIV services across the country.

To perform this mandate, USAID/Nigeria has planned for a staff of 60 staff to directly and indirectly support the HIV/AIDS and TB activities in COP08, an increase of 18 technical, specialist and administrative support positions (see USG Nigeria staff matrix COP08). All of the 42 approved positions under COP07 are filled or are under recruitment. This scale up plan has been developed as part of the interagency process, in order to ensure strategic growth and appropriate technical coverage in line with agency comparative advantage. The new core staff will be integrated into the technical working groups in line with the respective expansions of the subgroups' portfolios to ensure appropriate technical oversight and administrative support.

The COP08 USAID staffing plan within the core technical team includes three USDH that fill the positions of HIV Team Leader, Deputy Team Leader, and a Procurement Manager. On the wider support team, there are seven USDH, including the PEPFAR Coordinator, two Program Officers, a Contracting Officer, the Deputy Controller, the General Development Officer, and the PEPFAR Lawyer. Of the remaining 49 positions, 34 work within the technical office providing direct HIV/AIDS programs support and 15 are Mission support positions that reside in the Finance, Contracts, Partnership, and Executive Offices. The detailed listing is presented in the Staffing Matrix. In the attached supporting documents is a full USG PEPFAR Nigeria organizational chart that indicates the interagency complementarities of staffing designs.

M&S costs are inclusive of 'fully loaded' costs for the 28 personnel supported via M&S (the other staff are covered under their program funding areas), rent for offices and warehouse space, utilities, travel and training for M&S staff, two new vehicles, IT taxes for all USAID staff, parking fines, and IT equipment. The funds also include provisions for required technical assistance efforts or surge capacity needs as well as program audit/costing assessment support. General ICASS charges are addressed under another budget line, split out by program area.

The USAID M&S budget in COP08 supports the USG interagency team process of providing technical guidance and monitoring of PEPFAR activities across a significant array of implementing partners throughout Nigeria, the second largest PEPFAR country based on established 2009 end targets. The HIV/AIDS office within the USAID/Nigeria Mission is committed to the precepts of GIPA efforts, and includes GIPA language in all recruitment announcements to encourage models of positive living within the USG team, an effort enhanced by the within-Mission workplace policies and activities.

Through an interagency agreement, USAID is the technical working group lead in several program areas, including: AB prevention, Medical transmission prevention, Condoms and Other prevention, Basic Care and Support, OVC, C&T, Commodities Logistics, SI and Systems Strengthening. USAID also has staff designated for the CDC-led technical working groups in the areas of TB/HIV, Lab and ART. 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 PEPFAR management team on programmatic progress and on developments in those technical 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 FY08 is estimated at \$450,000 and IRM Tax at \$331,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6775

Related Activity: 13121, 13122, 13123, 13124,
13125, 13126, 13127, 13128,
13129, 13130, 16938

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24947	3263.24947.09	U.S. Agency for International Development	US Agency for International Development	10613	1532.09	USAID Agency Funding	\$7,321,220
6775	3263.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$3,934,000
3263	3263.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$2,996,927

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13121	6812.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$87,140
13122	5347.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$381,284
13123	9777.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13124	5364.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$406,111
13125	5401.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$245,922
13126	5408.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$432,387
16938	16938.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$86,881
13127	5410.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$584,103
13128	5398.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$253,170
13129	9906.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$81,366
13130	5357.08	6396	1532.08	USAID Agency Funding	US Agency for International Development	\$1,227,715

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 554.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 3264.08

Activity System ID: 13168

Mechanism: DoD Track 2.0 DoD Agency

USG Agency: Department of Defense

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$1,961,613

Activity Narrative: ACTIVITY DESCRIPTION: In COP08, the DOD is increasing its technical staff to provide increased technical and programmatic oversight to the U.S. Department of Defense (DOD) – Nigerian Ministry of Defense (NMOD) HIV Program. In COP08, the program will expand from 14 to 20 sites in 16 states and the Federal Capital Territory. To successfully expand the DOD program, the DOD HIV Program Nigeria has planned for full staffing at 29 positions in FY2008, an increase of 6 staff.

The COP08 staffing plan includes 3 USDH hires that are comprised of the Director, Executive Officer and Program Officer. The latter two positions are secured through interagency personnel agreements. A further breakdown of total staff includes 26 Locally Employed Staff (employed as contractors and FSNs), of which 16 technical staff are funded under specific program. Remaining staff under M&S include 5 drivers (one to support the USG PEPFAR Lagos office) and five administrative staff. All positions are agreed upon through an interagency staffing process.

A unique aspect of the DOD-NMOD Program is the recruitment and employment of several retired military personnel and civilians with past experience with the NMOD. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees as members of the USG Technical Working Groups, as well as the DOD-NMOD Technical Working Groups, will hybridize US policy and implementation with NMOD/GON practices.

The M&S budget is also inclusive of operational funds (e.g., office lease, utilities, vehicle fuel), M&S-related equipment, M&S-related staff inclusive of all associated costs, M&S staff-related travel, M&S staff-related training and residential leases and post allowances for 3 USDH M&S positions. In addition, the budget is inclusive of a new driver position to support DOD, CDC and USAID PEPFAR activities in the region; this will enhance coordination of technical assistance and programmatic oversight for all agencies. An armored vehicle to support the USG PEPFAR Nigeria Lagos office is budgeted through the Supply Chain Management System.

DOD ICASS and CSCS costs are included in activity (7216.08) and (7227.08), respectively, in accordance with COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 6815

Related Activity: 13162, 13163, 13164, 13165, 13166, 13167, 13149, 13150, 13151, 13152, 13153, 13154, 13155, 13156, 13157, 13158, 13159, 13160, 13161

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25212	3264.25212.09	Department of Defense	US Department of Defense	10718	554.09	DoD Track 2.0 DoD Agency	\$2,411,255
6815	3264.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$1,605,000
3264	3264.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$1,550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13149	3246.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$200,000
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13150	5313.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$555,000
13151	5388.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$60,000
13152	5362.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$400,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
13153	3247.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$375,000
13154	3240.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$188,094
13155	5409.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$220,000
13156	3241.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$225,000
13157	3242.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$325,000
13158	3243.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$450,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13159	3244.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$800,000
13160	3245.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$569,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13161	6504.08	6400	554.08	DoD Track 2.0 Program	US Department of Defense	\$250,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1551.08

Mechanism: State Track 2.0 PAS

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 11146.08

Planned Funds: \$80,000

Activity System ID: 13172

Activity Narrative: ACTIVITY DESCRIPTION: This funding covers the M&S budget of the Public Affairs Section (PAS) of the US Embassy, Abuja. The M&S goal of PAS is to support one dedicated PAS staff to administer, coordinate, and provide technical and programmatic oversight for a strategic communication program for PEPFAR. PAS communication activities tell the PEPFAR story in Nigeria and will involve USG/Nigeria implementing agencies, their implementing partners, the GON, the media, OGAC, contractors, PEPFAR beneficiaries and the Nigeria public. These activities will leverage PAS' relationships and support for the Nigerian media to ensure sustained media advocacy for USG/Nigeria throughout the year.

M&S costs are inclusive of one M&S dedicated staff member and associated costs, including costs for travel and other program coordination activities across a significant array of implementing partners in Nigeria.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11146

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26414	11146.2641 4.09	Department of State / African Affairs	US Department of State	11030	1551.09	State Track 2.0	\$185,000
11146	11146.07	Department of State / African Affairs	US Department of State	4192	1551.07	Public Affairs Section	\$60,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6707.08

Mechanism: HHS/CDC Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 15639.08

Planned Funds: \$1,000,000

Activity System ID: 15639

Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the HHS/CDC ICASS costs for operations in support of the PEPFAR program in Nigeria. It is a subset of total HHS/CDC M&S but is designated for State Department as the Prime Partner delivering the services. Although the cost of ICASS in Nigeria rose from \$750,000 last year to \$1,000,000 in FY2007, the size of the CDC workforce has nearly doubled. The Embassy as a result of expanding PEPFAR support is seeing a decrease in unit costs for overall ICASS services as the economy of scale brings greater efficiency to joint operational support for ICASS participants. The increased ICASS costs incorporate the opening of the joint USG PEPFAR field office in Lagos, with funding for staff and operations flowing through HHS/CDC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13146, 13147, 13132, 13133, 13134, 13135, 13136, 13137, 13138, 13139, 13140, 13141, 13142, 13143, 13144, 13145

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13141	12436.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$350,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569
13147	3260.08	6398	1530.08	HHS/CDC Track 2.0 CDC Agency	US Centers for Disease Control and Prevention	\$3,056,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7212.08

Mechanism: HHS/CDC Track 2.0 CSCS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 15640.08

Planned Funds: \$289,531

Activity System ID: 15640

Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the Nigeria related HHS/CDC CSCS head tax for OBO Embassy construction projects. It is a subset of total HHS/CDC M&S but is designated for State Department (OBO) as the Prime Partner receiving the funds. The cost of HHS/CDC CSCS in Nigeria has only increased by \$50,000 due to credits provided for office space leasing. This figure is expected to increase substantially in FY09 but should be offset by decreases in infrastructure costs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13132, 13133, 13134, 13135,
13136, 13137, 13138, 13139,
13140, 13142, 13143, 13144,
13145, 13146

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13132	5350.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$185,000
13133	9833.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13134	5395.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$40,000
13135	6817.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$15,000
13136	5370.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$50,000
13137	5365.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$75,000
13138	5402.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$190,000
13139	5419.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$130,000
13140	6816.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$120,000
13142	5406.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$885,211
13143	5390.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$610,000
13144	5358.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$2,775,000
13145	12447.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$675,000
13146	6566.08	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	US Centers for Disease Control and Prevention	\$1,969,569

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7215.08 **Mechanism:** USAID Track 2.0 ICASS
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15

Activity ID: 15675.08

Planned Funds: \$296,431

Activity System ID: 15675

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency ICASS budget for FY08 is estimated at \$296,431, to provide necessary ICASS supports for the staff of 28 USAID personnel supporting the HIV/AIDS and TB activities under the M&S area in COP08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16928, 16929, 16930, 16931,
16932, 16933, 16934, 16935,
16936, 16937, 16922

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16928	16928.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16929	16929.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16930	16930.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16931	16931.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$29,957
16932	16932.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16933	16933.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$9,839
16934	16934.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16935	16935.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$27,984
16936	16936.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$4,919
16937	16937.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$1,640
16922	16922.08	7215	7215.08	USAID Track 2.0 ICASS	US Department of State	\$59,581

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7216.08

Mechanism: DoD Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 15676.08

Planned Funds: \$325,000

Activity System ID: 15676

Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the DOD ICASS costs for operations in support of the PEPFAR program in Nigeria. It is a subset of the total DOD Management and Staffing budget but is designated for State Department as the Prime Partner delivering the services. In FY2007, DOD expanded from one to three USDH (through intergovernmental personnel agreements), thus reflecting the increase in ICASS costs in 2008.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7227.08 **Mechanism:** DoD Track 2.0 CSCS
Prime Partner: US Department of State **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 15677.08 **Planned Funds:** \$131,128
Activity System ID: 15677
Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the Nigeria DOD CSCS head tax for OBO Embassy construction projects. It is a subset of total DOD M&S but is designated for State Department (OBO) as the Prime Partner receiving the funds.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 13162, 13163, 13164, 13165, 13166, 13167, 13168

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13162	9750.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$70,000
13163	9771.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$50,000
13164	9786.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$75,000
13165	5400.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13166	5389.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13167	9916.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$200,000
13168	3264.08	6401	554.08	DoD Track 2.0 DoD Agency	US Department of Defense	\$1,961,613

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			12/30/2008
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?		Yes	X No

When will preliminary data be available? 12/30/2008

Is a Health Facility Survey planned for fiscal year 2008? Yes X No

When will preliminary data be available?

Is an Anc Surveillance Study planned for fiscal year 2008? X Yes No

If yes, approximately how many service delivery sites will it cover? Yes No

When will preliminary data be available? 7/30/2008

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 2008? X Yes No

Other Significant Data Collection Activities

Name: HIV drug resistance threshold surveillance

Brief Description of the data collection activity:

The proposed HIV drug resistance (HIVDR) surveillance activity will examine the efficacy of standard first-line antiretroviral drugs regimens in settings where they are widely available. Because of the high mutation rate of HIV-1 and the necessity for lifelong treatment, it is expected that HIVDR will emerge in treated populations where antiretroviral treatment (ART) is being rapidly scaled up. In Nigeria, where a standard initial first line ART regimen is used with an alternate second line regimen for patients failing therapy, it is important to evaluate whether or not transmitted resistance has reached a level that would affect ART effectiveness.

HIVDR surveillance will be conducted in 5 selected PMTCT sites where ART is being provided. Samples for this study will be blood samples obtained through informed consent from ART naïve HIV+ pregnant women. Sixty to 70 consecutive HIV positive blood specimens from persons meeting eligibility criteria will be identified to ensure that amplification and genotyping are successful in 47 specimens (the survey sample size).

The number of specimens with mutation consistent with HIVDR will be used to determine the prevalence of transmitted HIVDR for each drug and drug category in the standard initial ART regimen(s). Using the binomial sequential sampling and classification plan, HIVDR prevalence will be categorized as: low prevalence (<5%), moderate prevalence (5-15%), or high prevalence (>15%).

The first component of this strategy is to obtain a baseline estimate of the prevalence of HIVDR, followed by repeat surveys to assess the frequency of transmission of HIV drug resistant strains within the given geographic area.

A detailed study protocol will be developed in consultation with relevant stakeholders in Nigeria and will be subjected to FW-IRB review at country level and CDC. The anticipated timeline will be 12 months, with a budget of \$225,000.

Preliminary Data Available:

2/20/2009

Name: Prevalence of Transfusion Transmitted Infections within Nigerian Military Populations

Brief Description of the data collection activity:

This is a cross sectional investigation of active duty Nigerian military service members to determine the sero-prevalence of five potential blood transfusion transmitted infections (TTIs) (Hepatitis B, Hepatitis C, Treponema pallidum, HIV-1, HIV-2) with associated demographic data and transfusion history. In spite of the fact that military personnel are generally considered high risk populations for contracting disease, they are frequently recruited for blood donation in both military and civilian communities.

Nigeria's national blood transfusion plan will shift emphasis from family replacement and remunerated donors to an anonymous, voluntary non-remunerated donation system. Through the use of the National Blood Transfusion Service (NBTS) and its satellite centers, blood collected, processed, tested and distributed will greatly decrease the rate of TTIs in routine and emergency transfusions. Data on the prevalence of HIV, Hepatitis B and other TTIs in the Nigerian military are scarce and in most cases unconfirmed. In order to determine if it is cost-effective to target Nigerian Military personnel as repeat blood donors, it is necessary to obtain prevalence data on TTIs.

Permission will be sought from the Nigerian Military and scientific and PEPFAR USG agency IRB approval before contacting military units. Potential participants will receive an explanation of study objectives and methods, and will have multiple opportunities to opt out of the study. Particular effort will be taken to ensure that there is no coercion. A consent form will be presented and after consent is obtained, a study identification number provided to each participant, followed by the acquisition of one 7.5ml tube of whole blood from each participant.

Samples will be processed on site, with serum placed on ice for transportation to 445 Nigerian Air Force Hospital (Ikeja) for testing. HIV-1, HIV-2 and hepatitis C (HCV) will be screened for utilizing ELISA and confirmed with Western Blot (using appropriate test kits, or in case of HCV, RIBA). Where necessary (i.e., HIV ELISA positive with equivocal Western Blot), additional confirmatory testing (i.e., PCR) will be performed on the specimen, as appropriate. For Hepatitis B (HBV), all samples will be screened for Hepatitis B surface antigen (HBsAg,) and IgG surface antibody (HBsAb) using standard ELISA kits. Individuals testing positive for HBsAb without concurrent antigen detection will be considered immune. Individuals testing positive for HBsAg and/or HBsAb will be considered to be infected. Syphilis will be screened with a Rapid Plasma Reagin (RPR) assay and confirmed with Treponema pallidum Hemagglutination Assay (TPHA).

Study participants will be provided with study results in a confidential manner and referred for evaluation and treatment as provided by the Nigerian Ministry of Defence and National Insurance Health Scheme. Study sites will include a selection of service members from units at Kaduna, Jaji, Jos, Abuja, Makurdi and Ojo.

This will be a collaborative effort with identified staff of the Nigerian Air Force, Nigerian Ministry of Defence (NMoD), and Department of Defense (DoD) PEPFAR staff with Walter Reed Army Institute of Research. The time required for study completion is one year, with a projected budget of \$191,000. Analysis will be completed in Nigeria in collaboration between the DOD HIV Program and the NMOD; external review will be completed by the Walter Reed Army Institute of Research Division of Retrovirology. Once results are calculated and verified, information will be distributed to the Nigerian Ministry of Defence and Ministry of Health. Further distribution to the US Government and others will occur as permission is granted. It is anticipated that information from this study will be widely distributed through abstract, poster and manuscript submission.

Preliminary Data Available:

12/30/2008

Name: Risk factors for HIV-1 infection associated with international deployment among Nigerian Military service members

Brief Description of the data collection activity:

This is a cross sectional investigation to determine the risk factors for HIV-1 infection associated with international deployment among Nigerian Military service members. Active duty (uniformed) Nigerian military service members will be surveyed for history of HIV-1 infection risk activities or exposures both domestically and internationally, history of HIV education, and attitudes toward HIV education, counseling and testing, awareness of official Nigerian Military HIV policy, and background demographic data.

The Nigerian Military conducts regular international deployments. Military personnel are generally considered to be at higher risk for contracting and spreading disease. Results from this study will provide insight into attitudes and practices around deployment periods related to HIV risk activities and access to prevention education and counseling and testing. Study results will be analyzed for disease status and presence of non-Nigerian endemic viral subtype. Results from this study will have a direct effect on counseling and testing practices, to include decisions on testing during deployment.

Permission from the Nigerian Military and scientific and PEPFAR USG agency IRB approval will be sought. Study sites will include a selection of service members from units at Kaduna, Jaji, Jos, Abuja, Makurdi, and Ojo. Military units will be informed of the study objectives and methods through mass education activities. Options for declining participation will be provided multiple times during study recruitment. Due to the potential of perceived coercion from senior officers, special effort will be directed at providing adequate education and opt-out protocol. In addition to mass education, individuals will be provided with additional opportunities for individual questions and explanations. Consent forms will be presented, and after consent is obtained, a study identification number provided to each participant, followed by the acquisition of one 7.5ml tube of whole blood from each participant. Questionnaires will be provided, labeled with the same identifier as the blood tube, with an additional opportunity to opt out of the study at time of collection.

Samples will be processed on site, with serum placed in three aliquots and placed on ice for transportation to 445 Nigerian Air Force Hospital (Ikeja) for serology testing. Serology methods include ELISA screening and Western Blot conformation of samples. Positive samples will shipped to either the U.S. Navy Laboratory in Cairo or the U.S. Military HIV Research Program Laboratory in Rockville, MD, where full length genome sequencing and RNA analysis will be completed.

Questionnaires will be double entered with third party referee for discordant entries. Analysis will be completed in Nigeria in collaboration between the DOD HIV Program and the NMOD; external review will be completed by the Walter Reed Army Institute of Research Division of Retrovirology. Prevalence data will be calculated based on disease prevalence within the volunteer population and extrapolated for the Nigerian Military based on estimated service rolls. Once results are calculated and verified, information will be distributed to the Nigerian Ministry of Defence and Ministry of Health. Further distribution to the US Government and others will occur as permission is granted. It is anticipated that information from this study will be widely distributed through abstract, poster and manuscript submission. This will be a collaborative effort with identified staff of the Nigerian Air Force, Nigerian Army, Nigerian Ministry of Defence (NMoD), and Department of Defense (DoD) PEPFAR staff with Walter Reed Army Institute of Research. The time required for study completion is one year, with a projected budget of \$158,000.

Preliminary Data Available:

12/30/2008

Name: Surveillance of Anti-TB Drug Resistance in Nigeria

Brief Description of the data collection activity:

This prospective cross sectional survey of adult tuberculosis (TB) patients attending DOTS clinics will assess the: prevalence, pattern and distribution of anti-TB drug resistance in the country among new and re-treatment cases; frequency of multi-drug resistant TB isolates among new, re-treatment, and failed treatment cases (i.e., drug susceptibility testing for Isoniazid and Rifampicin); and frequency of extensive-drug resistant TB isolates among new, re-treatment, and failed treatment cases (i.e., drug susceptibility testing for Kanamycin and Ciprofloxacin). Correlations between the length of anti-TB drug therapy and prevalence of drug resistance will be assessed. The study will also provide data on the proportion of TB patients with anti-TB drug resistance who are HIV positive and address HIV as a possible risk factor for MDR-TB.

The emergence of resistance to anti-TB drugs, and particularly multi drug-resistant TB has become a significant public health problem and an obstacle to effective global TB control. In many countries, including Nigeria, the presence or extent of MDR-TB is unknown and the management of patients with MDR-TB inadequate. Nigeria ranks first among the highest TB burden countries in Africa yet, to date, there has been no national survey to determine the burden of TB in spite of an estimated 105,000 deaths due to TB. In 2005 alone, the national TB program registered 66,848 TB patients, 35,048 of whom were new sputum smear positive. It is estimated that 1.7% of new TB cases are multi-drug-resistant.

The study population will draw from new and old cases of smear positive TB patients from all 36 states and the federal capital territory (FCT). Included in the sample will be new smear-positive TB patients with no previous history of anti-TB treatment and smear positive TB patients that have received anti-TB treatment for upwards of 5 months. Eligibility requirements include: strongly sputum-smear positive TB cases of grades ++ and +++ who have not had any previous anti-TB treatment; sputum-smear positive TB cases that have been on treatment for upwards of 5-months and still smear positive; above 15-years of age (male and female); patients who have given informed written or verbal consent to participate in the study; and patients of any HIV status. Patients excluded from this study are any un-diagnosed TB patients and non-consenting diagnosed TB Patients. Informed and written consent will be obtained from all participating patients. Trained clinical personnel will administer the consent form and the patient will be given a copy for their own use. A detailed study protocol in line with the National MDRTB Survey protocol of the Federal Ministry of Health will be developed in consultation with relevant stakeholders in Nigeria and subjected to FW-IRB review at country level and CDC. A modified, weighted cluster method will select a representative sample from each state (36 plus FCT), with the number of patients selected per cluster proportional to disease burden.

This survey will be a collaborative effort by the U.S. Government (USG), GoN (NASCP and NTBLCP at the national, zonal, state, LGA and facility levels), the National TB/HIV Working Group, WHO NPO Zonal Representative, and selected implementing partners (IPs; University of Maryland IHVN-ACTION and Harvard University's APIN program). A research team of local investigators will be constituted at national, state, and facility level. Study results TB disease prevention and control measures, facilitate the process of establishing an MDR/XDR TB control initiative, and provide a platform for future scientific studies. The timeline for this study is expected to be from March 2008 to December 2008 (9 months). A total of \$650,000.00 will be required.

Preliminary Data Available:

2/20/2009

Name: UTILITY OF PMTCT DATA FOR HIV SURVEILLANCE

Brief Description of the data collection activity:

This study will assess the utility of Prevention-of-Mother-to-Child HIV Transmission (PMTCT) program data for HIV surveillance, in contrast to conventional Antenatal Clinic (ANC)-based surveillance. Due to concerns about the inability to provide HIV test results and care and treatment services to ANC clients with UAT and the abundance of PMTCT program data, there is growing interest at the global level in using PMTCT program data in lieu of conducting ANC sentinel surveillance.

The objective of the proposed evaluation is to investigate the utility of PMTCT data for HIV surveillance. The multi-country protocol developed by CDC for use in countries where both ANC-based surveillance and PMTCT programs are established, will be adapted for use in Nigeria. Data collection will be mainly retrospective, and may be prospective where appropriate programs are ongoing. Analysis will be done using line listing data for surveillance, and where unavailable, aggregated data may be used. HIV prevalence rates in the ANC surveillance group will be compared to those in the PMTCT group at site and country level. The study will be jointly carried out with the Nigerian Ministry of health.

In Nigeria, ANC surveillance has been the basis for tracking HIV prevalence trends through unlinked anonymous testing (UAT) of left-over blood collected during routine care for pregnant women. In this framework, UAT assures the absence of selection bias and availability of individual-level data. In contrast, HIV testing for PMTCT is based on informed consent, which may be subject to bias due to self-selection and test refusal. When HIV testing is based on informed consent, individuals refusing testing may be at a different risk-level of HIV infection than consenters. This can lead to biased prevalence estimates as compared to those relying on UAT.

Due to concerns about the inability to provide HIV test results and care and treatment services to ANC clients with UAT and the abundance of PMTCT program data, there is growing interest at the global level in using PMTCT program data in lieu of conducting ANC sentinel surveillance. Additionally, Nigeria has seen rapid expansion of PMTCT sites and there is growing concern that a great proportion of UAT sites will now be providing PMTCT services. Little is known, however, about the comparability of PMTCT data to ANC-based surveillance. It is not commonly known how HIV prevalence among women accepting voluntary counseling and testing (VCT) in PMTCT programs would compare with those that who are anonymously tested. CDC agency IRB approval and research clearance from local participating institutions will be received prior to data collection and analysis.

Preliminary Data Available:

12/30/2008

Name: Measuring recent HIV infections

Brief Description of the data collection activity:

This survey is designed to provide estimates of recent HIV infections through a focused study of a specific population—that of pregnant women attending antenatal care (ANC) clinics.

This survey will be undertaken in tandem with an antenatal care (ANC) surveillance survey. Specimens are left-over blood collected at ANC clinics, a number of which are supported with PEPFAR PMTCT programming. Blood samples from pregnant women will be collected via unlinked anonymous testing (UAT). The sero-status of these samples will be determined using the approved HIV antibody detecting rapid test kits as part of the 2007 ANC survey. Specimens will then be subjected to recent HIV infection testing using appropriate testing technology, such as BED-assay or some other approved technology (pending approval by the survey management committee). CDC agency IRB approval and research clearance from local participating institutions will be received prior to data collection and analysis. The study will be carried out in collaboration with the Nigerian Ministry of Health.

This activity will require a budget of \$100,000 to cover lab and other direct costs, including test kits. Preliminary results are anticipated by February 20, 2009.

Preliminary Data Available:

2/20/2009

Name: Assessment of HIV and TB Incidence among Prison Inmates in Nigeria

Brief Description of the data collection activity:

This survey of the Nigerian prison population will include sero-prevalence data on HIV, TB prevalence data, demographic and health information, and knowledge, attitude and behavioral data in order to assess influencing factors on the HIV and TB prevalence among this population. The hypothesis is that HIV/AIDS and TB prevalence among incarcerated populations is higher than in the general population.

The Nigerian Prison Service (NPS) consists of about 144 main and 83 satellite prisons with about 45,000 inmates and staff of about 27,000. Prisoners are mostly between the ages of 20 and 40 years—the age bracket most affected by HIV/AIDS in Nigeria. The state of health services and nutrition among prisoners is poor, and the likelihood of risk behaviors high. Of programmatic importance is the fact that this population is a likely bridging population for perpetuating transmission beyond the prison system and civilian prisons communities into the larger population, as they reintegrate back into society. A sero-prevalence survey carried out in 2001 among 442 prison inmates showed a prevalence rate of 8.8%, and in Lagos prison a rate of 6.7% from a sample of 300 in 2006. Nigeria has the World's fourth highest number of TB cases. The HIV pandemic has led to a resurgence of TB in Nigeria and particularly among prison inmates because of their exposure to risk factors.

This study will follow the National Testing Algorithm for HIV screening. Inmates who test positive will be given an opportunity to receive anti-retroviral therapy (ART), depending on the results of their pre-assessment. All inmates selected to undergo HIV testing will receive pre- and post-test counseling and give their consent before a test is performed on their blood samples. Inmates will receive group counseling for pre-counseling and individual, confidential post-counseling.

This survey will use sputum smear microscopy. Inmates with suspected TB will be asked to provide three sputum specimens following the spot-morning-spot method. If any of the two specimens examined are positive for Acid Fast Bacilli (AFB), the inmate is considered a TB case. Since sputum microscopy does not effectively detect active TB in persons infected with HIV, a confirmatory Chest X-ray will be done for smear negatives that show clinical symptoms of TB. A random sample, stratified according to HIV prevalence bands will generate a total sample of 300 cases (at least 2 prisons—1 urban, 1 rural—from each state selected).

Survey data will inform program development and intervention strategies, and may well have additional, positive spin-offs in developing advocates and peer educators among groups that are often hard to reach with TB and HIV prevention and care services. The findings of this survey will provide information about the magnitude, severity and distribution of the problems in these populations and thus allow for the development of appropriate strategies and interventions to combat them. It will also allow for evaluation of the current policy for HIV/AIDS addressing the prisons population and whether there is a need for review of this policy and other interventions that are currently being carried out in the sector. This information will also form the basis for advocating to the prisons hierarchy in Nigeria for an increased commitment of resources to address HIV/AIDS and TB in prisons and provide justification to seek out additional resources from the MDG office (Debt Relief Gain) and the WB MAP program through NACA.

This activity is anticipated to take one year from the development of protocol through data collection and analysis. The projected budget is \$170,000. USG Co-Investigators will participate, as appropriate. The implementing partner will obtain appropriate IRB approval from local participating institutions and USG PEPFAR Nigeria agencies prior to data collection and analysis.

Preliminary Data Available:

12/30/2008

Name: Child Status Index

Brief Description of the data collection activity:

USG, through an implementing partner (TBD; MEASURE) will work collaboratively with the Federal Ministry of Women Affairs and Social Development (FMoWASD) on the adaptation and implementation of the Child Status Index (CSI) tool nationally, to assess the status of orphans and vulnerable children (OVC) and provide benchmark information for evidence-based target setting and intervention strategies.

The CSI will be carried out as a population-based cross-sectional survey. The sample size will be determined by the selected random sampling method and also by the demands of the analysis (i.e., the number of independent variables utilized and the desired disaggregation of data).

The CSI will provide direct information on child progress, program successes, and areas for improvement in domains critical for child survival and well-being. This information will be helpful for guiding OVC program management decisions on how to deliver quality care and support to children. The proposed activity, in combination with other assistance, will contribute significantly to the USAID/Nigeria objective of improving overall well-being of children affected by HIV/AIDS and improved implementation of OVC programs in Nigeria.

An estimated 60 enumerators and 6 short-term local consulting supervisors will be trained to implement the CSI. The anticipated timeline is one year, with a budget of \$200,000.

USG Co-Investigators will participate, as appropriate. The implementing partner will obtain appropriate IRB approval from local participating institutions and USG PEPFAR Nigeria agencies prior to data collection and analysis.

Preliminary Data Available:

12/30/2008

Name: Monitoring HIV drug resistance emerging in populations receiving ART and associated program factors in selected treatment sites

Brief Description of the data collection activity:

WHO has developed a strategy for prevention of HIV drug resistance in resource-restricted countries, to be implemented with the expansion of access to antiretroviral treatment (ART). As part of this strategy, WHO and CDC have collaborated on a method to monitor the emergence of HIV drug resistance (HIVDR) during the first year of ART, and potentially associated program factors on which action could be taken to optimize ART program functioning for HIVDR prevention. Study results will contribute to recommendations for specific actions to be taken to improve outcomes in ART clinics. Factors contributing to varying outcomes at different programmatic and clinical settings will be investigated in order to support recommendations for optimal first- and second-line regimens and indications for time of regimen switch on a population basis.

An effective sample size of approximately 100 individuals beginning ART is evaluated at baseline and at 12 months, or an endpoint occurring prior to 12 months. Because individuals beginning standard first-line ART in Nigeria may have had some previous exposure to antiretroviral (ARV) drugs, a baseline genotype and a brief history of ARV use is taken at baseline. At 12 months, or at time of switch to a second-line regimen, a viral load, a genotype if the viral load is detectable, and an assessment of adherence is performed. Other endpoints include loss to follow up, death, ART stop, or transfer to another ART clinic still on first-line ART. Deaths and transfers out are censored from the denominator and the numerator, since their HIV drug resistance status cannot be assessed.

For all evaluated individuals, information on first line drug substitution, regularity of appointment keeping, regularity of drug pickup, and adherence is recorded. On a clinic level, continuity of drug supply is assessed, and barriers to access, such as cost of ARV drugs or clinic attendance, are noted. The main outcome is HIV drug resistance prevention, defined as a viral load < 1000 copies/ml, at 12 months or at switch. Other outcome classifications include HIV drug resistance (viral load > 1000 copies and the presence of major HIVDR mutations at 12 months or before switch) and potential HIV drug resistance (loss to follow up, stop of ART, or viral load > 1000 copies/ml at 12 months or switch and no major resistance mutations detected.) Patterns of HIVDR mutations are evaluated in those with relevant detectable mutations.

Factors that may be associated with lack of HIVDR prevention, including prior ART for prevention of mother to child transmission or previous experience of ART, < 90% appointment keeping or on-time drug pick-up, and drug supply continuity at the clinic, will be analyzed along with the outcomes. Recommendations for specific actions to be taken to improve outcomes at these clinics, and factors to be investigated at other similar clinics will be made based on results. The results will also support recommendations for optimal first- and second-line regimens and indications for time of regimen switch on a population basis.

A Multi-country demonstration project involving 2 sentinel sites in Nigeria is currently being implemented by CDC using COP07 funds. The sentinel methodology is to be incorporated as a routine evaluation at treatment clinics. In COP08 10 sites will be selected in consultation with in-country PEPFAR implementing partners such that these sentinel clinics will be representative of the major treatment clinic types in Nigeria. This study protocol for the demonstration phase has already been submitted to the CDC IRB for approval.

This survey activity is anticipated to take a year to complete, with a budget of \$850,000.

Preliminary Data Available:

2/20/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Letter from Ambassador Gribbin to Ambassador Dybul.pdf	application/pdf	9/26/2007	Letter from Ambassador Gribbin to Ambassador Dybul	Ambassador Letter	JGraetz

COP08 Budgetary Requirement Justification-Nigeria.doc	application/msword	9/27/2007	Treatment Budgetary Requirement Justification - Nigeria	Justification for Treatment Budgetary Requirements	MinnickA
USG Nigeria COP 2009 Activities.doc	application/msword	9/27/2007	USG Nigeria FY09 planned activities	Fiscal Year 2009 Funding Planned Activities*	KCrowley
USG Nigeria COP08 Allocations.xls	application/vnd.ms-excel	9/28/2007	USG Nigeria COP08 Budget Allocations	Other	JGraetz
Visio-COP 08 Nigeria Oversight Functional Chart.pdf	application/pdf	9/28/2007	Nigeria Oversight Functional Staff Chart	Other	JGraetz
Single Partner Justification COP08 for GHAIN, UMD, Harvard.doc	application/msword	9/28/2007	Justification for Partner Funding. Includes justification for FHI/GHAIN, UMD, and Harvard.	Justification for Partner Funding	JGraetz
Visio-COP 08 USG Nigeria Integrated Agency Chart2.pdf	application/pdf	9/28/2007	USG Nigeria Integrated Agency Chart	Other	JGraetz
Master Target Table2.xls	application/vnd.ms-excel	9/28/2007	USG Nigeria Master Target Table By Program Area and Activity	Other	JGraetz
USG Nigeria Explanations of Targets.doc	application/msword	9/28/2007	USG Nigeria Explanation of Target Calculations	Explanation of Targets Calculations*	JGraetz
USG Nigeria COP08 Support to GFATM FINAL.doc	application/msword	9/28/2007	USG Nigeria Global Fund Supplemental	Global Fund Supplemental*	JGraetz
Budgetary Requirements Worksheet - Nigeria.xls	application/vnd.ms-excel	9/28/2007	USG Nigeria Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	JGraetz
USG Nigeria Table 2.2.xls	application/vnd.ms-excel	9/28/2007	USG Nigeria Table 2.2	Other	JGraetz
Revised_Nigeria_Human Capacity Development Table.xls	application/vnd.ms-excel	12/11/2007	Human Capacity Development Table	Other	MLee
FINAL CRS 8% JUSTIFICATION USG NIGERIA COP08.doc	application/msword	11/5/2007		Justification for Partner Funding	MLee
USG Nigeria Revised Exec Summary.doc	application/msword	11/5/2007		Executive Summary	MLee