Nigeria

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

The Federal Republic of Nigeria is comprised of six geo-political zones that contain thirty-six (36) states and the Federal Capital Territory (FCT), which in turn contain seven-hundred seventy-four (774) local government areas (LGAs). Nigeria occupies an area more than twice the size of the State of California. In both geographic size and population, many states are larger than some African countries. Nigeria's 2.98 million HIV-positive individuals constitute the second greatest burden of HIV/AIDS care and treatment worldwide. Adding to this burden are the estimated 2.18 million children orphaned by HIV/AIDS.[1] Nigeria also has one of the highest tuberculosis (TB) burdens in the world (311/100,000 population[2]) and the largest TB burden in Africa. Many TB cases go undetected despite increasing TB detection rates and TB program coverage. This results in a significant health issue within the HIV/AIDS response due to the high rates of TB/HIV co-infection.

Since the first case of AIDS in Nigeria was reported in 1986, the epidemic has been considered to be generalized, affecting all population groups and sparing no geographical area in the country. Generalized prevalence among 15-49 year olds is approximately 3.6%[3], but there are significantly higher rates among most-at-risk populations (MARPs), including commercial sex workers (30.2-37.4%), injecting drug users (5.6%), and men who have sex with men (13.5%)[4]. Heterosexual transmission accounts for up to 95% of HIV infections, and women account for close to 60% of all adults living with HIV.[5]

HIV prevalence varies widely across states as well as rural and urban areas. Lower levels of HIV occur in particular geographic regions and within certain segments of the population. The variability in prevalence by states was demonstrated in a 2008 antenatal prevalence (ANC) survey, with prevalence ranging from a low of 1.0% in Ekiti state to 10.6% in Benue state[6]. Also from the ANC survey, seventeen states and the Federal Capital Territory recorded sero-prevalence of at least five percent, and the sero-prevalence level was 7% or higher in seven states and the FCT[7]; four of the states with 7% or higher prevalence are located in the South-South geo-political zone while no states were listed in the South-West and the North East zone. The geographic dissimilarities in the dynamics of the epidemic suggest that the influence and contributions of various high-risk behaviors may vary in communities and geographical settings within the country.

The drivers of the HIV epidemic in Nigeria include low risk perception, multiple concurrent partners, informal transactional and inter-generational sex, lack of effective services for sexually transmitted infections (STIs), and poor quality of health services. Gender inequalities, poverty and HIV/AIDS-related stigma and discrimination also contribute to the continuing spread of the infection. Risky behaviors continue and are targets for key prevention interventions.

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[1] United Nations General Assembly (UNGASS) Country Progress Report, Nigeria, 2010.
[2] ,World Health Organization (WHO) Global Tuberculosis Report, 2009.
[3] National HIV/AIDS and Reproductive Health Survey (NARHS), 2007.
[4] Integrated Biological and Behavioral Surveillance Survey, 2007
[5] UNGASS, 2010.
[6] Federal Ministry of Health (FMOH) ANC Report, 2008.
[7] FMOH, 2008.

Sustainability and Country Ownership

In 2009, Nigeria's National Agency for the Control of AIDS (NACA), the Government of Nigeria (GON) agency charged with coordinating the national multi-sectoral response to HIV/AIDS, led an intensive, comprehensive strategic and operational planning process to review the National AIDS Policy and the National HIV/AIDS Response. The result was the preparation of the Second National Strategic Framework (NSF2) which covers 2010-2015. This was followed by the preparation of the National Implementation Plan, which was finalized and presented in February 2010.

On August 25, 2010, the United States Ambassador to Nigeria, Dr. Robin Renee Sanders, and the Secretary to the Government of the Federation, Mahmud Yayale Ahmed, signed the Partnership Framework on HIV/AIDS, 2010-2015 (PF). The PF is a five-year agreement, which reaffirms the United States Government (USG) and Government of Nigeria's commitments to the goals, strategies and objectives set forth by the Government of Nigeria. In line with the NSF2, the six principal strategic areas addressed by the Partnership Framework are:

1. Behavior Change and Prevention of New HIV infections
2. Treatment of HIV/AIDS and Related Health Conditions
3. Care and Support for People Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children (OVC)
4. Institutional Arrangements, Infrastructure Requirements, and Human and Financial Resource Issues
5. Policy, Advocacy, Legal Issues, and Human Rights
6. Monitoring and Evaluation, Research, and Knowledge Management

Within the Partnership Framework, sustainability is a key consideration in determining which activities are to be supported. To promote country ownership and sustainability, the USG and GON will design a transition plan to shift the USG from providing direct delivery of services to providing increased support and building the capacity of indigenous organizations and the public sector to carry out service delivery. The primary USG policy objective is to support GON by strengthening the capacity and systems of GON and implementing partners in the design, implementation, and coordination (including monitoring and evaluation) of effective evidence-informed prevention programs at national and sub-national levels.

Integration across the USG

Through PEPFAR, the United States is the largest bilateral donor to Nigeria's health sector, having provided a total of nearly $442 million in support during FY 2009 (with an expected increase in FY 2010), the majority of which is for HIV/AIDS prevention, care, and treatment. The USG in-country agencies include the United States Agency for International Development (USAID), the United States Department of Health and Human Services (HHS), the United States Centers for Disease Control and Prevention (CDC), the United States Department of State (DOS), and the United States Department of Defense (DOD). In addition to regular, collaborative planning with NACA and the Federal Ministry of Health, the USG team holds one of two bilateral seats on the Country Coordinating Mechanism for the GF. The USG has chaired the Development Partners Group for HIV/AIDS (DPG), which is the primary donor coordination body for multilateral and bilateral organizations providing HIV support. USG has also coordinated the partnership framework development with GON and other development partners, in line with the GON's NSF2.

Health Systems Strengthening and Human Resources for Health

While the GON at the federal level has embarked on initiatives to strengthen health care, government at the state and local levels is understaffed, underequipped, and underfunded. Significant funding and resource gaps still exist in the HIV/AIDS national response. Strengthening the health sector and improving health indicators are among the most important development challenges facing Nigeria.

USG activities in systems strengthening will support technical assistance for the establishment and strengthening of local and state agencies for the control of AIDS (LACAs and SACAs) to coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS responses. The USG will also work to strengthen coordination mechanisms at all levels. Planned activities include developing and coordinating a regionalization/rationalization strategy and providing technical assistance (TA) for cross-cutting regionalization efforts. The USG will support strengthening CSOs at all levels by providing financial and technical support and training in management, planning, and advocacy skills.

Developing an efficient and sustainable logistics system for the management of HIV/AIDS commodities is a high priority. The USG will help in the development of a logistics system at the national, state, and LGA levels, and provide TA for commodity procurement budgeting and logistics. The USG will also help build the capacity of the GON to help the Nigerian Government scale up its financial contribution to the HIV/AIDS response from the current 7% (NASA for 2007-08) to 50% in 2015.

Nigeria has a critical shortage of health care workers, with significant disparities across zones.[8] Maintaining functional Human Resources for Health (HRH) planning and management units at the State and Federal levels is challenging. To help mitigate the shortage, the USG will support the establishment of a National HRIS electronic database and work to improve retention and training of skilled health workers. Strategies include supporting the GON and other stakeholders on curriculum development, assessing factors affecting uneven distribution of health care workers throughout Nigeria, and providing technical assistance to GON on retention issues, HRH policy, and plan implementation.

USG will support the National Primary Health Care Development Agency (NPHCDA) to provide an effective and efficient Community Care Workers' (CCW) workforce to support comprehensive, multidisciplinary community services, and will also strengthen partnerships between government, civil society and communities to consolidate, manage and focus the services provided by CCW.

USG will embark on Social Welfare Workforce Strengthening and Child Protection System Strengthening in order to provide sustainable care and support for children infected and affected by HIV/AIDS. USG will work with the Federal Ministry of Women's Affairs and Social Development (FMWASD) to conduct a social welfare workforce analysis that will assess current quantity and quality of human resources, quality and access of training for social workers and para-social workers, and quality of formal social work academic degrees. In addition, USG will give high priority to assessing the formal and informal Child Protection Systems in selected states and actively engage state and local level stakeholders in order to ensure successful responses and interventions that respond to identified gaps.

Coordination with Other Donors and the Private Sector

The multi-sectoral HIV/AIDS response in Nigeria is coordinated by NACA and is funded through multiple sources, including government (federal, state, and local), bilateral and multilateral donors, the organized private sector, and foundations. Funding for the response has been primarily donor-driven, as revealed in the first National AIDS Spending Assessment (NASA) 2007-2008 issued by NACA with support from UNAIDS in March 2010. Donor activities are coordinated via the Development Partners Group on HIV/AIDS (DPG) and via the Nigeria Global Fund to Fight AIDS, TB, and Malaria Country Coordinating

[8] WHO Global Atlas of the Health Workforce, 2008.

Mechanism (NCCM). The USG currently represents the bilateral constituency on the NCCM, provides technical assistance to the NCCM Secretariat, and participates actively in grant proposal development as well as grant oversight activities. The DPG consists of all bilateral and multilateral donors in the sector and is currently chaired by the World Bank.

In addition to USG agencies, development partners include the Global Fund, the World Bank, the Clinton Foundation, UNAIDS, DFID, JICA, CIDA, the European Union, WHO, UNICEF, the African Development Bank, the International Labor Organization (ILO), Italian Cooperation, UNDP, UNDCP, UNFPA, and UNIFEM. The primary GON HIV/AIDS coordinating body is the National Agency for the Control of AIDS (NACA). The USG will continue to leverage and harmonize funding from the Global Fund, Clinton Foundation, DFID, World Bank, GAVI Alliance, and other bilateral and multilateral donors.

Programmatic Focus

PEPFAR funding for Fiscal Year 2011 will be focused on the following programmatic areas:

1. Prevention

The GON has committed to make the prevention of new infections the focus of the national HIV/AIDS response. Prevention activities in Nigeria include prevention of mother-to-child-transmission (PMTCT), prevention of sexual transmission (abstinence and be faithful (AB) programs, condoms/other prevention initiatives (C), Positive Health, Dignity and Prevention (PHDP)), and prevention of medical transmission (blood and injection safety) as well as HIV counseling and testing.

The USG is leveraging resources for PMTCT commodities, which include laboratory test kits for HIV testing, reagents for Early Infant Diagnosis (EID) and antiretroviral drugs for prophylaxis. In 2009, approximately 18.7% percent of HIV-positive pregnant women received anti-retroviral treatment (ART) to reduce the risk of mother-to-child transmission.[9] EID will be a focus in the upcoming year; the USG will support the national scale up of EID services through increased participation of the implementing partners, particularly in strengthening identification and follow-up of HIV-exposed infants at all USG supported sites including Primary Health Care facilities. The USG will continue to emphasize training of health workers to provide PMTCT services in line with the national guidelines as well as internationally accepted best practices. There will be an increased emphasis on training and technical assistance to the GON, especially in the fields of quality assurance, quality control, and logistics management.

With “PMTCT Plus-Up” funds in FY 2011, the USG will continue its efforts to support expansion of PMTCT services to pregnant women. Ongoing dialogue with other stakeholders, particularly UN agencies, GON and the Global Fund, will allow for strategic implementation of this expansion, reaching out to high prevalence communities and to rural areas where many women give birth without support of a skilled birth attendant. PMTCT service provision will continue to emphasize strengthening of diagnostic services for exposed infants, expanded linkages to family planning services, stronger referral networks to reduce loss to follow-up, and increased infant feeding counseling to support appropriate feeding choices. The USG continues to support the expansion of coverage, commenced in FY 2008, by providing PMTCT services using the “hub” and “spokes” model designed to increase PMTCT coverage. The expansion of coverage builds on PEPFAR-supported PMTCT networks, leveraged resources from UNITAID and UNICEF, and the GON’s own national scale-up plan.

In Nigeria, only 14% of the adult population knows their HIV status, and 30% of adults perceive themselves as having no or low risk of HIV infection.[10] The USG will continue to support high-quality,

[9] UNGASS, 2010.
[10] NARHS, 2007

targeted behavior change programs to deliver comprehensive abstinence, be-faithful, condoms and other prevention (ABC) services. USG will continue to provide institutional capacity building to local civil society organizations (CSOs), non-governmental organizations (NGOs) and community-based organizations (CBOs) to deliver accurate, high-quality AB and C messages.

Blood transfusion services in Nigeria still remain a source of transmission for HIV and other pathogens, despite the gains made by the National Blood Transfusion Service (NBTS) since 2007. In FY 2011, the USG will continue supporting the review, dissemination and implementation of existing policy protocols as well as advocating, building service provider capacity, and providing TA to encourage the adoption of universal precaution services. USG will continue to support the National Blood Transfusion Service to increase the units of blood that have been safely screened for transfusion transmissible infections (TTIs).

Prevention activities will be integrated into all care and treatment activities, including HIV counseling and testing (HCT) services. Efforts to reduce new infections among high-risk and high-transmission communities will continue. The USG will support implementing partners in identifying and conducting operational research on high-risk groups in order to provide targeted HCT. Multiple HCT strategies (provider initiated testing and counseling, mobile HCT, couples HCT and door-to-door HCT) will be employed to enable target populations to know their HIV status as a launch-pad into prevention, care and treatment services.

2. Treatment

Treatment activities in Nigeria include the provision of antiretroviral drugs (ARVs) and services to eligible patients, as well as laboratory support for the diagnosis and monitoring of HIV-positive patients identified through USG activities and in line with national guidelines and goals and strategies of the NSF and the PF. Funds will be used to purchase FDA-approved or tentatively approved antiretroviral drugs, in their generic formulation whenever possible, in an effort to maximize the number of Nigerians receiving treatment. Harmonization, quality of service, reduced target costs and cost leveraging continue to be mainstays of the Nigeria treatment program, with standardized services and health care worker training provided across all implementing partners. Pediatric treatment services also remain a priority in FY 2011. The USG will continue its efforts to leverage GON, Global Fund, and other development partners for ARVs as these commodities account for a significant percentage of the USG budget.

Preventing and treating TB-HIV co-infections continues to be a priority due to Nigeria's high TB burden. A major focus for FY2011 is the expansion and enhancement of TB-HIV sites at the state and local levels. USG will contribute medical equipment, testing commodities and training to support treatment and testing sites. In the Tuberculosis Directly Observed Treatment Short-Course (TB DOTS) settings, the USG will continue provider-initiated routine HIV testing, thereby greatly increasing access to services for adults and children co-infected with HIV and TB. Another goal is to reduce TB transmission, improve diagnosis and management of TB and MDR-TB cases especially among HIV positive patients. Data from the ongoing USG-supported national MDR-TB and HIV survey will become available and be incorporated into evidence-based service provision in the TB-HIV program.

Phased transition of first line ARV procurement to the Federal Ministry of Health (FMOH) is an important goal in the Partnership Framework, and in the COP 2011. To support this goal, the USG and other donors will build the capacity of FMOH, supporting the ministry's efforts to forecast, identify, and expand access to lower-cost drugs and develop an ARV transition plan. USG will also support FMOH efforts to maximize the impact of first line ART through effective adherence and retention measures, detecting HIV drug resistance, and developing strategies to respond.

In FY 2011, the USG will continue to pool all ARV procurements through the Partnership for Supply Chain Management System (SCMS). This method, based on PEPFAR and Government of Nigeria forecasting, decreases duplication efforts by individual partners and increases efficiency. The USG supports logistics

management activities, a key component of ARV delivery, through the ongoing development of a Logistics Management Information System and an Inventory Control System. Staff in all sites will be trained in all aspects necessary to maintain a safe and secure supply of high-quality pharmaceutical products in a cost-effective and accountable way. Other strategies including task-shifting, decentralization, integration, and regionalization, will result in service improvement and efficiency.

3. Care and Support

The overarching goal of Care and Support is to promote the survival and improve the quality of life for people living with HIV (PLHIV). Care activities in Nigeria fall under the categories of adult and pediatric care and support, TB/HIV, and support for orphans and vulnerable children (OVC). Care and Support services are provided through a facility-based and community home-based model. Specific activities include providing TA to integrate care and support with other health and development programs, advocating for increased services and stigma mitigation policies, and developing and implementing national care and support guidelines.

OVC remain a priority in FY 2011, with a growing focus on investing in and building the capacity of indigenous, community-based organizations. The number of OVC beneficiaries will increase in FY 2011 and USG will continue to monitor and implement activities for quality improvement. Particular focus will be on strengthening the coordination of community systems to provide care and support to OVC and also to provide sustainable solutions for households to meet basic needs of children and become self reliant. Implementation of updated national strategic documents will be an important component of the COP11 OVC plan; activities include supporting the GON to develop a budgeted National OVC Plan of Action (NPA) for 2011 – 2015, conducting a social welfare workforce gap analysis and action plan, and collaborating with UNICEF to conduct child protection system analysis and system strengthening plans.

With PEPFAR and other donor support, the GON will lead efforts to develop and implement policies for PLHIV and People Affected by AIDS (PABA) at the National, state, and local levels. Policies will be formulated to protect the rights of PLHIV through the development of social welfare and anti-stigma legislation. The USG will also support GON's policies to encourage greater involvement of PLHIV and PABA in decision making processes at all government, civil society, and private sector levels. PLHIVs will be engaged to provide sustainable, high quality Positive, Health Dignity, Prevention, Care and Support services to their peers. The USG will also build the capacity of organizations (CBOs, and FBOs) and religious leaders to advocate for increased HIV/AIDS funding.

The USG and GON will continue to work towards establishing a basic package of services for HIV-positive people and their relatives. In FY 2011, care services, including basic care kits, opportunistic infection management, laboratory follow up, management of sexually transmitted infections, nutritional support, PHDP, psychosocial and spiritual support, and referral to a care network will be provided to all HIV-positive patients identified in USG programs. People affected by HIV/AIDS will receive support services and access to psychosocial support. The USG will promote access to community home-based care and strengthen networks of health care personnel and community health workers. In FY 2011, the USG will continue to pool cotrimoxazole procurement through SCMS. USG will continue to support the harmonization of training materials and their use, increased focus on adherence counseling and pooled commodity procurements. Children of HIV-infected adults in care will be linked to OVC specialized services and the USG will continue to support the federal, state and local government and civil society to collaboratively provide, manage and monitor integrated, comprehensive care to OVC and their families. The USG will also continue to support the Federal Ministry of Women Affairs and Social Development OVC Division to improve its capacity for better coordination of activities, initiatives & advocacy to address the overwhelming needs of Nigeria's OVC and their caretakers.

4. Other Programs

REDACTED. Expansion will be controlled, phased, and sustainable. USG-supported laboratories will

continue to focus on maintaining services through the implementation of expanded and harmonized laboratory quality assurance/quality control (QA/QC) systems. Other USG assistance will include training and accreditation for laboratory professionals and establishing partnerships with universities to improve curricula and increase the capacity of medical laboratory science programs to support the increased sustainability of laboratory expansion. In addition, implementing partners will provide technical assistance to assist in expansion, including assistance in fields such as health financing, logistics, and human resources management.

Although laboratories are geographically spread across Nigerian states, the network between them is poor; efforts to increase efficiency and linkages will continue. Activities to improve collaboration include working with GON to establish a national working group for laboratory technicians, continued support for national laboratory accreditation efforts, and encouragement in the development of a laboratory information system to link health facilities at all levels. In FY 2011, the continued development of a five-year National Laboratory Strategic Plan will remain important in identifying nationwide needs and service gaps. Improved cost efficiencies that could result from this overall approach advance USG efforts in reducing overall treatment costs and making routine monitoring available to all antiretroviral treatment patients.

Strategic information is a key overarching program for PEPFAR Nigeria. Nigeria's national HIV/AIDS strategy adheres to the principle of the "Three Ones": one action framework (the Partnership Framework), one national HIV/AIDS coordinating authority (NACA) and one country-level monitoring and evaluation system. Helping to establish this M&E system is key to aligning with Nigeria's national strategy. Establishing a national system is a five-year goal. FY 2011 activities include strengthening the technical and managerial skill sets of GON leaders, program managers, and M&E staff at all levels; streamlining and standardizing indicators, tools and reporting systems; and supporting operations research and population-based surveys that seek to answer specific questions relating to the HIV epidemics and public health interventions.

Strategic information programming will also encompass the periodic evaluation and reporting of HIV/AIDS data. The USG will support the GON in developing tools to gather, store and analyze data, and disseminate analyses results to national and international audiences and stakeholders. Resulting data will be used to continuously enhance the national response. In order to continuously improve data quality, the USG and GON will regularly hold joint data quality assessments and involve stakeholders at all levels and geographic regions.

New Mechanisms
REDACTED.

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Time Frame: October 2011 to September 2012

Population and HIV Statistics

Population and HIV		Additional Sources

Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	2,900,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	04	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	360,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	220,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	5,959,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	210,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS			

			Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	3,300,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	2,500,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	1,400,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	1,700,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
REDACTED.					
REDACTED.					
REDACTED.					
Zonal Reference Laboratories		Abbott Laboratories			This PP is to support the establishment of Regional Reference Laboratories in the 6 geopolitical zones of the country, to provide specialized clinical and public health laboratory services to the labs within the zonal networks. The zonal reference labs will be linked to an apex lab – a National Reference lab to be established through a different mechanism. When fully established, the zonal labs will provide specialized lab services for HIV/AIDS, TB, Malaria and other diseases of public

					health interest, including relevant neglected tropical diseases, based on the identified needs of the regions, conduct regional surveys and assessment, in collaboration with the National reference lab, support National surveys and disease surveillances, and serve as regional hub for clinical and public health lab information management, and lab process standardization.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Ante-natal Care Sentinel Survey	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning
HIV Drug Resistance threshold survey	HIV Drug Resistance	Pregnant Women	Planning
HIV False Recent Rate (FRR) Survey	Recent HIV Infections	Other	Planning
HIV Incidence Study	Recent HIV Infections	Pregnant Women	Implementation
Integrated Biobehavioural survey	Behavioral	Female Commercial	Planning

	Surveillance among MARPS	Sex Workers, Injecting Drug Users, Male Commercial Sex Workers, Men who have Sex with Men	
Monitoring of HIV drug resistance among patients on first line ART	HIV Drug Resistance	Other	Planning
National AIDs and Reproductive Health Survey +	Population-based Behavioral Surveys	Female Commercial Sex Workers, General Population, Migrant Workers, Mobile Populations, Street Youth, Youth	Development
National Demographic Health Survey	Population-based Behavioral Surveys	General Population	Planning

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			20,192,314		**20,192,314**
HHS/CDC		3,056,000	188,917,271		**191,973,271**
HHS/HRSA	14,330,999		18,822,393		**33,153,392**
State			80,000		**80,000**
State/AF			300,000		**300,000**
USAID			242,915,304		**242,915,304**
Total	**14,330,999**	**3,056,000**	**471,227,282**	**0**	**488,614,281**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	HHS/HRSA	State/AF	USAID	AllOther	
HBHC		1,226,411	18,801,873	5,179,072	50,000	12,706,402		**37,963,758**
HKID			7,327,221	899,444	100,000	35,824,099		**44,150,764**
HLAB		3,397,200	21,627,249	4,711,984		10,221,200		**39,957,633**
HMBL		30,000	6,250,185	52,535		810,000		**7,142,720**
HMIN		20,000	287,771	97,268		2,055,000		**2,460,039**
HTXD		511,578	7,772,679	2,234,967		61,640,418		**72,159,642**
HTXS		2,250,000	38,407,864	11,859,568		19,811,210		**72,328,642**
HVAB		125,000	1,340,077	297,450	50,000	12,216,391		**14,028,918**
HVCT		245,583	2,461,304	324,955		3,005,123		**6,036,965**
HVMS	80,000	7,905,550	20,262,824			9,374,364		**37,622,738**
HVOP		503,000	4,902,896		50,000	15,104,345		**20,560,241**
HVSI		205,786	9,613,090	1,591,451		10,182,016		**21,592,343**
HVTB		120,000	5,480,484	966,567		5,311,892		**11,878,943**
MTCT		274,521	14,725,645	2,775,361		13,804,457		**31,579,984**

OHSS		2,992,485	24,747,589	234,920		27,675,167		**55,650,161**
PDCS		135,000	3,302,742	677,926	50,000	1,068,370		**5,234,038**
PDTX		250,200	4,661,778	1,249,924		2,104,850		**8,266,752**
	80,000	**20,192,314**	**191,973,271**	**33,153,392**	**300,000**	**242,915,304**	**0**	**488,614,281**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

REDACTED.

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	37,963,758	
HTXS	72,328,642	
Total Technical Area Planned Funding:	**110,292,400**	**0**

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	72,159,642	
Total Technical Area Planned Funding:	**72,159,642**	**0**

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	7,142,720	
HMIN	2,460,039	
Total Technical Area Planned Funding:	**9,602,759**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	6,036,965	

Total Technical Area Planned Funding:	**6,036,965**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	55,650,161	
Total Technical Area Planned Funding:	**55,650,161**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	39,957,633	
Total Technical Area Planned Funding:	**39,957,633**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	37,622,738	
Total Technical Area Planned Funding:	**37,622,738**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	44,150,764	
Total Technical Area Planned Funding:	**44,150,764**	**0**

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	5,234,038	
PDTX	8,266,752	
Total Technical Area Planned Funding:	**13,500,790**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	31,579,984	
Total Technical Area Planned Funding:	**31,579,984**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	14,028,918	
HVOP	20,560,241	
Total Technical Area Planned Funding:	**34,589,159**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	21,592,343	
Total Technical Area Planned Funding:	**21,592,343**	**0**

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	11,878,943	
Total Technical Area Planned Funding:	**11,878,943**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

REDACTED.

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7354	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	77,935,816
7355	Creative Associates International Inc	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,000,000
7356	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,440,000
7382	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	12,266,764
10004	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	420,000
10015	NATIONAL BLOOD TRANSFUSION SERVICE	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	5,111,320
10019	Safe Blood for	NGO	U.S. Department	GHCS (State)	1,000,000

	Africa Foundation		of Health and Human Services/Centers for Disease Control and Prevention		
10025	Christian Health Association of Nigeria	FBO	U.S. Agency for International Development	GHCS (State)	3,080,289
10026	Pact Nigeria	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,414,858
10028	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	1,310,206
10031	MSH	NGO	U.S. Agency for International Development	GHCS (State)	10,747,994
10032	NELA	Implementing Agency	U.S. Agency for International Development	GHCS (State)	3,843,000
10033	University of North Carolina	University	U.S. Agency for International Development	GHCS (State)	3,750,000
10034	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	2,593,413
10096	Harvard University School of Public Health	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State), Central GHCS (State)	13,373,068
10100	Catholic Relief Services	FBO	U.S. Department of Health and	GHCS (State), Central GHCS	19,130,324

			Human Services/Health Resources and Services Administration	(State)	
10101	Excellence Community Education Welfare Scheme (ECEWS)	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,681,417
10103	The Axios Foundation, Inc.	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	548,457
10104	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	450,000
10105	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
10107	American International Health Alliance	NGO	U.S. Department of Health and Human	GHCS (State)	400,000

			Services/Health Resources and Services Administration		
10110	Population Council	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,092,910
10111	Vanderbilt University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,032,813
10113	Johns Hopkins University/Jhpiego	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	665,654
10114	APIN LTD	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	31,629,484
10115	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers	GHCS (State)	1,442,099

			for Disease Control and Prevention		
10116	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	197,318
10133	Heartland Alliance	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,692,464
10170	Catholic Secretariat of Nigeria	FBO	U.S. Agency for International Development	GHCS (State)	1,687,000
10172	Pro-Health International	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,448,155
10174	Sesame Street Workshop	NGO	U.S. Agency for International Development	GHCS (State)	400,000
10176	Hope Worldwide Nigeria	NGO	U.S. Agency for International Development	GHCS (State)	3,450,000
10243	Pro-Health CDC	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	165,056
10263	American Society for Microbiology	Implementing Agency	U.S. Department of Health and Human Services/Centers	GHCS (State)	550,000

			for Disease Control and Prevention		
10328	Partners for Development	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,735,007
10625	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	18,925,227
10994	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted
12467	Salesian Mission	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	89,021
12831	AFENET	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,602,191
12969	MSH	NGO	U.S. Agency for International	GHCS (State)	5,336,000

			Development		
12982	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13021	KNCV (DUTCH TUBERCULOSIS FOUNDATION)	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,512,201
13023	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13056	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13080	MEMS 2	Implementing Agency	U.S. Agency for International Development	GHCS (State)	800,000
13087	FS PROJECT SEARCH	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,825,000
13108	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13139	Program for Appropriate	NGO	U.S. Agency for International	GHCS (State)	650,000

	Technology in Health		Development		
13150	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13155	NYSDOH AIDS INSTITUTE	Implementing Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	250,000
13174	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13182	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13190	IHVN	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,510,039
13213	Deloitte Consulting Limited	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,202,944

13216	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13235	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13242	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13248	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13265	FS AIDSTAR	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,890,000
13267	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13273	FS CAPACITY PLUS	Implementing Agency	U.S. Agency for International	GHCS (State)	1,400,000

			Development		
13276	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13291	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13299	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13321	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13330	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13336	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13371	University	Private Contractor	U.S. Agency for	GHCS (State)	600,000

	Research Corporation, LLC		International Development		
13377	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13390	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13407	FS UNICEF	Implementing Agency	U.S. Agency for International Development	GHCS (State)	208,028
13412	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13423	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
13428	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13432	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13444	MSH	NGO	U.S. Agency for International	GHCS (State)	3,000,000

			Development		
13490	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13493	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13498	Central Contraceptive Procurement	Private Contractor	U.S. Agency for International Development	GHCS (State)	413,519
13512	Save the Children UK	NGO	U.S. Agency for International Development	GHCS (State)	1,611,972
13515	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13522	COCA-COLA FOUNDATION	Implementing Agency	U.S. Agency for International Development	GHCS (State)	150,000
13524	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13532	Microsoft	TBD	U.S. Agency for International Development	GHCS (State)	200,000
13540	TBD	TBD	U.S. Department of Health and Human	Redacted	Redacted

			Services/Centers for Disease Control and Prevention		

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7354	**Mechanism Name: USAID Track 1.0 SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 77,935,816	
Funding Source	**Funding Amount**
GHCS (State)	77,935,816

Sub Partner Name(s)

3I Infotech	Booz Allen Hamilton	Crown Agents
i+solutions	John Snow Research and Training Institute	Management Sciences for Health
Map International	Northrup Grumman	North-West University
The Manoff Group	UPS Supply Chain Solutions	Voxiva

Overview Narrative

SCMS is funded by the President's Emergency Plan for AIDS Relief (PEPFAR), and brings together 13 private sector, nongovernmental and faith-based organizations that are among the most trusted names in supply chain management and international public health and development. With offices in 17 countries and 350 dedicated staff members around the world, we are helping to improve the lives of people living with HIV/AIDS in some of the countries most severely impacted by the pandemic. SCMS procures essential medicines and supplies at affordable prices; helps strengthen and build reliable, secure and sustainable supply chain systems; and fosters coordination of key stakeholders.

Our Approach

• Working with and strengthening existing systems, not creating parallel or duplicate systems

• Building local capacity, empowering in-country partners to enhance and develop sustainable and appropriate responses for their own communities

• Delivering quality HIV/AIDS medicines and supplies at the best value by leveraging industry best practices for planning, procurement, storage and distribution
• Promoting transparency to ensure accurate and timely supply chain information is collected, shared and used to improve decision making
• Collaborating with in-country and international partners to identify needs, fill gaps, avoid duplication and share best practices

SCMS in Nigeria

As of the end of 2008, 250,000 of estimated 3.6 million adults and children in Nigeria living with HIV/AIDS were receiving antiretroviral therapy (ART). The government of Nigeria (GON) has set an ambitious goal to provide antiretroviral (ARV) treatment to 540,000 recipients by the end of 2014. Strengthening the country's supply chain system for ARVs is essential to making this happen.

Nigeria's HIV/AIDS supply chain is made up of multiple supply chains—many of which include separate procurement, warehousing, and distribution systems—owned and operated by various federal, state, nongovernmental, and faith-based stakeholders with oversight from the Federal Ministry of Health (FMOH) and the National Agency for the Control of AIDS (NACA). To improve visibility and coordination across these disparate supply chains, SCMS is working with the FMOH and PEPFAR-funded agencies and IPs to strengthen quantification and procurement planning, logistics data collection and management, inventory control, storage and distribution, and supply chain coordination for HIV/AIDS commodities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Human Resources for Health	7,296,538

Key Issues

TB

Budget Code Information

Mechanism ID:	**7354**
Mechanism Name:	**USAID Track 1.0 SCMS**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	4,941,402	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

SCMS Nigeria provides procurement, systems strengthening (SS) services and strategic information for USG and PEPFAR Implementing Partners (IPs). It also provides systems strengthening services for building logistics management capacity to 4 main GON departments (NASCP, FDS, DPRS, and NACA).

SCMS support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. Key SCMS activity under this program area includes: procurement, shipment, clearing, distribution and delivery of medical supplies and equipments used in ARV services and other commodities used to extend and optimize the quality of life of HIV infected adults and their families. SCMS also provides other supply chain management related activities such as technical assistance (TA) and system strengthening activities for PEPFAR IPs and 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 availability of needed commodities required by the PEPFAR supported programs to the target population of people living with HIV/AIDS and the general population through their families.

In COP09, SCMS procured medical supplies and equipments used in ARV services. Other commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB); other HIV/AIDS related complications, including malaria, and the management of sexually transmitted infections (STIs) were also procured. Example of such commodities are pharmaceuticals (OI drugs, pain killers), insecticide treated nets, laboratory equipment and consumables, home based care kits, water guard, gloves and therapeutic food. SCMS also procured other medical and non medical supplies used in treatment and basic health care and support services (including home-based care), used to extend and optimize the quality of life of HIV infected adults and their families for two IPs and DoD. In COP 10, SCMS will continue to procure these materials as required by the IPs and DoD.

The funds allocated to SCMS by the IPs and DoD, for these services is as follows: DOD (#554.08), $XXX; CRS AidsRelief (#3688.08), $ XXX; Columbia University/ICAP (#2768.08), $ XXX; and University of Maryland (#632.08), $ XXX. The present budget will cover the cost of commodities, logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS and the cost of TA and SS.

In COP 10, SCMS will continue to 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 (GoN) national testing guidelines, marketing authorization status (NAFDAC registration) and GoN 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. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management, monitoring of stock levels and usage through the deployment of pipeline databases and delivery planning. Additionally SCMS will monitor product safety and maintain a tracking system for recalls (pharmacovigilance). Requests for commodities will continue to be addressed to and coordinated with SCMS field office directly.

Several challenges are still associated with the procurement of Opportunistic Infections (OI) drugs. A number of key OI medicines still remain banned from importation into Nigeria and hence by default, need to be procured from local manufacturers. However, the fact that none of these locally manufactured OI drugs (and indeed other pharmaceuticals products) has stringent drug regulatory authority approval places the PEPFAR IPs in a difficult situation. In COP 09, SCMS was able to secure approval to import some quantities of Cotrimoxazole. The actual quantity to be imported will depend on the requirements of each IP. In COP 10, SCMS will work with the IPs and GoN to identify key OI drugs that are required by PEPFAR supported treatment programs and initiate the process of pre-qualification towards identifying local sources. SCMS will also continue to work with GoN towards defining the modalities for use of opioids for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for Palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

SCMS will continue to 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.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will continue to follow laid down procedures for customs clearance as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. 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.

Where appropriate, commodities requested by the IPs and USG 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. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that provides further significant savings over airfreight. For local warehousing needs, SCMS will continue to use its pharmaceutically compliant warehouse (primarily as a cross-docking facility) in Abuja which additionally will be capable of redirecting potential overstocked items, if necessary, to avoid expiry and waste.

Delivery arrangements will continue to be negotiated with the IPs; SCMS will either deliver to a central location or to point of services as needed. It should however be noted that the current distribution system for GoN programs and IPs is still sub-optimal. In COP 09, SCMS commenced implementation of the recommendations from the distribution options study (conducted in COP 08). In COP 10, SCMS with support of USG and the IPs will design and implement a more harmonized transport system for identified commodities to be delivered to a series of regional warehouses from which each IP or site will pick up its commodities. This will result in significant reduction of distribution costs by eliminating overlapping IP-specific distribution routing from various regions to Abuja. It is envisaged that this area will provide an opportunity to work with private sector providers and support collaboration between them and the GoN and IPs in mutually rewarding Public Private Partnerships. It will also follow a model already in place in which GoN and GF commodities are distributed by private-sector third-party logistics providers. Finally in COP 10, SCMS will analyze last mile delivery options to further reduce redundancies in PEPFAR

commodity distribution to sites in subsequent years, and to harmonize with the GON system as a step toward eventual integration. In order to efficiently manage the delivery of commodities as appropriate, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, marketing authorization status (NAFDAC registration), quantification, forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP 10, SCMS will continue to provide TA and SS services to DoD and the IPs through training 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 including the establishment of a government owned, contractor operated warehouse, as part of SCMS strengthening of the host government's HIV program which is expected to 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 organizations, SCMS addresses the emphasis area of human capacity development.

In COP 10, SCMS will continue to provide the USG team and the IPs with regular reports on medical supplies and equipments used in ARV services and other related commodity purchase as well as monthly financial reports and also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. SCMS will also support the Supply Chain Support Teams (made up of technical SCMS staff and GoN or IP staff as appropriate) constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. The Supply Chain Support Teams will use standardized indicators of logistics performance, to track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. The automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status since it provides an easy access to accurate and up to date information on procurement. It is envisaged that further procurement automation and harmonization will be facilitated through linkages with the Logistic and Health Program Management Information Platform system.

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. REDACTED. 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.

REDACTED.

EMPHASIS AREA
Human capacity development.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	87,370	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	7,500,985	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS
SCMS Nigeria provides procurement, systems strengthening services and strategic information for USG, PEPFAR IPs and GON (strengthening institutional capacity for logistics management in the following government departments: NASCP, FDS, DPRS, and NACA).

In COP 09, SCMS continued to build the capacity of PEPFAR Implementing Partners (IPs) and the Government of Nigeria (GoN) to manage a well-functioning HIV/AIDS program logistics system by providing supply chain services where necessary as well as technical assistance and capacity building in logistics functions to enhance management skills in analysing logistics data for decision-making. The capacity to plan and synchronize procurements to reduce product stock outs risks and expiration was improved while the project continued to assist appropriate national coordinating bodies and IPs to provide leadership role for logistics activities and where necessary, stimulate the formulation of appropriate frameworks and policies in the area of forecasting, procurement, distribution, storage, and logistics management information management practices to support a well-functioning HIV/AIDS program logistics system. All these activities were informed by several assessments conducted jointly with GoN, USG and other stakeholders.

To sustain these technical interventions, a variety of activities are planned for COP 10 to further build the capacity of GON to design, manage, lead and finance various technical interventions required to support

a well-functioning HIV/AIDS program logistics system.

In COP 09, SCMS supported and provided an enabling environment for the coordinating committees (Logistic Technical Working Group, LTWG and the Logistic Steering Committee, LSC) established in COP 08, to function optimally. Specifically, SCMS hosted the secretariats and provided mentorship for members to strengthen the logistics management system as well as monitoring and supervisory activities for GoN ART centers. Working with SCMS, these oversight and technical bodies used logistics data from the various programs to make decisions to avert stock outs and also conduct National joint quantifications to develop robust long term (5 year) projections for ARVs and RTKs in a bid to ensure commodity security and also drive procurement actions. In COP 10, SCMS will continue to support these bodies (although the Honorable Minister for Health inaugurated a task force for HIV/AIDS, Malaria and TB which has subsumed the LSC but with SCMS being recognized as a key player), and where appropriate, ensure that their membership are expanded to include other stakeholders (to help strengthen stakeholder coordination under the leadership of GON). Quarterly review of the consumption data will be held to update the 5 year forecasts and to inform procurement activities for identified HIV/AIDS commodities. This will enable the determination of identified national HIV/AIDS commodity requirements and improve medium to long term planning and resource mobilization, thus ensuring HIV/AIDS Commodity Security, an initiative begun in COP 08.

SCMS will use the environment created by these coordinating bodies to explore the options for more technical innovations, such as Coordinated Pooled Procurement (CPP) of HIV/AIDS commodities (in concert with GoN and other stakeholders) to support their HIV/AIDS program. In COP 09, SCMS (with support of USG and the IPs) expanded its pooled procurement portfolio from RTKs to include two commonly used ARVs in Nigeria i.e. Truvada and AZT/3TC/NVP (fixed dosed combination). This resulted in significant cost savings in transport, ensured more efficient order processing and it provides for a more reliable supply, that is flexible to absorb fluctuations in demand (whether positive or negative) therefore minimizing/eliminating the risk of stockouts of critical commodities. In COP 10, with approval of USG and the support of the IPs, additional ARVs and OIs will be included in the pooled procurement initiative. SCMS will also continue to work with clients to coordinate demand and synchronize procurements so as to take advantage of the economies of scale inherent in its client base.

The responsiveness of SCMS to USG and the IP procurement needs has been steadily improving. In COP 10, SCMS will continue to fine tune its procurement systems, to ensure that the gains are further consolidated. Local Indefinite Quantity Contracts and Bulk Procurement Agreements will be established as appropriate. These interventions will ultimately ensure that commodities continue to be available on-time and thus prevent stock-outs.

Several challenges are still associated with procurement of Opportunistic Infections (OI) drugs. Key OI medicines still remain banned from importation into Nigeria and hence by default, need to be procured locally. However, none of these locally manufactured OI drugs has stringent drug regulatory authority approval, this places the SCMS in a difficult situation. In COP 09, SCMS was able to secure approval to import some quantities of Cotrimoxazole. In COP 10, SCMS will work with the IPs and GoN to initiate the process of pre-qualification of identified key OI drugs required by PEPFAR supported programs and also continue to work with GoN towards defining the modalities for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for Palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

Commodity warehousing and effective distribution are crucial determinants to optimal supply chain performance. During COP09, SCMS leased a pharmaceutically compliant warehouse from MDS in order to improve its commodity receipt, storage, handling and distribution to IPs. This has enabled SCMS to hold larger volumes of commodities (including buffer stocks of some commodities in country by the project in order to effectively deal with emergent needs) for slightly longer periods than anticipated. This activity will also align and link with the Government Owned Contractor Operated (GOCO) initiative developed in COP08 for the Nigeria Ministry of Defense with support from the US Department of Defense HIV program. In COP 10, SCMS will continue to maintain the warehouse, work with the IPs to ensure they maintain proper warehousing and storage conditions in line with international standards. Appropriate warehouse management tools will be deployed as may be required by the IPs. In collaboration with GoN and other stakeholders, SCMS will develop, implement and institutionalize a system of certification and re-certification for warehouses in the country. These activities will ensure that commodities are properly managed (thereby minimizing damages and avoiding expiry that can arise from over stock) and stored in such a way to optimize the quality of the commodities.

The Federal Central Medical Stores (CMS) is crucial to the success of HIV/AIDS and other programs that depend on it for commodity handling and distribution. Hence it is a key determinant in ensuring the sustainability of various health interventions. However, an earlier assessment of the CMS had showed that it has a weak capacity to respond to the demands for warehousing, storage and distribution of products. In COP 09, while taking cognizance of the support from other partners such as the WHO, the SCMS project provided a series of on-going technical assistance to CMS to help in dejunking the stores, institutionalizing good warehouse practices to improve working practices. SCMS also provided focused training in warehouse management to 2 staff of the CMS and assisted the CMS to develop a strategic plan to guide future strengthening activities, particularly those related to infrastructure improvement and equipment installation included in the GF R8 HSS grant.

In COP 10, SCMS will assist in identifying warehousing requirements and also conduct a feasibility study

for a warehouse in Abuja for use of both the USG and GON programs using the "warehouse in a box" approach. A longer term vision is that the CMS staff in Lagos will rotate through this Abuja warehouse to acquire relevant professional experience that will enhance their productivity. SCMS will also provide support to improve logistics data processing capability of the CMS to enhance its operational efficiency.

The current distribution system for GoN programs and IPs is still sub-optimal. In COP 09, SCMS commenced implementation of the recommendations from the distribution options study (conducted in COP 08). In COP 10, SCMS with support of USG and the IPs will design and implement a more harmonized transport system for identified commodities to be delivered to a series of regional warehouses from which each IP or site will pick up its commodities. This will result in significant reduction of distribution costs by eliminating overlapping IP-specific distribution routing from various regions to Abuja. It is envisaged that this area will provide an opportunity to work with private sector providers and support collaboration between them and the GoN and IPs in mutually rewarding Public Private Partnerships. It will also follow a model already in place in which GoN and GF commodities are distributed by private-sector third-party logistics providers. Finally in COP 10, SCMS will analyze last mile delivery options to further reduce redundancies in PEPFAR commodity distribution to sites, and to harmonize with the GON system toward eventual integration.

The use of logistic data to monitor the performance of health supply chains and inform required remedial actions that are needed in a timely manner is crucial to avoid disruptions or interruptions to program delivery. However, the skill and commitment to such monitoring is lacking in the country. In COP 09 SCMS was to introduce the concept of Supply Chain Support Teams (SCST) comprising technical SCMS staff, GoN and IP staff as appropriate in the Nigeria program. They are to provide the capacity to monitor and support the performance of supply chains at various levels using standardized indicators of logistics performance to track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and also take appropriate actions to forestall these. SCMS will continue to pursue this activity in COP 10, it will establish and institutionalize this capacity in collaboration with GoN and other stakeholders by developing monitoring plans, tools and a reporting template. It will also identify and recommend appropriate software packages that may be required at various levels of the supply chain. Support will also be provided to train ten logistics operators in the use of these software packages.

In order to provide the required manpower needed to manage local supply chains to support the rapid scale up of various health interventions in Nigeria and ensure a broader understanding of Supply chain issues, SCMS has been organizing in-country SCM courses to build the capacity of logistic operators since 2008. This highly effective and well tested course had always been oversubscribed since it commenced. In COP 10, SCMS will conduct its annual SCM overview course to train 48 individuals from

GoN and the Implementing Partners, as well as refresher training on the national HIV/AIDS commodity logistics system. SCMS will sponsor 2 senior GoN staff on various International courses on SCM. Furthermore, SCMS will provide capacity building for SCM practitioners by supporting quarterly seminars during the meeting of the Association of Public Health Logisticians, Nigeria Chapter, whose membership now exceeds 40.

A supportive policy environment is required to enhance sustainability of SCM activities, SCMS will continue to collaborate with relevant GoN agencies and other stakeholders on the development of a harmonized national logistics policy. SCMS will identify various National policies and legislation that needs to be reviewed and actively work with GoN and the IPs to resolve them. This will lead to an improved environment for HIV/AIDS services delivery and uptake.

SCMS has been supporting GoN in taking a leading role in the transition to and implementation of a National Logistics system for use by all partners. In COP 09, SCMS worked with a few IPs on LMIS based on the result of the assessment conducted for the IPs. In COP 10, SCMS will continue to work with the IPs and GoN to ensure full adoption of the National Logistic system and also organize a refresher training for 44 persons (one from each of the GoN sites). The lab logistics system will also be developed and piloted. SCMS intervention will ensure that inventory control procedure and logistic management information systems are harmonized with the national system and strengthen information sharing among all players.

In COP 09, SCMS initiated activities geared towards harmonization of laboratory equipments, supplies and reagents by collecting data from sites on the type of equipment and reagents being used. The results will be presented to stakeholders to reach a consensus on assumptions to inform quantification for lab supplies, reagents and equipment. Thereafter, a series of workshops will be organized where manufacturer's representatives will meet with end users and others who can objectively evaluate the performance of the equipment, supplies and reagents. This intervention will be the basis for developing a guide towards harmonization and ensure that end users get greater value for their equipment and supplies. SCMS will continue to support this activity in COP 10.

IPs and GoN programs source their commodities from a wide variety of suppliers. Unfortunately, the quality of these commodities (especially drugs and laboratory materials) sourced locally from the open market has not been determined. This has obvious implications for the quality of laboratory results and treatment outcomes. In COP 10, SCMS will set up minilabs in collaboration with appropriate GoN agencies. Other options (e.g. liaising with external laboratories for QA activities, etc) to enhance quality assurance of laboratory materials and drugs will also be explored.

Currently, one major component that is lacking in various health interventions is the availability of facility for disposal of expired products (drugs or laboratory materials). This is because national capacity for doing this is either totally lacking or very weak where they exist. In COP 10, SCMS will work with GoN and other partners as appropriate.

SCMS will continue to maintain its office operations and staff development activities to ensure that required human resources are available to support the provision of the various technical interventions as planned.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	750,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	6,892,061	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

SCMS Nigeria provides procurement, systems strengthening (SS) services and strategic information for USG and PEPFAR Implementing Partners (IPs). It also provides systems strengthening services for building logistics management capacity to 4 main GON departments (NASCP, FDS, DPRS, and NACA).

SCMS supports PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. Key SCMS activity under this program area includes: procurement, shipment, clearing, distribution and delivery of PMTCT related supplies and equipments including ARV prophylaxis for HIV-infected pregnant women and newborns, rapid test kits (RTKs), laboratory supplies and equipments, as well as other medical and non medical supplies used in PMTCT services. SCMS is also involved with other supply chain management related activities such as technical assistance (TA) and systems strengthening (SS) activities for PEPFAR IPs and 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 availability of needed commodities required by the PEPFAR supported programs for the target populations of pregnant women and children under 5 years old.

In COP09, SCMS procured PMTCT related supplies and equipments including ARV prophylaxis for HIV-

infected pregnant women and newborns, rapid test kits (RTKs), laboratory supplies and equipments, as well as other medical and non medical supplies used in PMTCT services, for IPs and DoD through a pooled procurement arrangement. In COP 10, SCMS will continue to procure these PMTCT related supplies, equipments and medical supplies for IPs and DoD using the pooled procurement mechanism.

The budget is broken out as follows: 1) Provision of HIV test Kits to all PEPFAR PMTCT programs ($XXX): 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 and Self-Help (IFESH) (#555.08); LMS (#7144.08); Africare (#XXX); Society for Family Health (SFH) (#XXX), TB-CAP (#XXX) and USAID's APS (#5236.08); and CDC's RFA (#5230) upon award. 2) Provision of other PMTCT related supplies, equipment or technical assistance for two IPs and DoD, each of which has attributed specific funds to SCMS for these services: DoD (#554.08), $XXX; ICAP(#2768.08), $ XXX, UMD/ACTION (#632.08), $ XXX; USAID's APS (#5236.08); and CDC's RFA (#5230) upon award $ XXX. 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 related to this area of work. The budget also supports the cost of TA and SS as may be requested by DoD and the IPs.

SCMS will support the IPs and DoD in the following areas of the supply chain management cycle: product selection in accordance with the Federal Government of Nigeria's (FGoN) national 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 (considering in country stocks and anticipated consumption rates) for stock management, monitoring of stock levels and usage through the deployment of pipeline databases and delivery planning. Additionally SCMS will monitor product safety and maintain a tracking system for recalls (pharmacovigilance). Requests for commodities will continue to be addressed to and coordinated with SCMS field office directly.

In addition to procuring required test kits for both training and use, SCMS will handle all the test kits donated by GoN to support PEPFAR programs.

SCMS will continue to 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.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will continue to follow official procedures for customs clearance as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. 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.

Where appropriate, commodities requested by the IPs and USG 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. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that provides further significant savings over airfreight. For local warehousing needs, SCMS will continue to use its pharmaceutically compliant warehouse (primarily as a cross-docking facility) in Abuja which additionally will be capable of redirecting potential overstocked items, if necessary, to avoid expiry and waste.

Delivery arrangements will continue to be negotiated with the IPs; SCMS will either deliver to a central location or to point of services as needed. It should however be noted that the current distribution system for GoN programs and IPs is still sub-optimal. In COP 09, SCMS commenced implementation of the recommendations from the distribution options study (conducted in COP 08). In COP 10, SCMS with support of USG and the IPs will design and implement a more harmonized transport system for identified commodities to be delivered to a series of regional warehouses from which each IP or site will pick up its commodities. This will result in significant reduction of distribution costs by eliminating overlapping IP-specific distribution routing from various regions to Abuja. It is envisaged that this area will provide an opportunity to work with private sector providers and support collaboration between them and the GoN and IPs in mutually rewarding Public Private Partnerships. It will also follow a model already in place in which GoN and GF commodities are distributed by private-sector third-party logistics providers. Finally in COP 10, SCMS will analyze last mile delivery options to further reduce redundancies in PEPFAR commodity distribution to sites in subsequent years, and to harmonize with the GON system as a step toward eventual integration. In order to efficiently manage the delivery of commodities as appropriate, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

In COP 10, SCMS will continue to provide TA and SS services to DoD and the IPs through training 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 COP 10, SCMS will continue to provide the USG team and the IPs with regular reports on commodity procurement as well as monthly financial reports and also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. SCMS will also support the Supply Chain Support Teams (made up of technical SCMS staff and GoN or IP staff as appropriate) constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. The Supply Chain Support Teams will use standardized indicators of logistics performance to track performance of the supply chains and together act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. The automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status since it provides an easy access to accurate and up to date information on procurement. It is envisaged that further procurement automation and harmonization will be facilitated through linkages with the Logistic and Health Program Management Information Platform system.

REDACTED.

EMPHASIS AREA
Human capacity development.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	57,659,307	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	104,691	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7355	**Mechanism Name: USAID Track 2.0 FS ABE/LINK**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Creative Associates International Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000

Funding Source	Funding Amount
GHCS (State)	2,000,000

Sub Partner Name(s)

Abubakar Tafawa Balewa University	Adolescent Girls Initiative	Adolescent Health Education and Development Centre
ANFEA	Children and Family Support Initiative	Community Mobilization and Development Initiative
Development Exchange Centre	Fahitma Women and Youth Development Initiative	Life Helpers Initiative
Ministry for Local Government	Ministry of Education - Malawi	Ministry of Health
Office of First Lady of Bauchi State	Office of SSA on OVC and Tsangaya	OVC - Ministry of Women's Affairs
Rahama Women Development Programme	Reproductive Health Initiative and Support Association	Rural Women and Youth Initiative
Society for Women Adolescent Health Initiative	State Ministry of Information	Ummah Support Initiative
Women's Support and Development Initiative	Young Men's Christian Association	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	1,000,000
Human Resources for Health	400,000
Water	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7355**

Mechanism Name:	USAID Track 2.0 FS ABE/LINK		
Prime Partner Name:	Creative Associates International Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7356	**Mechanism Name: USAID Track 2.0 FS Health 20/20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,440,000	
Funding Source	**Funding Amount**
GHCS (State)	2,440,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Health Systems 20/20 cooperative agreement, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	159,130

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7356**
Mechanism Name:	**USAID Track 2.0 FS Health 20/20**
Prime Partner Name:	**Abt Associates**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,540,000	

Narrative:

1. Assess the role of non-state actors in HIV/AIDS prevention and mitigation
In Nigeria, similar to other low income countries, the role of non-state actors in HIV/AIDS prevention, treatment, care, support and control is expected to be substantial. Among others, these stakeholders include NGOs, CSOs and FBOs. It is important for policy to assess the role of non-state actors, how many resources are they mobilizing, from what sources, as well as for what purpose. Further, in which HIV/AIDS services are non-state actors' resources allocated and used. The study will also track the number of people that are benefiting from each of the NGO interventions and services, and estimation of the unit costs will also be conducted. Based on evidence generated from the survey, recommendation will be made to improve contribution of non-state actors in HIV/AIDS as well as to facilitate consultation and dialogue on improving policy and operational environment. A comprehensive report of the study will be produced and disseminated/presented for relevant stakeholders.
• Method/Strategies: Survey of a sample of FBOs and NGOs working in HIV/AIDS and their facilities
• Deliverables: Sample NGOs and FBOs Survey report; Presentation of survey findings and facilitation of discussion
Budget: $300,000

2. Assessing the role of non-health sector government ministries and agencies and mainstreaming of HIV/AIDS
HIV/AIDS is multisectoral by nature and in addition to the National AIDS Control Agency and the Federal

Ministry of Health,
other departments and government agencies are expected to mainstream and play their roles in HIV/AIDS prevention and control.
Assessment of key relevant Ministries (including Defense, Education, Transport, Mining, Energy, Police, Prison, etc.) will be conducted
and their roles in HIV/AIDS will be assessed. In this process, sectoral policies, strategic and annual work plans and budgets of selected
Ministries and agencies as well as their performance and financial report will be assessed to understand the level of mainstreaming of
HIV/AIDS.
• Method/Strategies: Survey of selected federal and state level non-health sector ministries;
Review of government expenditure and audit reports
• Deliverables: • Ministries and Agencies survey report; Presentation of survey reports and facilitation of discussion to strengthen
mainstreaming of HIV/AIDS
Budget: $60,000

3. Cost-effectiveness of ART Service Delivery in Nigeria
As the resource implications of expanding anti-retroviral therapy (ART) are likely to be large, there is a need to explore its
cost-effectiveness. Also, there is a need to tie the cost-effectiveness information on ART to different modes of delivery, i.e.,
through lower level health facilities vs. higher level facilities. This may inform the procedure or appropriateness of a plan to
decentralize ART or other HIV-related curative/care services in the future. So far, there is no such information available from
Nigeria, where such services remain highly centralized.
Objective
To assess the cost-effectiveness of ART service delivery across a sample of disparate delivery settings (secondary facility,
and an expanded primary care facility) in Nigeria.

Methods
Estimate the unit cost of HIV-related care from the 2009/10 fiscal year expenditure of three different health care facilities
in Nigeria, across tertiary, secondary, and primary levels. The study will include both direct and overhead costs. The study

will utilize service records for the cohorts of patients accessing ARV Treatment. Service costs will be included from the
point of identification of an HIV+ individual as 'eligible' to the continuing period of treatment up to a potential of seven years
on treatment (or other maximum number for the cohorts in the facilities). The health effect of incremental years of life
gained (YLG) will be estimated for patients receiving ART compared with those not receiving such treatment.
Cost-effectiveness for the average patient in each of facilities will be estimated as the dollars per incremental YLG,
and compared. For capturing the uncertainties inherent in the model, the study will apply appropriate techniques,
ranging from Markov Modeling to Monte Carlo methods, as appropriate.
Budget: $250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	900,000	

Narrative:

1. Public Expenditure Tracking Survey in Nigeria (3 states)
Description: This activity is continuing from Year 3 of the Health Systems 20/20 Project. The Health Systems Assessment
tool was successfully applied in Nigeria during FY 2008-9. Nigeria's assessment results indicated an acute weakness in
resource tracking for health across state and LGA levels, with a lot of missing information on resource pass-through and
utilization, as well as findings on inadequacy of resource availability at frontline service delivery points. Health Systems 20/20 proposes to conduct a Public Expenditure Tracking Survey (PETS) in three high-priority states, using the basic methodology developed by the World Bank over several years and since then used in various countries for health, education, and other social sectors. A prior PETS in Nigeria (World Bank, 2002) tracked extensive leakages in the allocation of health-related budgets, especially for salaries, in two states (Kogi and Lagos). The proposed HS 20/20 survey, aimed at a sample of health facilities in each of the three priority states, will track the link between health related resource flows and outcomes. The proposed activity will complement the activity to conduct a Public Expenditure Review in four PATHS-2 states in Nigeria (a DFID supported project). The states chosen by HS 20/20 for PETS will be separate and in addition to the
four PATHS-2 states. Joint development of tools will reduce costs to USAID, while the joint product

across seven states will
produce a richer source of public expenditure related information for policymakers. The PETS is intended to address issues
such as the following at the facility level:
• Spending inconsistent with allocation (leakage?)
• Inconsistency of records between different levels (leakage?)
• Patterns of actual allocation of resources across districts and facilities (equity and efficiency?)
• Delays in financial transfers or distribution of material
• Ghost workers and absenteeism based on salary payments
• Collection of user fees inconsistent with projected demand (leakage?)
Budget: $400,000

2. System Wide Effects of HIV/AIDS Programming - Opportunities for Vertical-Horizontal Integration/Improvement
Description: HS 20/20 was requested by NACA to assist in a review of Nigeria's experience with GFATM grants over the
past several years, focusing on the effects on the wider health system, and especially on the discovery of opportunities
for enhanced vertical-horizontal integration. This request was matched by interest in the USG mission in Nigeria towards
identifying similar opportunities for integration and improvement of PEPFAR-related activities with the wider health system
in Nigeria. The System Wide Effects methodology – developed under the PHRPlus project – is well-suited to answer these
questions. HS 20/20 proposes to apply the methodology, with a 'backward' looking focus to understand the experience
with the GFATM grants; and a 'forward' looking focus to identify opportunities for better integration of both GFATM and
PEPFAR programming with the wider health system. For both backward and forward-looking parts, HS 20/20 will focus on:
• Effects upon the policy environment and opportunities therein
• Effects upon the public-private mix and opportunities for greater PPM
• Effects upon human resources, and how to mitigate them or achieve better integration
• Effects upon pharmaceuticals and commodities, how to mitigate them or achieve better integration

HS 20/20 will implement SWEF in Nigeria with a quantitative facility survey (of health centers
and clinics managers and with health workers) and a qualitative survey consisting of in-depth

interviews with key informants who were policymakers, program heads and implementers from government offices (national and regional), health facilities, non-governmental organizations (NGO,) donors, the Nigeria Country Coordinating Mechanism (CCM), and key program experts.
Budget: $225,000

3. Priority Interventions from the Nigeria HSA: Developing Decision-Support Software to Enhance the Use of the DHIS in Nigeria
Description: This activity is continuing from Year 3 of the Project. The Health Systems Assessment tool was successfully applied
in Nigeria during FY 2008-9. A crucial piece of conducting a Health Systems Assessment is the ability to respond to urgent priorities
identified. Nigeria's assessment results indicated an acute weakness in the quality, availability and utilization of HMIS data for facility
management and performance. As part of a targeted intervention, HS 20/20 was requested to strengthen capacity of federal and state
institutions to use HMIS data in order to improve planning and management, services and programs in three states with highest needs,
and the federal level. Nigeria has begun implementing the open-source 'District Health Information System' (DHIS) in a phased manner,
with included HIV/AIDS modules. The proposed activity will focus on building a suite of "Data aggregating / Data Analysis" tools which
will take as inputs the HIV/AIDS data from the DHIS and produce decision-support evidence for higher level policymakers at the state
and federal level (NACA). The work will include the following steps:
1) identifying policymaking users for the DHIS data on HIV/AIDS in the three states and federal level (NACA),
2) developing decision support software to facilitate the aggregation, analysis and utilization of facility level HIV/AIDS DHIS data by
state & federal level managers
3) pilot testing and implementing the new software system in the three states and federal level (NACA),
4) conducting training and capacity building of state and federal level (NACA) users of the policymaking data based on DHIS,
5) preliminary impact analysis of the improved decision-support system for the DHIS.
Budget: $350,000

4. Developing & Implementing a State Level HRIS in Nigeria in Three Priority States
Description: Human resources for health are a critical component of any health system. Strengthening

management of HRH allows
countries to adequately deploy, manage and reward staff. Computerized human resource information systems are an essential tool for
capturing HR data on personnel profiles, access to training, and information on past and current positions/deployments etc. When used
properly, an HRIS is an excellent tool for HR planning and management. In Nigeria, HS 20/20 was requested to assist in HRIS development.
his activity will complement state-level HRIS investments in capacity-building that the PATHS-2 project (a DFID supported initiative) is
implementing in its four focal states. The states chosen by HS 20/20 will be in addition to the four PATHS-2 states. The joint development
of initial 'needs' assessment instruments and coordination of HRIS activities will reduce costs for USAID. In sum, HS 20/20 proposes to
implement the HRIS in 3 priority states. The activity will have the following phases:
• Phase 1. Assessment of existing HRIS and customization of HRIS solution to state needs (Month 1-Month 4). The HS 20/20 team will
work with national and state level stakeholders to build consensus on the scope, sequencing, and design and customization of the HRIS.
The team will analyze the current system, develop a preliminary sketch of the state level HRIS, map data flows, identify strengths and
weaknesses and liaise with key stakeholders involved in HRIS management (state civil service, LGA, SMOH etc). The results of these
state assessments will provide information to guide the customization of the HRIS. A requirements engineering process will be carried
out in conjunction with an infrastructure assessment to inform an investment plan. An M&E plan will also be developed during this phase.
• Phase 2. Pilot test, adapt and roll-out HRIS (Month 5 – Month 12). Phase 2 will involve piloting the system in selected states, addressing
software issues, developing training curricula and guides, developing standard operating procedures and beginning roll-out of the HRIS
• Phase 3. Provide ongoing support and extend roll-out to additional states (Month 12 -18) Phase 3 will involve establishing a support
infrastructure, extending the HRIS to additional states, training state level managers on data use and M&E of activity implementation.
• Phase 4. Document experience and lessons learned (Month 18-20) HS 20/20 Project will document the Nigeria state level experience with
HRIS development, identify key lessons learned and disseminate the information in national and

international forums.
Budget: $375,000

5. Training of Trainers and Mentored Roll-out of Training on Financial Management for Health System Managers (Pilot)
Description: For health managers at the state and LGA levels in Nigeria to have adequate training in stewarding the financial resources
available to them for programmatic spending is of the highest priority. Health system managers with task-oriented training in this
respect will be better able to ensure on-budget delivery of services, better tracking of resource spending, and generally provide for
more efficient and transparent public health systems. The HS 20/20 project was requested to assist in training 'trainers' (also mentors)
who will provide one-on-one coaching and mentoring to a certain number of key health managers in some pilot LGAs and states. The
trainers/mentor will be retired Nigerian civil servants or senior business managers who are respected as a manager and change agent.
He/she will be further trained by the project to be an effective mentor. Trainers/mentors will address the unique needs of each staff member,
empowering all staff to perform financial management optimally. The Mentors will be supported by project staff and other short term
technical assistance from HS 20/20. Training curricula/materials will be based on existing materials widely used in sub-Saharan Africa,
adapted to the Nigerian context.
• Phase 1. Adapt existing health-related financial management curricula for Train-the-trainers - to the Nigerian context.
• Phase 2. Training of a cohort of selected trainers/mentors in Abuja (one week training)
• Phase 3. Orientation of health managers who will receive training in pilot LGAs and state-level health offices.
• Phase 4. Roll-out of mentors/trainers to the pilot LGAs and state-level health offices; with monitoring from HS 20/20 for up to 8 months.
Review of the experience with the LGAs and state-level health managers, focusing on improvements in financial management.
Budget: $250,000

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7382	**Mechanism Name: DoD Track 2.0 DoD Agency**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,266,764	
Funding Source	**Funding Amount**
GHCS (State)	12,266,764

Sub Partner Name(s)

Health Initiatives for Safety and Stability in Africa	Nigerian Ministry of Defense	University of Maryland School of medicine

Overview Narrative

The Walter Reed Army Institute of Research US Military HIV Research Program (USMHRP) maintains a fully serviced agency in Abuja Nigeria. This office is known as the Department of Defense HIV Program in Nigeria (DODHPN). The office is dedicated to PEPFAR country-level management activities (partners with the CDC and the USAID). These include participation in USG technical working group activities; strategic vision development and Country Operational Plan development. In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the Emergency Plan Implementation Committee (EPIC) of the Nigerian Ministry of Defence (NMOD). The partnership is dedicated to the provision of comprehensive HIV Prevention, Care and Treatment services to the Nigerian Military personnel, their dependents and catchment populations.

The Military to Military health diplomacy & partnership that serves as the foundation of the program is providing a working model for the current efforts at development of a partnership framework for Nigeria. Key examples from this program will be factored into the design of the framework.
The DOD HIV program and services are offered through 20 military sites that are located across 15 States of the Federation (Edo, Benue, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, and Anambra) and the Federal Capital territory. Primary target population includes military personnel, their dependents and the catchment population around the facilities. An estimated 2,200,000 people fall within this catchment population.

Human capacity development through regular training both locally and international for Military health personnel is a key HSS activity of the program that speaks to Human resources for Health issues within the military. Also a cohort of temporary National Youth Service Corps (NYSC) Personnel who had been hired to bridge human resource gaps at sites have been facilitated to be absorbed by the Nigerian Military . Also a cadre of transition (contractor) staff (site administrators and data entry clerks) is currently in service at the sites and it is anticipated that these personnel will be absorbed also by the NMOD-EPIC program in the long term. The salaries of this cadre mirror the Government of Nigeria pay scale and can be sustained by the government in the future.
REDACTED.

Cost efficiencies have been progressively achieved through a pooled procurement mechanism currently in use in the Nigerian PEPFAR program. ARV drugs and test kits are centrally procured while the SCMS mechanism is used to do further procurements of other commodities in a pooled fashion.
Plans are in progress to commence the Government Owned-Contractor Operated (GOCO) warehousing mechanism that has cost saving attributes and sustainability potential for procurement, storage and delivery of HIV and other health related materials.

For monitoring and evaluation purposes, the program has a functional SI unit that provides technical support to the NMOD-EPIC team. Collectively they have developed harmonized tools for use in the program.
Routine Data quality audits (RDQA) and data dictionaries are built into the tools to allow for similar interpretation of both the National and PEPAR indicators.
Data quality assurance exercises are also conducted on a biannual basis at the sites during which the data collection sources, processes are reviewed and data integrity and reliability efforts are evaluated. Hands on training for data personnel are provided during such encounters.
Dedicated data entry specialists were recruited and deployed to the sites to further improve on the data gathering and use processes with training and re-training a major feature in the units' workplan.
An electronic medical records system (The Registry) is currently being developed and will soon be piloted in 10 selected sites. On complete deployment across the program, it will further simplify the data collation and use process. These activities are aimed at ensuring ownership and sustainability of the Nigerian Military response to the HIV epidemic and they are cross-cutting across several technical areas.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.

Human Resources for Health	970,500

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Military Population

TB

Budget Code Information

Mechanism ID:	**7382**
Mechanism Name:	**DoD Track 2.0 DoD Agency**
Prime Partner Name:	**US Department of Defense**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,226,411	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,250,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	245,583	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	135,000	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	250,200	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	205,786	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	2,992,485	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	30,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	20,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	125,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	503,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	274,521	

Narrative:

ACTIVITY ONGOING FROM FY2009
REDACTED.

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). The Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will provide free comprehensive PMTCT services, which will follow the revised national guidelines (2008), to 20 existing sites in COP10. 15,000 pregnant women will receive HIV counseling and testing for PMTCT and receive their test result. 600 women will receive a complete course of antiretroviral prophylaxis in a PMTCT setting. 120 individuals will be trained to provide these services.

A family-centered network approach will continue to be used 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. Partner testing will be promoted. DOD will 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 HCT (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 600 women. ARV prophylaxis will include ZDV at 28 weeks or 3TC/ZDV at 34/36 wks and single dose Nevirapine (sdNVP) and AZT/3TC in labor with a 7 day 3TC/ZDV tail. All HIV positive clients will be commenced on cotrimoxazole prophylaxis commencing after the first trimester and stopping at 36 weeks gestation. 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 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 the 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) as a component of its pediatric care and treatment program, 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 120 staff from the existing 20 sites, covering physicians, nurses, midwives and others involved in PMTCT services will be conducted. 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 via SCMS ($150,000). 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.

By the end of COP10, 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 the FCT (15 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA
The DOD PMTCT program will providing HIV counseling and, testing to 15000 pregnant women and provide ARV prophylaxis to 600 women. This contributes to the goal of preventing new HIV infections in Nigeria. The PMTCT services identify HIV+ women who may need HAART for their own health, thus contributing to PEPFAR Nigeria's care and treatment goals.

LINKS TO OTHER ACTIVITIES
This activity relates to activities in adult and pediatric care and treatment, laboratory infrastructure, safe blood, TB/HIV, FP, Malaria,

Cervical cancer screening and strategic information. 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 pediatric care and treatment activities. Linkages to OVC services will be made for orphans and vulnerable children.

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.

EMPHASIS AREAS
This activity will address gender equity in HIV/AIDS programs by specifically targeting pregnant women and girls for counseling, testing and treatment.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', DoD, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	3,397,200	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	511,578	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10004	**Mechanism Name: HHS/CDC Track 2.0 APHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 420,000	
Funding Source	**Funding Amount**
GHCS (State)	420,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

APHL Narrative from CDC-Nigeria

Association of Public Health Laboratories (APHL) over the past four years has provided technical assistance and technical support to the CDC, Global AIDS Program (GAP) in building laboratory infrastructure in Nigeria through the President's Emergency Plan for AIDS Relief (PEPFAR).
During the last four years, laboratory testing services have been scaled up in order to match the increasing need for HIV treatment services. In the course of scale up, the numbers of Implementing Partners (IPs) supporting laboratory services in Nigeria has more than doubled. IPs are responsible for providing technical assistance through training laboratory scientists, providing technical advice, supervision and mentoring and have also provided support in the past through supplying equipment,

reagents and general consumables.
In COP09, APHL has continued to provide technical assistance for evaluation of the recently adopted HIV diagnostic algorithm, quality assurance activities associated with sentinel surveillance activities and mentoring/training to the Government of Nigeria (GON) and Nigeria Central Public Health Lab (NCPHL).

Activities
In COP10 APHL will propose to use funds for technical assistance in three major areas;
1. Senior laboratory advisors to provide CDC/GAP with on-going technical assistance to improve quality and access to laboratory services in Nigeria. This activity will include supporting persons with the appropriate expertise and experience to provide CDC/GAP Nigeria with continuous technical assistance for laboratory operations and for coordination of laboratory programs.
2. Technical assistance support to the Government of Nigeria (GON) for surveillance and test evaluation activities.
3. Technical support to the Nigeria Central Public Health Laboratory, the provision of TA for the continued evaluation of the recently adopted HIV diagnostic algorithm, quality assurance activities and mentoring and training.
4. Technical assistance for the development and implementation of a National Laboratory Policy and a National Laboratory Strategic Plan and the implementation of Quality Management Systems.
APHL Co-operative Agreement Goals that Activities relate to:

Activity 1, activity 2 and activity 3 support the following APHL goals:
• Goal 5 (SOPs) which calls for 15 national public health laboratories and their 1st tier (provincial and regional hospital laboratories) using approved SOPs for all testing services.
• Goal 6 (Safety) which calls for 15 national public health laboratories and laboratories at all tiers in the health system have appropriate safety procedures incorporated in SOPs.
• Goal 11 (Technical Assistance) which calls for 100 supervisory supportive assistance visits to laboratories per year in each PEPFAR supported country.
• Goal 13 (Quality Systems) which calls for 15 countries having a trained National Quality Assurance Manager by 2012.
Activity 4 supports the following APHL goal:
• Goal 1 (Strategic Planning Implementation) which calls for all ministries of health in PEPFAR supported countries to have 5 year national laboratory strategic plans completed by end of 2010.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	273,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10004		
Mechanism Name:	HHS/CDC Track 2.0 APHL		
Prime Partner Name:	Association of Public Health Laboratories		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	420,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10015	**Mechanism Name: HHS/CDC Track 1.0 MoH NBTS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: NATIONAL BLOOD TRANSFUSION SERVICE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,111,320	
Funding Source	**Funding Amount**
GHCS (State)	5,111,320

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	97,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10015**		
Mechanism Name:	**HHS/CDC Track 1.0 MoH NBTS**		
Prime Partner Name:	**NATIONAL BLOOD TRANSFUSION SERVICE**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	5,111,320	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10019	**Mechanism Name: HHS/CDC Track 1.0 SBFAF**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Safe Blood for Africa Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CONTINUATION OF ACTIVITY FROM FY 2009

The Safe Blood for Africa Foundation (SBFAF) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFAF activities reinforce the National Blood Transfusion Service's (NBTS) long-term strategy. SBFAF 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. SBFAF will continue to provide technical support to NBTS in the VNRD system.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFAF has conducted a robust training program that has strengthened the NBTS. In FY09, SBFAF activities have been primarily focused on: capacity-building for blood safety activities at all NBTS centers and USG-supported hospitals in Nigeria; support of NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promotion of coordinated blood safety activities across all partners.

SBFAF has facilitated 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 put a system in place whereby NBTS centers develop and implement a delivery system with hospitals, including select USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS centers pick up unscreened blood units that the hospitals have appropriately collected and stored and transport these units back to NBTS centers where they are 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 deliver to the

hospitals their requested order of screened units for blood banking and use at the facilities. Furthermore, NBTS also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by the facility. This is intended to facilitate improvement of donor prescreening and deferment. This program has already commenced at select facilities with each USG treatment partner and will be expanded as NBTS absorptive capacity improves. The goal is 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 are capable of piloting such an exchange program with NBTS in the initial year, all other facilities were 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 for deferred blood donors. This support activity will continue in FY10.
Technical support will be given to NBTS to revise IEC materials to create awareness and promote blood safety and also advocacy packages for health professionals.

The Government of Nigeria has made efforts to increase accessibility to safe blood through establishment of more NBTS centers. There are presently 17 centers which will increase to 19 at the end of FY09. SBFAF will continue to provide TA in the infrastructural developments of the new centers to ensure uniform quality nationwide.

SBFAF will continue to assist the NBTS in its monitoring and evaluation program. Annual technical audits of the NBTS centers will be done to ensure quality of services and laboratory processes. SBFAF 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.

In the past has been worked through the National Technical Committee to develop a safe blood related policy. In FY10, entrenching the policy into law and advocacy to make the NBTS autonomous will be pursued. 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. SBFAF 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: SBFAF BS activities for COP10 will contribute to the overall Emergency Plan blood safety targets for Nigeria and will form a bridge to the sustainability plan for PEPFAR II . Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFAF 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. 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 centers.

LINKS TO OTHER ACTIVITIES: SBFAF VNRD activities have direct links to counseling and testing and abstinence/be faithful programmes. SBFAF 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. SBFAF will assist the NBTS to engage with organizations such as FBOs, business/private sector and community and religious leaders. SBFAF skills development programmes and capacity building activities will target host country government workers and other health care providers.

KEY LEGISLATIVE ISSUES ADDRESSED: Key issue addressed by SBFAF 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 focused on the recruitment of suitable low-risk voluntary donors to supply centralized blood collection facilities.

EMPHASIS AREAS: This program includes major emphasis on blood safety training in all areas of the program. Emphasis is also being expended in the area of blood policy and oversight. Community Mobilization/Participation and Supportive Supervision will be areas of minor emphasis.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• In COP10, SBFAF will continue to provide capacity building activities to the NBTS but rather provide classroom type trainings, the technical assistance will be provided through a skills development, hands-on "wet-type" training whereby, the SBFAF technical team and specialists will spend working weeks each and at each time impacting different areas of expertise at each NBTS center. SBFAF will consolidate on all the trainings and prior technical assistance provided to the NBTS and will provide on-site mentoring throughout the fiscal year. SBFAF will provide expertise in various fields that are appropriate to achieve the desired goals of the NBTS. SBFAF will provide extended technical assistance and mentoring in the areas of donor recruitment, blood collection and donor care, pre and post donation counseling, clinical aspects and appropriate blood use, components production, quality systems, laboratory operational systems and management operational systems.

• In COP10, SBFAF and NBTS will approach the hospital linkage programme (HLP) under a re-designed strategy developed by both parties. One pilot hospital will be selected in each of the six geo-political zones and Abuja and the progress of the HLP will be closely tracked by SBFAF.
• In COP10, advocacy to make the NBTS autonomous will be conducted. An independent agency/commission status will significantly improve NBTS regulatory capabilities. SBFAF will fund several technical committee meetings to develop a legislative bill to transform the NBTS into an agency or a commission. It is hoped that this document will be passed to the National Assembly for adoption into law.
• 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. SBFA will also fund a series of sub-committee meetings to engage all stakeholders involved and utilizing the same methodology as was used for the development of the 'Guidelines for Blood Transfusion Practices in Nigeria' developed in COP 07. The training manual will also be based on this same document.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	122,145

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10019**		
Mechanism Name:	**HHS/CDC Track 1.0 SBFAF**		
Prime Partner Name:	**Safe Blood for Africa Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	1,000,000	
Narrative:			
CONTINUATION OF ACTIVITY FROM FY 2009 The Safe Blood for Africa Foundation (SBFAF) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFAF activities reinforce the			

National Blood Transfusion Service's (NBTS) long-term strategy. SBFAF 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. SBFAF will continue to provide technical support to NBTS in the VNRD system.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFAF has conducted a robust training program that has strengthened the NBTS. In FY09, SBFAF activities have been primarily focused on: capacity-building for blood safety activities at all NBTS centers and USG-supported hospitals in Nigeria; support of NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promotion of coordinated blood safety activities across all partners.

SBFAF has facilitated 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 put a system in place whereby NBTS centers develop and implement a delivery system with hospitals, including select USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS centers pick up unscreened blood units that the hospitals have appropriately collected and stored and transport these units back to NBTS centers where they are 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 deliver to the hospitals their requested order of screened units for blood banking and use at the facilities. Furthermore, NBTS also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by the facility. This is intended to facilitate improvement of donor prescreening and deferment. This program has already commenced at select facilities with each USG treatment partner and will be expanded as NBTS absorptive capacity improves. The goal is 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 are capable of piloting such an exchange program with NBTS in the initial year, all other facilities were 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 for deferred blood donors. This support activity will continue in FY10.
Technical support will be given to NBTS to revise IEC materials to create awareness and promote blood safety and also advocacy packages for health professionals.

The Government of Nigeria has made efforts to increase accessibility to safe blood through

establishment of more NBTS centers. There are presently 17 centers which will increase to 19 at the end of FY09. SBFAF will continue to provide TA in the infrastructural developments of the new centers to ensure uniform quality nationwide.

SBFAF will continue to assist the NBTS in its monitoring and evaluation program. Annual technical audits of the NBTS centers will be done to ensure quality of services and laboratory processes. SBFAF 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.

In the past has been worked through the National Technical Committee to develop a safe blood related policy. In FY10, entrenching the policy into law and advocacy to make the NBTS autonomous will be pursued. 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. SBFAF 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: REDACTED. Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFAF 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. 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 centers.

LINKS TO OTHER ACTIVITIES: SBFAF VNRD activities have direct links to counseling and testing and abstinence/be faithful programmes. SBFAF 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. SBFAF will assist the NBTS to engage with organizations such as FBOs, business/private sector and community and religious leaders. SBFAF skills development programmes and capacity building activities will target host country government workers and other health care providers.

KEY LEGISLATIVE ISSUES ADDRESSED: Key issue addressed by SBFAF 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 focused on the recruitment of suitable low-risk voluntary donors to supply centralized blood collection facilities.

EMPHASIS AREAS: This program includes major emphasis on blood safety training in all areas of the program. Emphasis is also being expended in the area of blood policy and oversight. Community Mobilization/Participation and Supportive Supervision will be areas of minor emphasis.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• In COP10, SBFAF will continue to provide capacity building activities to the NBTS but rather provide classroom type trainings, the technical assistance will be provided through a skills development, hands-on "wet-type" training whereby, the SBFAF technical team and specialists will spend working weeks each and at each time impacting different areas of expertise at each NBTS center. SBFAF will consolidate on all the trainings and prior technical assistance provided to the NBTS and will provide on-site mentoring throughout the fiscal year. SBFAF will provide expertise in various fields that are appropriate to achieve the desired goals of the NBTS. SBFAF will provide extended technical assistance and mentoring in the areas of donor recruitment, blood collection and donor care, pre and post donation counseling, clinical aspects and appropriate blood use, components production, quality systems, laboratory operational systems and management operational systems.
• In COP10, SBFAF and NBTS will approach the hospital linkage programme (HLP) under a re-designed strategy developed by both parties. One pilot hospital will be selected in each of the six geo-political zones and Abuja and the progress of the HLP will be closely tracked by SBFAF.
• In COP10, advocacy to make the NBTS autonomous will be conducted. An independent agency/commission status will significantly improve NBTS regulatory capabilities. SBFAF will fund several technical committee meetings to develop a legislative bill to transform the NBTS into an agency or a commission. It is hoped that this document will be passed to the National Assembly for adoption into law.
• 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. SBFA will also fund a series of sub-committee meetings to engage all stakeholders involved and utilizing the same methodology as was used for the development of the 'Guidelines for Blood Transfusion Practices in Nigeria' developed in COP 07. The training manual will also be based on this same document.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10025	Mechanism Name: USAID Track 2.0 CHAN
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Christian Health Association of Nigeria	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,080,289	
Funding Source	**Funding Amount**
GHCS (State)	3,080,289

Sub Partner Name(s)

Centre for Health and Development Bali	Civil Society on HIV/AIDS in Nigeria (CiSHAN), Gombe	Community Life Advancement Project, Zing
Daughters of Mary Mother of Mercy,Umuahia	First Step Action for Children, Mbaakon	Haske Support Group, Jalingo
Holy Family Clinic, Sokoto	Living Hope Organization, Umuahia	Management Sciences for Health
Network of People Livng With HIV/AIDS in Nigeria (NEPWAN)	New Life Resource Centre, Zaki Biam	NKST Hospital, Anyiin
NKST Hospital, Mbaakon	NKST Hospital, Zaki- Biam	Ohonyeta Care Group, Otukpo
Otabo Care Givers and Support for Orphans, Mbaakon	Our Lady Catholic Hospital, Iseyin	Peace Health Care Initiativrd, Makurdi
Planned Parenthood Federation fo Nigeria, Umuahia	Sancta Maria Clinic, Bali, Taraba	SDA Hospital, Aba
Society for Future Health	St. Anne's Anglican Hospital, Ibadan	St. Francis, Okpala Inland, Delta State
St.Joseph Catholic Hospital, Asaba	UMCN RHP Hospital Zing	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	23,834
Food and Nutrition: Policy, Tools, and Service Delivery	23,834
Human Resources for Health	715,022

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

TB

Family Planning

Budget Code Information

Mechanism ID:	**10025**
Mechanism Name:	**USAID Track 2.0 CHAN**
Prime Partner Name:	**Christian Health Association of Nigeria**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	175,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	780,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	97,506	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	30,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	50,750	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	5,534	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	260,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	228,293	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COPs 08 and 09, the Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project used drugs donated by the Clinton Foundation and leveraged training resources from other USG-funded IPs to provide PMTCT services at 12 facilities in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. Services provided included HIV counseling and testing at the maternity, EID and infant feeding counseling. Prophylaxis was given to pregnant mothers, while those who needed HAART for their own health were referred to the ART clinic. Community health workers promoted

PMTCT, and followed up Mother/infant pairs within the community to provide support for infant feeding choices and provide referrals in case of complications. In COP 2010 this activity will continue as before, conducting EID and infant feeding counseling components under the pediatrics care and support program area. Additionally, NICaB will continue to facilitate the formation of PMTCT committees where this committee does not already exist and facilitate their monthly meetings with the aim of supporting the states to develop a scale up and implementation plan.

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project utilizes a network model with PMTCT care centers linked to secondary level CHAN member institution health facilities "hub sites" that provide more complex PMTCT care and lab testing, to reach HIV+ women with HIV related services. In COP2010, 6819 women will receive PMTCT counseling & testing and receive their results through networks that include 12 hub and 12 spoke sites, giving a total of 24 PMTCT sites supported in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. This activity will take advantage of all women being tested and counseled including negative women - so they stay negative and positive women to avoid cross infection due to increased vulnerability during pregnancy.

As part of the USG local government area (LGA) coverage strategy in PMTCT, CHAN NICaB will support PMTCT services at sentinel survey sites in Abia state slowly expanding to primary health center level as resources become available. PMTCT stand alone points of service in the network are linked to adult and pediatric ARV care through utilization of a PMTCT consultant coordinator and the health facility 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. Meetings with the State Action Committees will be facilitated that will lead to the formation of a state PMTCT committee in order to strengthen the scale up and implementation plans in 3 NICaB states of Abia, Sokoto, and Delta. In line with the National PMTCT guideline, HIV+ pregnant women with CD4 cell count of 350 or less require HAART for their own health and they will be linked to an ARV point of service at CHAN member institutions (MIs), and facilitate linkages between HIV exposure status on mother's and child's health card for mother/infant pairs. Particular emphasis will be 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.

Provider initiated testing and counseling with opt-out option and with same day test results will be provided to all women presenting for ANC and untested women presenting for labor and delivery. All women would be provided pre-test group health information services on prevention of HIV infection

including the risks of MTCT using members of mother to mother support as lay counselors. Male involvement in PMTCT will be strengthened by promoting couple counseling and partner testing will be offered as part of counseling through referral to on-site HCT centers. A step down training of couple counseling and prevention for positives package will be utilized in all sites. This will provide an opportunity to prevent heterosexual transmission, and reduce incidence of violence against positive partners, especially in discordant couples. Master trainers for HCT already trained in COPs 08 and 09 at CHAN comprehensive sites will in turn train labor and delivery staff in the use of HIV rapid tests for women who present at delivery without antenatal care.
An anticipated 259 HIV+ pregnant women will be identified and provided with a complete course of ARV prophylaxis (based on CHAN NICaB's current program 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 will be linked to a network ARV center. For the anticipated 2/3 of women not requiring HAART, the current WHO recommended short course ARV option will be provided which includes ZDV from 28 weeks or ZDV/3TC from 34/36 weeks, intra-partum NVP, and a 7 day ZDV/3TC post-partum tail. Women presenting in labor will receive single dose Nevirapine (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 linkage to family planning services. Positive pregnant women with CD4 <350 will be placed on co-trimoxazole preventive therapy in the 2nd and 3rd trimesters.
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.

Health workers at facilities and community levels will be trained to counsel HIV+ women pre- and post-natally regarding exclusive breast feeding during the first six months of life or exclusive breast milk supplements (BMS) if Acceptable, Feasible, Affordable Sustainable and Safe (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, CHAN NICaB will not utilize emergency program funds to purchase BMS. As part of OVC programming CHAN NICaB 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. PLHA are currently engaged at CHAN NICaB 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 during follow up.

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. CHAN NICaB will collaborate with USG supported laboratories for DNA PCR. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. DBS specimens from PMTCT sites in the network will be pooled at the hub sites from where they will be taken to nearby USG supported labs by trained lab personnel for DNA PCR. 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. Hospital coordinators will supervise activities on a daily basis while the NICaB clinical coordinator will collaborate with the USG TWG and GON to conduct quarterly site visits. Reports of activities will be sent to the USG and copies to NACA. The NICaB project will work with community based workers including traditional birth attendants to support the already wide spread practice of male child circumcision

The CHAN NICaB project will train and provide refresher training to an average of 4 health care workers (HCWs) from each of the 24 sites including 48 nurse/midwife, 12 community-based health workers and 12 trained traditional birth attendants (TBAs) 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. TBAs will be trained using a version of the PMTCT National Curriculum that has been adapted and modified for TBAs which focuses on HCT and referral of HIV+ women. Thus the total direct training target is 72.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
This activity will provide counseling & testing services to 6819 pregnant women, and provide ARV prophylaxis to 259 mother and infants pairs. With 72 operational sites, the PMTCT activity is in line with the desire of the GON to have 1,200 PMTCT sites operational by 2009 and the USG's target of having 80% PMTCT coverage.

LINKS TO OTHER ACTIVITIES:
This activity is linked to care and support BC&S, OVC , ARV services, laboratory infrastructure, condoms & other prevention, AB , and SI. 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. Positive pregnant women will be linked with nutritional support for women where they

exist. CHAN NICaB 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. CHAN NICaB will collaborate with UNICEF in the support of PMTCT services at some sites, leveraging their training expertise and other 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. Couple counseling will be used to reach partners of pregnant women so as to reduce instances of violence following disclosure and family members will be counseled to provide support of pregnant and breast feeding mother.

EMPHASIS AREAS
The key emphasis area is training as most supported personnel are technical experts. A 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.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', CHAN, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,128,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXD	205,206	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	120,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10026	**Mechanism Name: USAID Community Reach**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact Nigeria	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,414,858	
Funding Source	**Funding Amount**
GHCS (State)	2,414,858

Sub Partner Name(s)

Catholic Diocese of Abakaliki AIDS	Centre for Better Health & Community	Centre for Health Education
Centre for Women and Children	Community Health Action Initiatives	Community Health Initiatives ORE
Destiny Daughters of Nigeria (DEDAN)	Emmanuel World Children Foundation	Environmental Development & Family Health
Family Heritage International (FAHI)	Family Reformation & Community	Human Empowerment and Development

Kids & Teens Resource Centre	Knowledge and Care Providers	League of Imams and Alfas (NASFAT)
Methodist Care Ministry	Safe Motherhood Ladies Association	The Good Samaritans International
Volunteers for Social Change in Africa	Women Children's Health and Community	Youth & Child Support Initiative
Youth for Christ Development Ministry (YFC)		

Overview Narrative

Pact REACH-(Rapid and Effective Action Combating HIV/AIDS) Nigeria Program is a five year program focusing on enhancing the scale and quality of a comprehensive civil society response to HIV/AIDS in Nigeria. The REACH Nigeria program will draw on one of Pact's core competencies of grants management, providing sound stewardship of donor resources; and building organizational and technical capacities of civil society organizations. Pact REACH Nigeria program has the capacity to engage local partners through grants, and this will ensure quality and comprehensive OVC and AB prevention services at the grassroots level. It will also build project management capacity to facilitate the graduation of indigenous sub partners to prime partners.

The goal of this five-year REACH Nigeria Program is to contribute to enhancing the scale and quality of a comprehensive civil society response to HIV/AIDS in Nigeria, with a focus on addressing gaps in HIV prevention and OVC programming. It will mobilize and support community-based responses to AB and OVC programming through an effective and transparent grant award and administration system for the provision of responsive, fast-track grant-making assistance to organizations responding to the Emergency Plan and will provide HIV/AIDS implementers with access to financial resources and high quality technical expertise to assist in achieving and effectively reporting results.
Pact will build sustainability through provision of technical assistance to local sub-grantees in their capacity to deliver quality OVC and AB services at the grassroots level and will strengthen referrals and linkages for increased access to AB and OVC programming through capacity-building of sub-grantees; document evidence-based best practices, lessons learned and new approaches, tools and methodologies by engaging with local sub-grantees; create economic advancement opportunities through the active engagement of private or business sectors in work force development for persons affected by HIV/AIDS and other Caregivers.

Pact's OVC programming will affirm the agenda for responding to the OVC challenge using National guidelines and SOP. The approach will be child centered and family and community focused, thereby strengthening the capacity of families to cope with their problems, mobilizing and strengthening

community-based responses, increasing the capacity of children to become proactive in meeting their own needs, and integrating care services for children within existing prevention and care programs. The principles adopted for program design and implementation will be based on comprehensive multi-sectoral and sustainable approaches that seek to meet immediate and long-term support that will promote the safety, survival, well-being and development of OVC, families and communities. In view of the complexities of the needs of the children, collaborative approaches that demand partnerships and community involvement will be utilized. Linkages will be facilitated with relevant government departments and implementing agencies for micro-economic strengthening of families and communities, sustainable livelihood development for youth (vocational training) and legal support for the protection of the rights of OVC (through FIDA- International Federation of Female Lawyers, local legal aid services will be engaged to train child forums and volunteers in basic legal aid support for OVC and families, such as wills, succession planning, identity documents including birth certificates).

Pact REACH Nigeria program will utilize a variety of assessment tools to act as a start point to improving the capacity of partners utilizing a participatory process that leads to institutional strengthening plans. It will contribute to health system strengthening by training a core of community care volunteers and peer educators to provide continuum of care within the community.

Pact REACH Nigeria program will build the skills of parents/caregivers, community volunteers and other selected community focal persons to facilitate access to a range of essential services pertaining to their general welfare, care providers will be trained, including direct providers and supervisors at local and state government levels to provide the various aspects of OVC care services (psychosocial support, basic care and support Community integrated management of childhood illnesses (C-IMCI), on stigma and discrimination reduction and gender issues etc);

AB HIV Prevention programming will utilize the Nigeria's HIV Prevention Plan for its implementation. There will be a particular focus on reaching rural populations with key AB messages. The goal of the AB program is to contribute to reduction in HIV prevalence amongst young people and also promote mutual fidelity amongst married adults. The proposed AB strategies includes: PEP plus model for the school based curricular and non-curricular based approach, Life skills, interventions that address age-appropriate income generation activities and community awareness campaigns. Each individual will be reached with a minimum of three interventions from the five models indicated. The target group and nature of the community will determine the intervention mix. However the core strategy will be Peer Education.

Pact will be programming in the following geo-political zones: North Central-Nasarawa, Niger and Kwara States; South-West-Ekiti and Ondo States; South East-Ebonyi and Enugu States; South South-Bayelsa and Rivers States. The states focusing on OVC are Nasarawa, Niger, Kwara, Ebonyi, Enugu, Ekiti and River States and states focusing on Prevention are Ekiti , Ondo and Bayelsa States

For the 5 years the REACH Nigeria program will: reach 50, 000 OVC, train 21, 026 Care Givers reach 79, 000 persons with AB Prevention messages, train 1, 500 persons to provide AB prevention messages

and sub grant to and build capacities of 200 CBOs/ FBOs. REACH Nigeria will implement SI activities by supporting local organization at the national level and in focus states; through the institution/establishment of a Monitoring and Evaluation system that is aligned with the National frameworks. The M&E system will enhance monitoring and management of the program thereby making quality data available at all levels for monitoring, evaluation, guiding program management and communicating program achievements.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	54,930
Education	109,860
Food and Nutrition: Commodities	13,732
Food and Nutrition: Policy, Tools, and Service Delivery	27,465
Gender: Reducing Violence and Coercion	2,746
Human Resources for Health	439,438
Water	2,746

Key Issues

Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities

Budget Code Information

Mechanism ID:	**10026**
Mechanism Name:	**USAID Community Reach**
Prime Partner Name:	**Pact Nigeria**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,000,000	

Narrative:

Pact REACH Nigeria program will work in collaboration with national, state, LGA and community partners including faith based organizations and support groups of persons living with HIV/AIDS, to strengthen and support the capacity of communities and families to respond to the individual needs of OVC (0 - 17 years) by assessing children's current needs, monitor improvement in specific dimensions of child well being and identify areas of concern that can be served by the Pact program intervention, in order to make an actual difference in the child's well being and in the process build communities committed to quality improvement for OVC.

In country operational plan 2010 (COP 2010) REACH Nigeria will provide services to 1,725 OVC (HIV+ children, children orphaned by HIV/AIDS, street children, children with disabilities, caregivers of OVC and PLWAs and HIV/AIDS affected families) by supporting twenty (20) CBOs/NGOs/ FBOs in Ekiti, and Ebonyi states of Nigeria to ensure access for OVC to essential quality services, including education, health care, nutrition, psychosocial support, protection, shelter and care and household economic activities. Each child will receive at least a minimum of three services, based on individual needs.

The principles adopted for program design and implementation will be based on comprehensive multi-sectoral and sustainable approaches that seek to meet immediate and long-term support that will promote the safety, survival, well-being and development of OVC, families and communities. In view of the complexities of the needs of the children, collaborative approaches that demand partnerships and community involvement will be utilized. Linkages will be facilitated with relevant government departments and implementing agencies for micro-economic strengthening of families and communities, sustainable livelihood development for youth (vocational training) and legal support for the protection of the rights of OVC (through FIDA- International Federation of Female Lawyers, local legal aid services will be engaged to train child forums and volunteers in basic legal aid support for OVC and families, such as wills, succession planning, identity documents including birth certificates).

Pact Nigeria will build the skills and outreach of parents/caregivers, community volunteers and other selected community focal persons to facilitate OVC access to a range of essential services pertaining to their general welfare, altogether 863 care providers will be trained, including direct providers and supervisors at local and state government levels to provide the various aspects of OVC care services (psychosocial support, basic care and support Community integrated management of childhood illnesses (C-IMCI), conduct an orientation of program managers of CBOs, FBOs and service providers to enable them understand OVC issues and project management guidelines, National guidelines and SOP will be distributed, build the capacity of caregivers, teachers, health workers, CBOs, FBOs and community volunteers on stigma and discrimination reduction and gender issues etc); the project will aim to create or improve referral systems to and from health facilities (PMTCT,HCT,TB/HIV) as well as adult and pediatric

treatment services), government services, and other community child services.Pact recognizes that all services must be age appropriate and that OVC services and needs will change as a child grows. All referrals will be recorded, actively followed up and reported to ensure accurate data compilation.

Strategic Behavioral Change strategies will be used by Pact and will include a combination of SBC, advocacy, community mobilization, social marketing (through other partners) and social mobilization. This will support the maintenance of positive behaviors and promote behavior change within the extensive range of strategies that fall under the identified programs for orphans and vulnerable children. Appropriate media within the environs will be used to address the local factors that fuel stigma, discrimination and inhibit disclosure. Most of the messages will be integrated into broader prevention and care, support campaigns at all levels but some will be specifically targeted at the community level based on formative research.

Pact will in addition carry out organizational capacity assessments (OCAT) for the 20 CBOs/NGOs/FBOs identified for the project. This will enable them recognize their own potential and address long term organizational sustainability needs as well as to address the immediate technical needs of the care providers using the MCAT.

Kids clubs will be established which will incorporate specific age appropriate life building skills such as life goal planning, personal empowerment, caring for others, public speaking, writing skills and homework support. Under guidance from the state ministry of women affairs, support will first focus on the communities through a phased-in mechanism. In addition, resources will be leveraged from corporate organizations for the provision of nutritional supplements and school supplies. Pact Nigeria 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. Pact will collaborate 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.

This project will contribute towards reaching 50,000 OVC out of the USG overall strategic plan for Nigeria. It will also contribute to strengthening the national, state and local level systems for implementing quality OVC programs. The Child Status Index (CSI) will be used for monitoring the OVC in order to assess the impact of the program and improve OVC programming using the National guidelines.
The household approach where orphans and vulnerable children along with their caregivers will be registered to benefit from appropriate services will be used. OVC and their caregivers will be recruited into the program by CBOs and FBOs. The community volunteers working for these organisations will

identify children and households that fit the criteria of those in need. Children will be identified during day to day interactions at health facilities, churches, mosques and other public places. All sectors of the community including community leaders, women groups, youth leaders, religious/traditional leaders and other key persons will be sensitised to give them an understanding of the project and gain their commitment. The criteria for orphans and vulnerable children who are eligible will be shared with them. REACH Nigeria will implement OVC Monitoring and Evaluation activities by supporting local organizations in the focus states; through the institution/establishment of a Monitoring and Evaluation system that is aligned with the National OVC Monitoring and Evaluation framework. The M&E system will enhance monitoring and management of OVC making quality data available at all levels for monitoring, evaluation, guiding program management and communicating program achievements. Effective data collection, collation, analysis and reporting services will be carried out by Pact to continually assess the programs overall progress towards measurable outcomes. Regular M&E training and mentoring of service providers will also be carried out.

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	202,732	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	212,126	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10028	Mechanism Name: USAID Track 2.0 AED

	Workplace
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,310,206	
Funding Source	**Funding Amount**
GHCS (State)	1,310,206

Sub Partner Name(s)

National Union of Air Transport Employees	National Union of Chemical Footwear Rubber Leather and Non Metallic Products Employees	National Union of Civil Engineering Construction, Furniture and Wood Workers
National Union of Petroleum and Natural Gas Workers	National Union of Road Transport Workers (NURTW)	National Union of Textile Garment and Tailoring Workers of Nigeria
Nigerian Automobile Technician Association	Nigerian Business Coalition Against AIDS	Nigerian Teachers Union
Senior Staff Association of Nigerian Universities		

Overview Narrative

ACTIVITY UNCHANGED FROM FY 2009

ACTIVITY DESCRIPTION

The rate of economic growth in Sub-Saharan Africa has fallen by as much as four percent because of AIDS, and labor productivity has dropped 50% in the hardest hit countries. Some Sub-Saharan African countries will see a drop of 25% in their workforce by 2020 due to AIDS, and in some countries AIDS is already costing employers over 20% of their total earnings. HIV/AIDS is heavily impacting upon the workforce and the national and state economies of Nigeria. Nigeria's burden of care related to HIV and AIDS now ranks third in the world.

Nigeria, with a national HIV prevalence of 4.6% (HSS 2008) and HIV prevalence exceeding 5% in some states, would be characterized as having a concentrated epidemic. While Nigeria's prevalence is lower than its neighbouring countries, it nonetheless represents a higher number of infections, given the large population, Nigeria now has the highest number of HIV/AIDS –infected adults in West Africa and faces many challenges in tackling the epidemic, including poverty, lack of prevention, knowledge, lack of female empowerment, the vulnerability of youth with 60% of the population under 24, and strong stigma and discrimination against people living with and affected by HIV and AIDS.

HIV/AIDS is heavily impacting upon the workforce and the national and state economies of Nigeria. Nigeria's burden of care related to HIV and AIDS now ranks third in the world. With 66 million individuals participating in Nigeria's public and private sector labor force, the workplace is an ideal setting for effectively addressing HIV/AIDS through sensitization programs, prevention messages, and linkages to care and treatment for a large percentage of Nigerians infected and affected by HIV.

Since 2001, with initial funding from the US Department of Labor, AED implemented the SMARTWork Program in Nigeria to support workplace HIV/AIDS prevention education programs at the enterprise and national levels. Under the current USAID's PEPFAR project, AED is working in partnership with Nigerian Business Coalition Against AIDS (NIBUCAA) and five labor unions - the National Union of Chemical Footwear, Rubber, Leather and Non-Metallic Products Employees (NUCFRLANMPE), the National Union of Textile Garment & Tailoring Workers of Nigeria (NUTGTWN), the National Union of Road Transport Workers (NURTW), the National Union of Petroleum and the Natural Gas Workers (NUPENG), and the Senior Staff Association of Nigerian Universities (SSANU) to expand HIV/AIDS workplace anti-stigma and discrimination training, Abstinence, Be Faithful, and Condom (ABC) sensitization programs and HCT service delivery across sixteen states..

The overall goal of USAID/Nigeria - SMARTWork Program is to expand access to comprehensive high-quality prevention, care and support services to the working population by increasing local indigenous groups' capacity to implement these services in Nigeria while its objectives are:

1. To increase the technical, organizational and managerial capacity of local partners to deliver high quality HIV prevention, care and support services
2. To engage multiple public and private sector employers, including small and medium enterprises (SMEs) to develop and implement workplace HIV prevention programs
3. To promote healthy behavior change using workplace interventions to reduce the transmission of HIV/AIDS
4. To increase the uptake and accessibility of high-quality HIV counseling and testing (HCT) services through workplace (mobile and fixed) and government facilities.

5. To ensure greater uptake of care and treatment services through effective referral networks.

With the ultimate goal of sustainability and building partners' systems, a management and infrastructural audit of partners was conducted through the administration of a management questionnaire. Findings indicated that a lot of challenges bewildering the partners include lack of technical skill and competency, weak infrastructure, poor management information systems, absence of audit report and weak financial base to adequately support workplace HIV/AIDS programs. AED will continue to provide technical and organizational capacity building support in COP2010 to ensure that project partners have the systems and technical expertise that clearly meets US government regulations, that each partner passes external audits and will have the ability to effectively compete for, and access, a US government funded agreement.

AED will continue to work with NIBUCAA and the unions to identify and prioritize critical capacity gaps and needs, as well as strengths and develop organizations specific capacity building targets and objectives in the action plans and periodically evaluate progress towards meeting objectives. Further efforts will also be made to strengthen the ability of the partners to conduct prevention and HCT scale up activities through direct technical assistance, mentoring during regularly conducted site visits; ongoing supervision; meetings to share lesson learned, problem solve and plan future activities.

In COP 2010, HTC strategies will continue to focus on providing HTC services for workers and their families and linking those who test positive to care, treatment and other appropriate HIV/AIDS services. AED will provide HTC services through two mobile HTC units, seven enterprises' clinics and six regional public hospitals. AED/SMARTWork will coordinate capacity building, infrastructure improvements and logistics management information systems (LMIS) in HTC sites to ensure quality service provision. Linkages will also be established and strengthened with other service providers in the referral network to ensure a continuum of care for HIV positive clients and families.

In partnership with NIBUCAA and five labor unions, the project will provide two models of HTC (client and provider-initiated HIV testing and counseling) implemented according to national testing protocols. AED and NIBUCAA will jointly manage and directly implement the HTC component of the project while the unions will mobilize workers and their families to access services. Additionally, AED will assist in tracking referrals of positive workers and family members into care and support.

In COP 2010, AED/SMARTWork will focus more on reaching the target populations with a minimum of three interventions in the workplace. Intervention strategies will promote sexual prevention through abstinence for unmarried individuals and fidelity for married individuals and those in long-term sexual partnerships. The risk and vulnerability of the target groups to HIV are propelled by behaviors like multiple

sexual partnerships, drug/alcohol use and demographics associated with high mobility and long periods away from their families, limited access to health care services and condom availability. In addition, lack of information about risky behavior, risk perception and risk personalization may inadvertently put them at risk of STIs including HIV.

In COP 2010, SMARTWork partners (NIBUCAA, NUPENG, NURTW, NUTGTWN, SSANU and NUCFRLANMPE) will target employees and their family members with HIV prevention interventions on abstinence and/or being faithful and condoms; 75,000 individuals will be reached with HIV prevention interventions that are primarily focused on abstinence and/or being faithful and 10,000 individuals with other HIV prevention interventions. AED will strengthen interactions and key referrals between health care facilities and the community as part of sexual prevention activities in the workplace programs. AED will work with the unions, the SMEs and enterprises to identify the right strategy and mix of interventions pooling from a broad range of identified best practices.

NIBUCAA conducted participatory needs assessment with each of the participating SMEs in COP 2009 prior to the launch of programmatic activities. AED and NIBUCAA will continue to provide technical support to all 85 enterprises (35 large enterprises and 50 SMEs) and financial support to the SMEs for workplace HIV prevention program implementation in COP 2010. AED and NIBUCAA will initiate and sustain regular meetings, promote resource and tool sharing and discuss barriers faced in program implementation with networks of individuals across SMEs. Each enterprise will conduct at least 1 community outreach during the period.

AED will continue to support partners through the process of condom procurement and storage, along with establishing stronger collaboration with Society for Family Health to ensure a consistent condom supply for 50 condom outlets established in COP 2009. AED will also provide necessary guidance to NIBUCAA and the five unions on distribution of relevant IEC/BCC materials to reinforce messages on abstinence, faithfulness and /or consistent and correct condom use. Dissemination strategies include distribution of materials at workshops, seminar, company-level presentations, special events like World AIDS Campaign, Workers Day, and integration of HIV/AIDS preventive messages into workplace newsletters, journals and other periodicals.

AED's workplace project is well positioned to address the unique needs of men and women in preventing and dealing with HIV. Gender plays an integral role in determining an individual's vulnerability to HIV infection, his or her ability to access care, support or treatment and the ability to cope with HIV when infected or affected. In Nigeria, HIV transmission and negative impacts of HIV in the country are fuelled by various factors that include gender inequities. The inequities are often not acknowledged or recognized, and, combined with other factors, poses a significant challenge in HIV programming in the workplace.

Given the critical relationship between gender and effective HIV prevention, it has become imperative to incorporate gender considerations into workplace HIV programming.

Women are an increasing part of the formal workforce in developing countries and account for 61.5% of the adults living with HIV in Nigeria. Women and young girls are subject to all forms of sexual abuse, rape, forced sex and intimidations. They are sometimes infected as a result of gender-based violence in the workplace and elsewhere. Workplace education programs need to include gender-balance and gender-sensitive information both male and female workers, sometimes provided in separate sessions. Female workers should have equal access to prevention education, care and support services. Efforts to attain gender equity in all aspects of the workplace include:

• Advocacy / lobbying initiative to spark policy changes to women empowerment via greater involvement in decision making concerning gender issues in workplaces.
• Advocate for active participation of female representatives in HIV/AIDS committees, policy development, implementation and monitoring of individual enterprise HIV/AIDS programs.
• Integrate gender sensitive HIV/AIDS prevention programs into every enterprise's HIV/AIDS activities.
• Enhance the educational campaign targeted to labor unions, employers and government agencies to mainstream relevant gender issues in their workplace HIV/AIDS activitie
• Promote female controlled methods such as female condoms that offer women more control in negotiating safe sex as well as prevention of STI including HIV and unplanned pregnancy.

AED will continue to work with the Federal Ministry of Labor, National Agency for the Control of AIDS, Nigeria Labor Congress and the Nigeria Employers' Consultative Association on advocacy and capacity building initiative to ensure that workplace effectively address the concerns of different at risk and vulnerable groups, sensitively address issue of stigma and discrimination and effectively monitor and evaluate their programs.

LINKAGES WITH OTHER PEPFAR ACTIVITY
SMARTWork will continue to collaborate with other organizations including Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), GHAIN for care and treatment especially ART and PMTCT; Society for Family Health on condom logistics, the Supply Chain Management System project on HIV test kit logistics, JSI/MMIS on safe injection techniques for health workers in workplace clinics and regional hospitals.

POPULATION TARGETED
The populations targeted are the Nigerian working population and union members.

KEY LEGISLATIVE ISSUES ADDRESSED
Working with enterprises to develop effective policies will lead to an increased understanding of workplace HIV/AIDS prevention efforts and will assist in removing barriers toward HIV/AIDS prevention through ensuring workplace protection and guaranteed human rights of workers infected and /or affected by HIV/AIDS. AED hopes to work with other organizations to work on the National Assembly to pass the anti-stigma law.

COP 2010 PEPFAR ACTIVITY TARGETS:
REDACTED.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	20,963
Human Resources for Health	26,204

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**10028**
Mechanism Name:	**USAID Track 2.0 AED Workplace**
Prime Partner Name:	**Academy for Educational Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	91,872	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	956,858	

Narrative:

ACTIVITY UNCHANGED FROM FY 2009

ACTIVITY DESCRIPTION:

In COP 2010, AED will continue to focus on strategic HIV prevention interventions targeted at reaching specific workplace populations. AED's activities (abstinence and/or being faithful) under sexual prevention are designed to support prevention among working adults and equip them with the skills and information to promote prevention with their children and partners. AED/SMARTWork will focus more on reaching the target populations with a minimum of three interventions in the workplace as outlined in Nigeria's National Prevention Plan. Intervention strategies will promote sexual prevention through abstinence for unmarried individuals and fidelity for married individuals and those in long-term sexual partnerships.

Nigeria, with a national HIV prevalence of 4.6% (HSS 2008) and HIV prevalence exceeding 5% in some states, would be characterized as having a concentrated epidemic. With 66 million individuals participating in Nigeria's public and private sector labor force, the workplace is an ideal setting for effectively addressing HIV/AIDS through sensitization programs, prevention messages, and linkages to care and treatment for a large percentage of Nigerians infected and affected by HIV/AIDS.

IBBSS 2007 revealed that among predominantly male occupational groups (transport workers, armed forces and police), multiple partnerships are quite common while condom use with girlfriends was lowest with police (45%) and transport workers (45.4%). Although syphilis levels were low across the board (0.8%), the prevalence was highest among transport workers (1.7% according to the 2007 IBBSS). To reduce risky behavior, SMARTWork will continue to work with the National Union of Road Transport Workers (NURTW) including their motorcycle riders' unit who are predominantly youths to provide their members with HIV prevention interventions. Stereotypical characteristics of the workplace target audience include male dominance, physical strength, virility, and risk taking. Other associated risk factors, such as drug and alcohol use, play a role in diminishing inhibitions, and contribute to unsafe sexual behavior and sexual violence. The risk and vulnerability of the target groups to HIV are propelled by behaviors like multiple sexual partnerships, drug/alcohol use and demographics associated with high mobility and long periods away from their families, limited access to health care services and condom availability. In addition, lack of information about risky behavior, risk perception and risk personalization may inadvertently put them at risk of STIs including HIV.

AED will continue to pursue interventions that encourage youth to delay sexual debut till marriage, engage in secondary abstinence and reduce sexual risk taking while recognizing that abstinence is the only certain way to avoid sexually transmitted HIV infection. Interventions targeting sexually active adults at higher risk of HIV-infection will encourage behavior change to reduce the number of sexual partners (especially casual sexual partnerships) and promote marital fidelity. AED will reach out to PLHAs through promotion of their enrollment in and adherence to ART programs and/or promoting abstinence and consistent condom use with sexual partners to prevent re-infection.

In COP 2010, SMARTWork partners (NIBUCAA, NUPENG, NURTW, NUTGTWN, SSANU and NUCFRLANMPE) will target employees and their family members with HIV prevention interventions on abstinence and/or being faithful; 75,000 individuals will be reached with HIV prevention interventions that are primarily focused on abstinence and/or being faithful. AED will strengthen interactions and key referrals between health care facilities and the community as part of sexual prevention activities in the workplace programs. AED will work with the unions, the SMEs and enterprises to identify the right strategy and mix of interventions pooling from a broad range of identified best practices.

AED will conduct community/enterprise awareness campaigns to clarify strategies and activities of the SMARTWork approach and educate the management of each enterprise. These meetings will take place prior to launching program activities in each establishment, in order to build awareness of HIV/AIDS issues and to answer any concerns participants may have. Enterprises and unions will be encouraged to undertake HIV/AIDS program outreach activities for their individual host communities where the enterprise is domiciled and reach out to the workers' family members with necessary information and education on HIV/AIDS. Capacity building activities may vary based on individual partner/enterprise needs but AED will support each enterprise and partner to conduct a series of two-day seminars for the community on abstinence and being faithful, interpersonal communications, community mobilization methods, peer education strategies and linking programs with counseling, testing and care and treatment centers as well as efforts at partner reduction and mutual fidelity Each enterprise will conduct at least 1 community outreach during the period.

AED/SMARTWork will continue to support each partner enterprise to establish a team whose members represent various aspects of the workplace and who share a commitment to addressing HIV/AIDS, with skills to "sell" the program to others in the workplace. The planning committee will include men and women from different departments and levels, as well as workers living with HIV/AIDS. The joint management-labor committee ensures that differences are taken into account and policies and programs can be developed that work for all areas of the workplace. AED will provide assistance in identifying the appropriate persons to represent the diverse interests and needs of workforce. In addition, AED will conduct a three-day capacity building training for members of the HIV/AIDS Planning Committee. The

training will include all aspects of HIV/AIDS policy and program development and equip committee members with ability to play leading role in the management of the enterprise's HIV/AIDS workplace program.

AED will continue to provide technical support to the HIV/AIDS Planning Committee members of the enterprises to sensitize all the employees in the company's key locations about basic HIV/AIDS prevention and transmission information, voluntary counseling and testing, workplace issues related to stigma and discrimination, and mainstreaming HIV programs into workplace.

Peer educators will continue to conduct informal education and training activities for their co-workers. AED will provide technical assistance to enterprises and unions in selecting appropriate staff to participate in a three-day peer educators training promoting HIV prevention through abstinence and/or being faithful. A proportion of staff in ratio of 10:1 peer educators will be reached through informal small groups and one-on-one interactions to discuss HIV/AIDS, teach safer sex practices, answer questions, distribute materials, and generally foster an environment of greater awareness and understanding about HIV/AIDS.

AED will continue to provide necessary guidance to NIBUCAA and the five unions on distribution of relevant IEC/BCC materials to reinforce messages on abstinence, faithfulness and /or consistent and correct condom use. AED will continue the distribution of extensive catalogue of behavior change tools and materials for the workplace that enables immediate implementation of activities and important leveraging of existing resources for use by the workers. Dissemination strategies include distribution of materials at workshops, seminar, company-level presentations, special events like World AIDS Campaign, Workers Day, and integration of HIV/AIDS preventive messages into workplace newsletters, journals and other periodicals.

AED/SMARTWork will continue to encourage parents to be active supporters of youths' health choices by addressing adults' knowledge, attitudes, communication and other parenting skills; and be part of an integrated approach in promoting a healthy lifestyle for young people. Youth focused awareness creation activities including lectures, drama and mascot will focus on behavior change, risk reduction and adoption of safer sex practices. AED will further assist the enterprises' developmental initiatives such as enterprise family days. Family days are often employer-sponsored events for employees to gather together with their families to celebrate the enterprise's yearly performance. During these family day events, trained peer educators will conduct HIV/AIDS education activities. AED will work with the partners to assist the HIV/AIDS Planning Committees at each enterprise level to make substantial input into the planning and implementation of the family days.

Greater Involvement of People Living with HIV/AIDS (GIPA) is critical to halting and reversing the HIV epidemic in Nigeria, AED-SMARTWork therefore will mainstream GIPA into workplace HIV/AIDS programs. Additionally, PLWHA have directly experienced factors that increase vulnerability to HIV infection, hence their involvement in program development and policy making will improve the relevance, acceptability and effectiveness of program. During workshops and trainings, the project will continue to collaborate with Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) through PLWHA's participation in workplace HIV/AIDS programs which ultimately will assist in changing perception and provide valuable experiences and knowledge sharing. Openly acknowledging their sero-status addresses myths and misconceptions about HIV/AIDS and PLWHAs as well as encourages infected workers to combat fear and shame by disclosing their status. PLWHA will also be advocates for the development of HIV/AIDS policy as well as law and policy reforms. The partners and enterprises including the 50 SMEs will be encouraged to continue to engage qualified PLWHA in workplaces.

Additionally, reaching men who are in the majority in workplaces in Nigeria with HIV/AIDS messages is one of the innovative ways of dealing with HIV/AIDS pandemic particularly aiming at capacity building in healthy lifestyles skills, information gathering and sharing , monitoring the pandemic and establishing how men's behavior, attitudes and practices change over time.

LINKAGES WITH OTHER PEPFAR ACTIVITY
SMARTWork will continue to collaborate with other organizations including Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Society for Family Health on condom distribution, the Supply Chain Management System project on HIV test kit logistics, CEDPA on palliative care, JSI/MMIS on safe injection techniques for health workers in workplace clinics and regional hospitals.

POPULATION TARGETED
The populations targeted are the Nigerian working population and union members.

COP 2010 PEPFAR ACTIVITY TARGETS:

REDACTED.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	261,476	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10031	**Mechanism Name: USAID LMS ProAct**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: MSH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 10,747,994	
Funding Source	**Funding Amount**
GHCS (State)	10,747,994

Sub Partner Name(s)

Axios Foundation		

Overview Narrative

The Leadership Management Sustainability Prevention organisational system AIDS Care and Treatment LMS ProACT project is designed to develop the leadership and management capacity of health managers and their teams in health care organizations and programs to improve organizational management and operational systems and to strengthen the capacity of health workers, teams, and organizations to deliver quality HIV/AIDS care and support services. Since 2007, the LMS ProACT project has rapidly and systematically scaled up the availability and accessibility of HIV/AIDS services in 53 sites across six states (Kogi, Niger, Kebbi, Taraba, Adamawa, Kwara) in Nigeria through a process of partnership and capacity building with indigenous public institutions providing health services at primary and secondary health facilities. In COP10 LMS ProACT will work to strengthen the capacity of state and local governments to carry out evidence based strategic and operational planning/budgeting, and advocate for resources needed to sustain their programs. Through this activity, the state and local governments will be able to coordinate wider stakeholder involvement in planning, implementing, monitoring and evaluating HIV/AIDS and TB control efforts. This should lead to improved resource mobilization, deployment and

accountability which are critical elements in the initial steps towards government ownership and sustainability. LMS ProACT will support the establishment of TWGs, state supervisory teams, quality assurance and will assist the state and local government to use strategic information to develop plans that will guide the buy in of Implementing Partners and other donor agencies.

In COP10 LMS ProACT project will use a modified Leadership Development Program to develop the capacity of state ministries of health, agencies for the control of AIDS, and two health facility multi disciplinary teams in each of the six states to lead and manage HIV/AIDS prevention and control programs .Training will also emphasize the need to address gender disparities in access to and use of health and HIV/AIDS Services. Additional trainings in HCT, integrated MCH/FP/PMTCT services, Adult and Pediatric ART, basic palliative care, TB/HIV care, laboratory services, M&E and Supply Chain Management Systems and quality assurance will also be conducted. The project will implement a series of tasks to assure high quality services and will liaise with HIVQUAL working group to adapt the quality indicators to the project's M&E system. Continuous quality improvement will be the focus of ongoing professional development efforts and one of the major issues discussed at the quarterly project meetings with the state and local governments.

LMS ProACT will continue to support a minimum of 21 CCT sites in six states to provide the full spectrum of prevention, care and treatment services. HCT activities will focus on strengthening Provider Initiated Testing and Counselling services in all hospital units, PMTCT will be integrated into MCH/FP programs and will focus on providing prophylaxis and HAART for eligible clients. TB/HIV will focus on strengthening linkages between the TB and HIV programs at facility and LGA level, adult and pediatric care and treatment will be provided according to National guidelines, laboratory services will include capacity for CD4 evaluation and patient monitoring. Drugs for Opportunistic Infections, ARVs and other medical supplies procured will be distributed regularly to sites using the "Pull System" which uses site utilization data to forecast the needs for the next quarter. Essential wrap around services particularly nutrition and income generating activities (IGA) will be leveraged through networking and collaboration with other IPs and organizations that provide these services.

LMS ProACT will work to increase the capacity of local governments to decentralize HIV/AIDS service delivery to at least two selected primary health care (PHC) facilities in each LGA. Decentralization will increase identification of persons who are HIV positive, enhance adherence to care, closer observation and minimize the burden of transportation. To address human resource gaps, LMS ProACT will continue to advocate for task shifting with local authorities and hospital directors while providing the needed mentoring, support supervision and monitoring of implementation activities. Health facilities will be assisted to use task shifting as one mechanism for rationalizing the deployment of available human

resources, based on the realities at each facility.

Through fixed small grants, LMS ProACT project will develop the capacity of 12 grass root civil society organisations in six states to deliver community based HIV/AIDS/TB services linked with health facilities. The grants will provide CBOs in six states with technical assistance and funds to address one of the three categories of services: home based care for PLAs (including community-facility-community referrals) OVC care and support, and HIV prevention programs. LMS ProACT prevention strategy involves both primary prevention-Abstinence, Be faithful (AB) and other prevention programs (OPP) and secondary prevention (PwP). Prevention programs will be strengthened to promote low risk among in school and out of school youths and most at risk populations (MARPS). A gender analysis will also be conducted to determine gender disparities that need to be addressed in the prevention programs. Other focus areas include population awareness campaigns, community outreach, peer education models and workplace programs. LMS ProACT COP10 activities are targeted at State and Local governments, health providers, facility managers, CBOs and other individuals in the community in LMS supported states that are involved in the state's HIV response.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Education	302,508
Food and Nutrition: Commodities	151,254
Food and Nutrition: Policy, Tools, and Service Delivery	226,881
Gender: Reducing Violence and Coercion	453,762
Human Resources for Health	907,523
Water	151,254

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population

Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10031**
Mechanism Name:	**USAID LMS ProAct**
Prime Partner Name:	**MSH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	550,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	932,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,631,210	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	456,946	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	84,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	176,500	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	541,233	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	694,974	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	836,670	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	667,252	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,819,388	

Narrative:

Activity modified in the following ways: EID services is reported under pediatric treatment and care

Using the revised National PMTCT Guidelines, 12,000 pregnant women will be counseled, tested and receive their results and 552 HIV positive pregnant women will receive ARV prophylaxis. LMS will train

70 health care workers (in addition to the 220 trained in COP09) to work in ANC clinics and delivery wards. In COP10 LMS- will continue the activities initiated in the 36 project-supported PMTCT sites in Kogi, Niger, Adamawa, Taraba, Kebbi and Kwara States during COP 09. PMTCT services will be initiated at 7 additional PHC health facilities in these existing states. This makes a total of 43 PMTCT sites in COP10. In COP09 the project focused on building the capacities of facility based multi disciplinary teams to increase testing and counseling, treatment and prophylaxis for pregnant women and their infants, provide them and their families the appropriate protection and care to reduce the risk of HIV infection or mitigate transmission and negative health effect and in partnership with CBOs facilitated the referral of pregnant positive clients and their families to community based resources. In COP10 LMS ProACT will use a modified Leadership Development Program (LDP) to develop the capacity of state ministries of health, LGA, agencies for the control of AIDS, and two health facility multi disciplinary teams in each of the six states to better plan, lead and manage PMTCT programs .Training will also emphasize the need to address gender disparities in access to and use of health and HIV/AIDS Services. In COP09 the project supported the hosting of the quarterly PMTCT TWG meeting in Niger State to ensure better coordination and mobilization of resources for state level PMTCT interventions. To ensure universal access, the project also supported the mapping of PMTCT services availability in all Local Government Areas in this state. In COP 10, LMS ProACT in collaboration with four State ministries of health and other donor agencies will support the setting up of PMTCT TWG which will serve as a coordination platform for PMTCT activities in the states.

LMS-Pro-ACT will continue to focus on the scale-up of integrated MCH/FP/HIV services to health facilities in 4 states in order to bring about a reduction in the number of unwanted pregnancies in HIV positive women as well as an improvement in maternal and child health outcomes. This will result in a total of 6 states that have been supported to integrate MCH/FP into HIV services. One health facility will be selected per state to pilot the integration process. The capacity of health facilities to carry out integrated MCH/FP/HIV services at all service delivery points will be strengthened. Health workers from selected health facilities will be trained on integrated MCH/FP/HIV services. The state ministries of health will be involved in every step of the integration process and advocacy to leverage family planning commodities and other resources from partner organizations like Society for Family Health, PPFN, UNICEF and UNFPA will be strengthened and sustained.

Activities to improve male involvement in PMTCT will continue in COP10. LMS-Pro-ACT will strengthen community engagement activities that address maternal and child health issues that result in improved collective health outcomes. The project will support the state ministries of health in the organization and implementation of community town hall meetings with male peer groups and traditional leaders where issues around maternal and child health and HIV stigma and discrimination will be discussed.

Strengthening and quality improvement activities aimed at providing quality PMTCT services to clients in supported health facilities will continue in COP10. The project will continue to train health care workers in provider-initiated testing and counseling (PITC) to be offered during ANC, labor and the immediate post-delivery period. Lay counselors will be trained and facilitated to carry out PMTCT counseling and support newly recruited PMTCT parents to adhere to prophylaxis and infant feeding practices. This will reduce workload on the health care providers. The project will offer same-day HIV counselling, testing and results to clients. Spouse/Partner and family testing will be encouraged so that PMTCT becomes the entry point to family-centered HIV care, support and treatment (PMTCT plus). CD4 testing will be done on every positive pregnant woman. Those with CD4 count >350 will be referred for ART-HAART for their disease while those with CD4 count of 350 and above will receive Zidovudine (AZT) from 28 weeks or (AZT/3TC) Combivir from 34 weeks. In labour, all positive pregnant women, except those on HAART, will receive sdNVP + Combivir with a 7-day Combivir tail. All HIV positive pregnant women will be given sdNVP tablet to take home on their first ante-natal visit, with instructions to swallow the tablet when labour begins and before they report to hospital for delivery. Women who receive no antenatal care during their pregnancy or who have had only limited antenatal care but presented to the facility with unknown HIV status will receive C&T during labor and if positive, will receive sdNVP and 7-day Combivir tail according to national guidelines. The project will ensure the mother's CD4 count results are available the same day to guide commencement of HAART if >350 or PMTCT prophylaxis if 350 and above. Pregnant women will be counseled on infant feeding options and supported to adhere to chosen option. Expectant positive mothers will be encouraged to disclose their HIV sero status and the PMTCT services they are receiving to their spouses and to request the spouses to come with them to the clinic at the next visit for family counselling and testing. Food and nutritional supplements will be leveraged from non-Pepfar implementing partners to supply malnourished pregnant and lactating positive women. Infants of HIV positive women will receive NVP syrup at birth and AZT for six weeks. All HIV–exposed infants will be followed up in the post-natal period and provided with cotrimoxazole prophylaxis from 6 weeks of age until their HIV status is confirmed negative and are no longer exposed to risk of HIV infection through breast milk. Cotrimoxazole prophylaxis will be continued if the children are confirmed HIV positive. All HIV-exposed infants will be referred for EID at 6 weeks and followed up with care and treatment depending on their HIV result. EID activities started in COP09 will be enhanced in COP10 to cover most of the PMTCT clinics supported by the LMS Associate project.

All HIV positive mothers receiving project-supported PMTCT services 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 who meet the AFASS criteria will be supported and guided on safe infant feeding. 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. Replacement feeding is often associated with an increase in morbidity and mortality

from malnutrition, diarrheal diseases and respiratory infections among HIV exposed infants. In addition to receiving PMTCT services, each mother-baby pair will be registered with the health facility referral coordinator for linkage and access to community HIV/AIDS services like follow-up and support of mother-baby pairs, OVC services, on-going adherence counselling, HBC and others. This will enable the Home Based Care Volunteers to give psychosocial support, nutrition education and leveraging nutritional foods, and child growth monitoring.

LMS-Pro-ACT in COP10 will continue to train and support clients who had accessed PMTCT services as Peer Support Coordinators in antenatal care (ANC) settings helping newly recruited PMTCT families to understand and appreciate the benefits of PMTCT services and to adhere to the counselling and prophylaxis information given to them. The peer support coordinators will be 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. The peer support coordinators will share their own experience with newly diagnosed pregnant HIV positive mothers and how they are coping. This will support new pregnant HIV positive mothers to come to terms with their own HIV status and reduce "self-stigma". Through the work of peer support groups, TBAs and engagement of spiritual leaders, the project will reduce drop-outs from PMTCT services and increase adherence to ARV prophylaxis and safer infant feeding choices. The Nigerian-adapted curriculum for training TBAs will be used to equip TBAs with knowledge and skills to support PMTCT services in the community. 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. Every pregnant HIV positive mother at first antenatal visit will be given a tablet of Nevirapine to take home but will be educated on the importance of skilled delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
Activities in this area will strengthen the capacity of the states and health facilities to provide integrated MCH/FP/HIV services. The capacity of health facilities as well as health workers 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 will be strengthened. This area will also improve male involvement in PMTCT services as well as contribute to improved health outcomes of children and families directly affected by HIV/AIDS.

LINKS TO OTHER ACTIVITIES:
This activity relates to the HVCT where every effort will be made to counsel and test every pregnant woman that visits the project-supported health facilities through the PITC approach and if positive

enrolled into care to utilize the PMTCT services provided (15645.08). Adult Care and Support will be provided in terms of basic investigation like CD4 count for women that are positive, diagnosis and treatment of OIs, malaria, Urinary tract infection and provision of ITN and water guard (15642.08), and ARV drugs for prophylaxis (12414.08).

POPULATIONS BEING TARGETED
This activity focuses on pregnant women and their families from the communities served by project supported sites (19 in COP09)

EMPHASIS AREAS
This activity addresses gender concerns related to the specific HIV/AIDS-related care and treatment needs of pregnant women. Many gender issues have been reported in relation to PMTCT services ranging from rejection by spouses and families to Gender Based Violence. The project will train health workers to appreciate gender issues and ways they can be mitigated. 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 the fora that are appropriate to them. Pregnant women accessing PMTCT services will be counseled on FP to enable them make informed decisions on future pregnancy. HIV-exposed infants will be followed up in young children clinics where they will receive routine immunizations, nutritional counselling and growth monitoring. Malnourished mothers and their children will receive nutritional supplementation leveraged from the Clinton Foundation and the community-food basket to be established through the peer support coordinators.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', LMS ProAct, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are

used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,845,200	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	352,621	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	160,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10032	Mechanism Name: USAID Track 2.0 NELA
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: NELA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,843,000

Funding Source	Funding Amount
GHCS (State)	3,843,000

Sub Partner Name(s)

Adamawa Development Association	Al-Umar Community Service Organisation, Kebbi	Community Life Advancement Program
Community Reach Association, Adamawa	Ecclysiyar Yanuwa a'Nigeria	Family Health Care Foundation
Federation of Muslim Women Association in Nigeria, Adamawa	Federation of Muslim Women Association in Nigeria, Kebbi	First Step Foundation
FOMWAN National	Girls' Power Initiative	Health Education Initiative for Women, Jigawa
Ife Starfish support group	Inna Care Initiative, Jigawa	Jamatu Nasil Islam
Koyenum Immalar Foundation	Lapo Development Foundation, Edo	Methodist Care Organization
Muslim Sisters Organisation	Mustard Seed Support Network, Osun	Soc. for Com. Health Awareness & Mob. Jigawa
SWAAN Borno	SWAAN National & CiSHAN North Central	SWAAN Osun
The Hope Initiative, Borno	Women, Children's Health & Com. Dev. Initiative, Ebonyi	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,377,840
Education	918,558
Food and Nutrition: Commodities	940,728
Human Resources for Health	191,097
Water	3,836

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities

Budget Code Information

Mechanism ID:	**10032**		
Mechanism Name:	**USAID Track 2.0 NELA**		
Prime Partner Name:	**NELA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	720,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	3,000,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	23,000	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10033	Mechanism Name: USAID Track 2.0 Measure III
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,750,000	
Funding Source	**Funding Amount**
GHCS (State)	3,750,000

Sub Partner Name(s)

Futures Group, South Africa	John Snow, Inc.	Management Sciences for Health

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10033		
Mechanism Name:	USAID Track 2.0 Measure III		
Prime Partner Name:	University of North Carolina		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	300,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	1,700,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,750,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10034	**Mechanism Name: USAID Track 2.0 FS C-Change**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,593,413	
Funding Source	**Funding Amount**
GHCS (State)	2,593,413

Sub Partner Name(s)

Association of Grassroots Counselors	Dreamboat Foundation	EDFHO
INGRA	Initiative for People's Good Health	Internews

Ohio University	RELIEF	

Overview Narrative

Communication for Change (C-Change) is a cross-bureau mechanism designed to improve the effectiveness and sustainability of communication in social and behavior change interventions across a range of program areas: health, environment, economic growth and poverty alleviation, democracy and governance, social transition, and education. C-Change is a partnership led by the Academy for Educational Development (AED). It works with global, regional and local partners to support more effective use of communication as a catalyst for changing behaviors and social norms. In Nigeria, C-Change's partners include Internews, Ohio University, Straight Talk Foundation and the Consortium for Social Change Communication. In Africa, the C-Change partnership currently supports country efforts in Swaziland, Kenya, Namibia, Lesotho, Madagascar, Ethiopia and the Democratic Republic of the Congo. The goal of C-Change's support in Nigeria is to improve the effectiveness and sustainability of country-driven communication for social and behavior change for HIV prevention. Key elements of C-Change's strategy include:

? reliance on research for determining intervention focus, design and effectiveness
? focus on social contexts as important determinants of individual behaviors
? mobilizing communities to facilitate changes in group norms and individual behavior
? streamlining communication tools and methodologies for rapid results
? engaging a range of mass media to catalyze change
? building systems to harmonize communication efforts across multiple response agencies
? working with existing structures to facilitate indigenous ownership and sustainability for long term change

C-Change works through NACA's BCC Technical Working Group and two SACAs in Cross River and Kogi states to facilitate operationalization of a common framework for BCC programming aligned to the newly adopted National BCC Strategy. C-Change assesses current SBCC effort in country through detailed capacity assessments of USG-supported Implementing Partners (IPs) and other NGOs and CBOs in the two states within the South South (SS) and North Central (NC) regions targeted. Through Internews, C-Change will also assess the capacity of print and broadcast media to provide meaningful support to HIV prevention goals.

Together, the C-Change partnership will provide training, mentoring and technical assistance to address the gaps identified by these assessments and support alignment of response agencies' programs with the national prevention priorities and BCC Strategy. Internews works with journalists, media personalities and gatekeepers to improve and expand coverage, scale and intensity of HIV prevention. All training will integrate activities for building competencies in gender analysis and gender equity promotion, essential

elements mainstreamed in the C-Change approach. C-Change will work with the national BCC TWG and the two SACAs to facilitate leadership and coordination of SBCC for improved HIV prevention. It will strengthen systems and processes for coordination at national level and within two states of Cross River in the SS region and Kogi in the NC. These states were chosen based on:
? HIV prevalence
? USG IP presence
? concentration of nascent community response organizations
? potential for improved performance in print and broadcast media
? ease of access to state from C-Change's central operations in Abuja
? cost of access to states
? disposition of NACA and SACAs
? safety &security
? consultations with key stakeholders

Support for strengthening SBCC capacity will focus on USG implementing partners, national NGOs and CBOs, health workers, journalists and media gatekeepers in Cross River (SS) and Kogi (NC). C-Change will seek to create structures for sustaining improved SBCC performance in those states selected and at national level. These include the introduction of training courses, basic tools and linkages between established expertise and new efforts in the field. Ohio University (OU), a global C-Change partner, will support introduction of a facilitator-assisted, on-line, certificate course in SBCC. At the state level, OU will attempt to work with cognate departments within the state university or polytechnic to develop and offer courses for social and behavior change communication. Each of these activities paves the way for sustained capacity building in social and behavior communication for HIV prevention.

Finally, C-Change will support a multi-channeled mass media campaign aimed at reducing HIV risk behaviors among Nigeria's youth. C-Change, will implement campaigns, linking communication efforts at state level with community based-responses and national campaigns already underway. Internews (IN) will work with print and broadcast journalists; media personalities; and gatekeepers within media houses in these same states to improve the quality and scope of media support for HIV prevention, shaping the environment, strengthening constituencies for action and eroding barriers to change. Internews will also work with USG IPs, and NGOs/CBOs to expand partnerships with mass media for more effective HIV prevention.

C-Change Objectives in the Federal Capital Teritory (FCT), Crosss River and Kogi States seeks to achieve improved effectiveness and sustainability of country-driven communication for social and behavior change efforts through the following objectives:
Objective 1

To enhance coordination of social and behavior change communication efforts so that SBCC interventions are aligned to the priorities for prevention outlined in the National HIV and AIDS Prevention Plan 2007-2009 and the National BCC Strategy 2009-2014.
Objective 2
To improve technical capacity of USG partners, NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC so that prevention interventions engage in the program development processes and work towards the prevention priorities outlined in the National BCC Strategy.
Objective 3
To expand utilization of mass media channels by SBCC implementing agencies and improve mass media's support of HIV prevention priorities outlined in the National BCC Strategy and Prevention Plan.

The Project's M&E approach is grounded in the principles of responsiveness, state-of-the-art approaches, and connection to programs and decision-making. The main tenet of this approach is capacity development of implementing partners in M&E for BCC programming. Our approach is responsive to PEPFAR concerns for accurate data and regular results reporting. M&E guidelines will provide a standard format to compile, track and report and will provide discrete ways in which data will be analyzed for enhanced project management.

The M&E team will develop standardized frameworks for data collection and analysis and promulgate these through guidelines and technical materials, as well as on-the-job training and M&E training workshops for IPs, as needed. C Change will work with NACA to ensure the incorporation of essential BCC indicators into the NNRIMS. A focus on capacity-building will support the use of data for enhanced project management. Our M&E approaches will yield programmatic data in a participatory and capacity-building manner that will bear on enhanced program management, and that will broaden the base of knowledge on how to implement communication program interventions efficiently and effectively. M&E systems will be harmonized with NACA systems in support of the Three Ones.

M&E Approaches and Techniques

The M&E system will include program monitoring and HMIS data, performance monitoring measures, omnibus surveys to capture reach and recall of mass media campaigns, household surveys in specified communities to measure the result of integrated BCC approaches at the local level, case studies of the reach and effect of radio journals and interviews and qualitative inquiry data to describe the development of campus radio.

Monitoring and Evaluation Capacity Building

C-Change will take a leadership role in promoting techniques and approaches to M&E by developing frameworks for data collection and analysis that can be easily adopted by other organizations; by disseminating experiences and results; and by encouraging the adoption of general recommendations and conclusions that emerge from these approaches. To facilitate the skills development of IPs, C Change will develop M&E training courses focusing on new communication indicators for HIV and AIDS programming and harmonization of M&E approaches across implementing agencies and partners.

For purpose of innovations and knowledge transfers, C-Change will engage partners and collaborating institutions and will work with existing teams (such as NACA subcommittees on M&E, USAID Mission-led reporting initiatives, etc.), to share information about:

• The process of BCC data collection
• The interpretation and presentation of BCC results
• New BCC indicators and the interpretation of data
• Tools that can be used for streamlined data collection and results reporting

Data analysis and interpretation workshops will enable program and evaluation staff to work together to write up program results and to identify program modifications.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10034**		
Mechanism Name:	**USAID Track 2.0 FS C-Change**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	250,000	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	885,685	

Narrative:

The 2008 national HIV/AIDS BCC response identified lack of effective coordination and technical direction in the BCC activities carried out by the USG IPs and other partners.
In COP 09, C-Change therefore focused on strengthening the National Agency for the control of AIDS (NACA) and State Agency for the control of AIDS (SACAs) capacity to effectively coordinate and with support of the national and state Technical Working Groups (TWGs) provide technical direction to the national HIV/AIDS BCC response. At the national level, C-Change worked with NACA's BCC Technical Working Group to facilitate operationalization of a common framework for BCC programming aligned to the newly adopted National BCC Strategy. At a state-wide level, C-change strengthened SACA in two states, Cross River and Kogi, in the area of effective coordination of the State BCC response through training and technical assistance to SACA personnel. This was to ensure that the state BCC response is in line with national prevention strategies; is evidence-based and community driven; and processes, outputs and outcomes are documented and shared among all stakeholders for the purpose of learning and replicating best practices. C-Change also assessed current SBCC efforts in- country through detailed capacity assessments of USG-supported implementing partners (IPs) and other NGOs and CBOs. C-Change will continue to work in COP 10, with NACA and other USIPs to develop tools for national BCC response coordination as well as streamline indicators to effectively capture outputs and outcomes from the national BCC response.

In COP 10, C-CHANGE will build capacity of IPs to implement BCC programs using strategies that respect and respond to local customs, social and community norms, programming will support delay of sexual debut; develop skills in unmarried individuals for practicing abstinence and negotiation for safe sex while transiting from abstinence; address coerced sexual activity and transactional sex; emphasize the importance of faithfulness in reducing the transmission of HIV. This will entail development of the 'Abstinence and Be faithful' messaging component of sexual prevention activities of IPs to target young people (10 -15) using mass media, print, religious and community gatherings including counseling service provision. C-Change will train 30 individuals from USIPs and NGOs'as master trainers for youth peer education. The 30 individuals will in turn train a total of 200 in school youths as peer educators/AB advocates. It is expected that the peer educators will reach out to 10,000 individuals with messages and materials that promote abstinence and be faithful and that encourage HIV counseling and testing according to the minimum package of prevention. C-Change will assist IPs in targeting community and traditional leaders and organizations by focusing on messages to be promoted during planned advocacy visits and community intervention programs. Messages will also promote linkages to other program areas including counseling testing, STI treatment and other facility based services. Messages addressing

skills for personal risk assessment and delayed sexual debut will also be developed and disseminated. Working with SACA, C-Change will identify at least 10 NGOs, CBOs/FBOs, engage them and build their capacity in the area of evidence-based, theory-guided social and behavioural change communications program design and development. To complement the multi-media campaign, C-Change will develop a comprehensive interpersonal communication program through the establishment of an efficient peer education system including the training of peer educators/community HIV prevention advocates, the use of entertainment education approaches including community theater and community action dialogue meetings. At the community level, C-Change will work with NGOs, CSOs, CBOs, media houses and traditional institutions to design and implement a multi-media social and behavioral change campaign that will address individual risky sexual behaviours among youths as well as group and collective social norms that predispose young people to HIV infections.

C Change will assist IPs to address the mobilization of communities to address norms and behaviors on cross generational and transactional sex, promote increased male involvement in prevention activities and improved health seeking behaviors. Issues of stigma and discrimination will also be addressed in the intervention. C Change will adhere to recommendations made in the National Prevention Plan and National Behavior Change Communication Strategy and utilize a balanced ABC approach in its interventions. C-CHANGE will further collaborate with the media to ensure sustainability and support of NACA BCC efforts, provide TA to the BCC committee of the National Prevention TWG (NPTWG) and support BCC activities in the wider public health programming. Based on findings from assessments conducted in COP 09, C-Change will facilitate the participatory design of state-wide behaviour change strategies that will inform the multi-media campaign. These campaigns will be evidence-based and community driven, drawing from insights gained through the assessments of the previous year. Care will be taken to make sure strategies respond directly to the epidemic drivers identified during the assessments. This campaign will contain the following approaches among others:
- Multi media campaign to include radio/television programs (implemented in collaboration with media houses and advertising/media production agencies as well as development of other communication materials that would include posters and leaflets. C Change will ensure that other USG IPs are involved in the adaptation/development of the multi media approach for uniformity of messages and materials for appropriate target audience.
- Interpersonal Communications (Formation of community coalitions, training of peer educators and community advocates, training of service providers on interpersonal communications for sexual prevention of HIV transmission) in collaboration with NGOs, CBOs and FBOs. C-Change will identify CSOs involved in HIV prevention activities to work with in the two states. The capacities of these CSOs will be built through training to ensure that BCC programming is evidence-based, community driven and aligns with state/national prevention priorities.

C Change will ensure data quality and continuous quality improvement of activities by encouraging IPs program reports through the design and development of peer education activity monitoring forms which will capture the essentials of the minimum prevention package of programming, capacity building in monitoring and evaluation of communication programs for IP program staff and conduct periodic site visits to verify planned implementation as well as to provide technical assistance that will ensure continued quality data collection

CONTRIBUTIONS TO OVERALL PROGRAM AREA
C-Change's contribution to the overall Abstinence and Be faithful (AB) activities will be by building technical capacities of partners to review and develop strategies for working with different target audiences including in school youths and other segments of the general population. C-Change, in building the capacity of these partners will contribute to generating demands for counseling and testing (CT) and prevention of mother to child transmission (PMTCT) services that are entry points for other HIV and AIDS services.

LINKS TO OTHER ACTIVITIES
These activities will be linked to community program development, HCT, PMTCT, Blood Safety, Injection Safety, TB HIV, treatment, care and SI.

POPULATIONS BEING TARGETED
Population targeted for this activity are young people, educational institutions and other faith based organisations including media organizations.

EMPHASIS AREAS
This activity will emphasize Behaviour Change Communication with focus on strategy and message development directed at AB programming to emphasizes local organization capacity building, human capacity development and efforts to increase gender equity in HIV/AIDS programs to ensure access to information and services. Through AB activities, major emphasis is on community mobilization and participation, as an element of outreach for prevention efforts and also reinforce information, education and communication for high-risk populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,457,728	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10096	**Mechanism Name: HHS/HRSA Track 2.0 Harvard SPH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Harvard University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 13,373,068	
Funding Source	**Funding Amount**
Central GHCS (State)	12,410,577
GHCS (State)	962,491

Sub Partner Name(s)

Ahmadu Bello University, Zaria	AIDS AllianceAIDS Alliance Nigeria	Association for Reproductive and Family Health
Barakin Ladi General Hospital	Community Health Clinic Zamko	Comprehensive Health Clinic Dadin Kowa
Cottage Hospital Wase	Cottage Hospital, Kwalla	Federal Medical Center, Nguru
General Hospital Dengi-Kanam	General Hospital Tunkus	HaltAIDS VCT
Jos University Teaching Hospital, Plateau	Makurdi Federal Medical Center	Nursing Home Maiduguri, Maiduguri
Our Lady of Apostles, Jos	Pankshin General Hospital	Primary Health Center, Amo Katako
Primary Health Center, Zabolo	Seventh Day Adventist Hospital, Jengre	Solat Women Hospital
State Specialist Hospital, Maiduguri	University of Maiduguri Teaching Hospital	University of Nigeria Teaching Hospital, Enugu

Vom Christian Hospital	Widowcare, Abakaliki, Ebonyin	

Overview Narrative

During COP10, Harvard will provide PMTCT services to 65,500 pregnant women at 64 sites, ART services to 57,200 patients at 24 sites, HIV-related basic care and support services to 79,675 patients, and additional care services to 2,500 orphans and vulnerable children. We aim to enroll 7,900 new patients on ART. In addition, we will provide HIV counseling and testing services to 8,500 individuals, and prevention services focused on abstinence and/or be faithful (AB) messaging for 4,355 individuals and on messaging focused on behavior change beyond AB for an additional 35,000. Program activities will take place in 10 target states of Nigeria.

Health system strengthening is a crucial element of our program. REDACTED. Furthermore, we have implemented a network of care model, which links primary healthcare centers (PHCs) and secondary level hospitals to tertiary care institutions, facilitates long-term sustainability of services, multi-level capacity development, and strong community linkages to ensure access to care at the community level.

The foundation for our efforts in the area of health system strengthening are comprehensive training programs for physicians, nurses, lab personnel, pharmacists, counselors, community health workers, data management personnel and others who work with HIV patients. During COP10, nearly 1,200 personnel will be trained in the provision of ART services, 363 personnel on the National PMTCT Training curriculum, 985 in the provision of clinical prophylaxis and treatment of HIV/TB co-infected individuals, 384 in SI in order to build capacity and the sustainability of both site-based and national M&E systems, 324 personnel in prevention activities, 280 in safe injection practices, 140 in blood safety and 650 in laboratory services. To build the capacity of our sites in pharmacy and logistics management and pharmaceutical expertise, we will conduct a variety of on-site training workshops as well as centralized workshops in Abuja throughout COP10.

To further strengthen the overall health system, Harvard has worked with in-country staff to develop standardized protocols for clinical management, laboratory testing and pharmacy handling which conform to an optimized standard of care. We have established an ART supply chain and logistics management system and a central warehouse and distribution system. During COP08, we established a local NGO, APIN Ltd./Gte. (APIN), which subsequently received direct funding for the management of two former Harvard sites (PHC Iru and Sacred Heart Lantoro) and support for 40 TB-DOT centers in Oyo State. At the beginning of COP09, 4 additional Harvard sites (NIMR, LUTH, Onikan, and Mushin) were also transferred to APIN.

Through each one of our program areas, we target a number of cross-cutting issues. REDACTED. We

address the area of food and nutrition through HBHC, PDCS, OVC and PMTCT. More specifically, in our pediatric and adult programs, we monitor anthropometric measurements and dietary issues to support our clinical management of HIV disease. All patients are provided with nutritional counseling and supplements, including multivitamins. In the PMTCT program, all mothers are counseled on safe feeding practices and provided follow-up care to ensure safe motherhood. For patients that are unable to come to the clinics, HBC teams assist them on a variety of issues, including nutritional support. Through our HBHC, PDCS and OVC activities, we also address the area of economic strengthening through facilitating access to economic empowerment and education. In addition, through our care and support activities, we also address the area of safe water by providing water vessels and Water Guard in our basic care kits. We address the area of gender by streamlining access to services for women and the issue of gender-based violence through our system of referrals as well as provision of PEP to victims of rape. The key issue of TB is addressed through HBHC, PDCS and TB-HIV through the screening, treatment and monitoring of co-infected patients.

During COP09 and continuing into COP10, we have been employing various strategies to achieve improved economies in procurement. In line with OGAC's recommendations, we will continue to work with SCMS for purchasing of first-line ARV regimens for our program sites. In order to reduce costs on procurement of laboratory supplies, Harvard has established contracts with local vendors and will work with APIN through COP10 to ensure a smooth system of purchasing. In the past, each site had separately established maintenance contracts for major laboratory equipment and during COP10, Harvard and APIN will leverage bargaining power to work towards negotiating a single contract covering all program sites at a more economical rate.

During the first year of our program, a database system containing all information required in the course of care and treatment was developed. This system is used at all clinical sites, and is updated as needed to ensure that it supports the provision of high quality clinical care and is responsive to GON indicators. The Harvard electronic record system facilitates access to pharmacy pick-up data, lab results, and other clinical information. During COP10, information from these databases will be used for site and program-specific evaluation of services provided in each of our program areas, including evaluations of CD4 counts, loss to follow-up and viral suppression. Through our work at 68 Military Hospital, we will also conduct a focused analysis on military populations. In addition, Harvard will support APIN in their collaboration with the National M&E working group and their participation in experience sharing. Our goal is to develop the capacity for an integrated M&E system that is responsive to stakeholders and supports the sustainability of Nigeria's ART program.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	239,820
Education	43,973
Food and Nutrition: Commodities	169,416
Food and Nutrition: Policy, Tools, and Service Delivery	278,734
Gender: Reducing Violence and Coercion	98,351
Human Resources for Health	1,808,137

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10096**
Mechanism Name:	**HHS/HRSA Track 2.0 Harvard SPH**
Prime Partner Name:	**Harvard University School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,046,199	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	5,117,068	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	82,841	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	242,926	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	544,257	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	355,484	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	20,313	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	36,851	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	166,800	

Narrative:

ALTHOUGH THE SEXUAL PREVENTION NARRATIVE FROM COP09 HAS BEEN SPLIT INTO SEPARATE NARRATIVES (HVAB AND HVOP) FOR COP2010, THIS ACTIVITY IS UNCHANGED FROM FY2009.

NARRATIVE:
In COP10, Harvard will continue to provide sexual prevention 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 abstinence and be faithful messaging (HVAB) along with condoms and other prevention (HVOP). By the end of COP09, Harvard was conducting HVAB activities in 9 states, including Benue, Borno, Enugu, Kaduna, Lagos, Oyo, Ogun, Plateau and Yobe. Through its other program areas, Harvard has a large population of HIV-positive adults, adolescents and children to which it is already providing services; this group forms part of the core target population for age-appropriate HVAB messaging that is provided by Harvard through its prevention with positives (PwP) activities, including STI screening and management, sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and testing of sex partners and children in the HIV clinic setting. In addition, Harvard 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.

In COP10, Harvard will implement HVAB activities at both the facility and community levels utilizing the minimum prevention package strategy as contained in the National Prevention Plan. This package includes: 1) community outreach campaigns; 2) peer education; 3) infection control activities; and, 4) STI management/treatment. The goal of the program is to focus on targeted communities and to saturate those communities with messages conveyed in multiple forums. Utilizing such a methodology, a large number of people will be reached with HVAB messages.

HVAB activities conducted at the local level by Harvard will be reinforced through national level mass media campaigns by other USG partners, such as the successful Zip-Up campaign. HVAB 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 at 66 sites and be implemented by 2 stand-alone HCT providers.

A key age group for HVAB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. The 2005 ANC survey in Nigeria indicated that 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. Harvard will reach beneficiaries through community awareness

campaign, peer education models and peer education plus activities within the year.

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 HVAB messages to recipient communities and clients through focused group discussions and interpersonal communication. With an HCT target of 14,000 clients getting CTR, a minimum of this many clients will receive HVAB 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.

Harvard will also use the peer education model to target job peers who are healthcare workers. Healthcare workers at each site will be trained 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 HVAB 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 all clients with whom they come in contact.

The target for the AB messaging campaign is 4,355 individuals. 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 366 individuals in AB messaging.

EMPHASIS AREAS
ABC programming emphasizes local organization capacity building, human capacity development and efforts to increase gender equity in HIV/AIDS programs. These activities also 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. Through ABC 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, 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 IEC 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. Emphasis areas also include military populations, through support for ABC activities at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

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. Providing 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 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 religious leaders. Targeting these populations is important to encourage HCT and use of prevention measures. Health care workers will also be targeted for training on the most effective prevention measures for various risk groups.

CONTRIBUTION TO OVERALL PROGRAM AREA
These prevention activities are consistent with PEPFAR's 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 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. Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for all ABC activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:
HVAB activities relate to HVOP. They relate to HCT (HVCT) by increasing awareness of HIV. They also relate to Adult Care and Treatment (HTXS and HBHC) and Pediatric Care and Treatment (PDTX and PDCS) activities through dissemination of information by home-based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to OVC programming (HKID) by targeting OVC. These activities are also linked to TB-HIV activities in that prevention messaging will be disseminated to individuals who are provided with HCT in a TB setting.

Through training of personnel, these activities also link to Health Systems Strengthening (OHSS). As certain activities focus on gender-related issues, this program area also links to the cross-cutting area of Gender.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,787,574	

Narrative:

ACTIVITY UNCHANGED FROM FY2009.

NARRATIVE:
COP10 funding will support a comprehensive PMTCT program in line with the revised National PMTCT Guidelines (2007), at 64 service outlets in 9 states (Benue, Borno, Ebonyi Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe). This consists of 10 tertiary, 21 secondary and 33 primary sites. "Opt-out" testing and counseling with same-day test results will be provided to all pregnant women presenting at antenatal care (ANC) or labor and delivery (L&D). The current level of PMTCT testing and counseling uptake from women presenting for ANC or L&D is 90%. All women are provided post-test counseling services on prevention of HIV infection, including the risks of MTCT. They are encouraged to bring partners and family members for on-site HCT. The program has a target of providing C&T results to 65,500 women. PMTCT prophylaxis will be provided to approximately 3,275 women in line with the national guidelines. Infant follow-up care linked with PMTCT activities includes nutritional counseling and support, growth monitoring, co-trimoxazole prophylaxis, HIV testing, and other preventative care services. It is estimated that of the infants tested for HIV infection, 131 will be HIV-positive; these infants will be referred to the pediatric basic care and support program. EID will be carried out using whole blood at the tertiary and DBS at the secondary and primary level in line with the national EID scale up plan.

Through this program area, Harvard will provide linkages to other prevention, care and treatment services. All ART-ineligible women will be placed on zidovudine from 28 weeks and or zidovudine and lamivudine from 34 weeks until delivery and will be enrolled into palliative care services (HBHC) at the time they access MTCT services Following delivery, mothers will be monitored in the HBHC program, where services include on-site enrollment or referrals for family planning and other reproductive health services. In addition, PMTCT services are integrated into a system of maternal and child health services designed to promote maternal and child health for all women. All ART-eligible pregnant women will be provided with ART through the adult treatment (HTXS) program area in line with the PMTCT guidelines. Children who become HIV-infected during the time they are being monitored as part of the MTCT program area will be linked to the pediatric treatment (PDTX) and care and support programs (PDCS). Those HIV-exposed children placed on single dose nevirapine at birth and zidovudine for 6 weeks that

remain uninfected at 18-months following the completion of ARV prophylaxis will be linked to the OVC program (HKID) for continued care services.

Counseling on infant feeding options will be conducted during the antenatal period, at L&D and/or at infant follow-up visits using 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 home-based care (HBC) support group of PLWHAs will assist in home and community tracking of positive mothers to provide nutritional support and ascertain infant diagnosis. This funding will support the ANC, labs, ARV prophylaxis intervention to mothers and babies (not ART), and personnel involved in PMTCT.

A regular training program will be established at all sites to train and retrain 363 health personnel involved in the PMTCT program using the National PMTCT Guidelines. Non-laboratory personnel will also be trained in HIV testing. REDACTED.

During COP08-COP09, Harvard piloted a clinical quality assessment (QA) for PMTCT activities at a number of our sites. During COP10, Harvard will continue to conduct QA activities to improve quality of care in our PMTCT programs. The program will also continue to monitor and utilize electronic data captured through SI activities to measure the quality of services provided as well as the associated patient outcomes and transmission rates.

Harvard has partnered with other implementing partners (IPs) in the implementation of the PEPFAR-Nigeria local government area (LGA) coverage strategy in the program areas of PMTCT, OVC and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every LGA of 6 identified states. Per patient costs reflect the expansion to at least 33 new sites and scale up as a part of this LGA coverage strategy in Plateau State. 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 FMOH, UNICEF and other IP support in capacity building/training in identifying new PMTCT sites in its scale-up plans. Harvard will strengthen the Benue state PMTCT committee as part of the LGA coverage strategy. Harvard will support one quarterly PMTCT task team meetings as part of the support to the GON.

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 and TBAs involved in home delivery; all community workers and TBAs with whom we

work 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 in conjunction with the FMOH and USG. These system strengthening activities are led by local investigators at current PMTCT sites who participate in new site assessments, overseeing QA/QI, 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 ARV prophylaxis regimen used. Emphasis areas also include military populations, through support for PMTCT activities staff at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

POPULATIONS BEING TARGETED

In addition to providing PMTCT services for pregnant women that know their HIV infection status, 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 HCT program area, Harvard 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.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through the PMTCT program, Harvard will provide HCT with test results to 65,500 pregnant women. Additionally, treatment and prophylaxis will be provided to 3,275 pregnant women. Implementation of the National PMTCT Guidelines in 64 sites (new and continuing) contributes to the PEPFAR goal of expanding ART and PMTCT services. We have increased the numbers of sites by adding secondary and primary level sites in the radius of Harvard tertiary care institutions; the tertiary centers will continue building 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 new PEPFAR 5-year strategy. This program is implemented in geographically networked sites to optimize training efforts and provide collaborative clinic/lab services as needed. Harvard will train and retrain 363 health care personnel from the PMTCT sites, including doctors, nurses, pharmacists 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. QA/QI 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.

The program will increase gender equity by specifically targeting pregnant females for HCT and PMTCT prophylaxis and their male partners for HCT. 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 exclusive use of breast milk substitute (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.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our PMTCT activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES
This activity is also linked to counseling and testing (HVCT), OVC (HKID), adult treatment (HTXS), pediatric treatment (PDTX), adult care and support (HBHC), sexual prevention (HVAB, HVOP), biomedical prevention (HMBL, HMIN), SI (HVSI), health capacity development (HCD), health systems strengthening (OHSS), and gender. 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 services for HIV-infected infants and mothers will be provided through adult and pediatric treatment services. Basic pediatric care and support, including support for chosen feeding option and 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/QI initiatives.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', Harvard, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs

located in communities with high HIV prevalence rates above the National average will be given priority.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	1,870,790	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	570,398	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	531,567	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10100	**Mechanism Name: HHS/HRSA Track 2.0 CRS AIDSRelief**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 19,130,324	
Funding Source	**Funding Amount**
Central GHCS (State)	1,920,422
GHCS (State)	17,209,902

Sub Partner Name(s)

Ahmadiyyah Hospital, Kano City	Al Noury Hospital, Kano	Annunciation Specialist Hospital, Emene, Enugu
Bingham University Teaching Hospital, Jos	Bishop Murray Medical Center, Makurdi	Ebonyi State University Teaching Hospital, Abakaliki
Enugu State University Teaching Hospital	Faith Mediplex, Benin City	GEECHAN, Gembu
Grimard Catholic Hospital, Ayingba	Holy Rosary Hospital, Emekuku	Holy Rosary Hospital, Onitsha
IHVN - Faith Alive Foundation Hospital, Jos	Mater Misericordiae Hospital, Afikpo	Mother of Christ Hospital Specialist, Enugu
Nigerian Christian Hospital, Nlagu	Our Lady of Apostles, Akwanga	Our Lady of Lourdes Hospital, Ihiala
Plateau State Specialist Hospital, Jos	St. Anthony Catholic Hospital, Zaki-biam	St. Camillus Hospital, Uromi
St. Catherine's Hospital, Iwaro-Oka	St. Francis Jambutu Hospital, Yola	St. Gerard's Hospital, Kaduna
St. John's Catholic Hospital, Kabba	St. Joseph Hospital, Adazi	

Overview Narrative

I. PROGRAM DESCRIPTION

The overall goal of the AIDSRelief program is to ensure that PLHIV have access to ART and high quality medical care. By the end of COP09, AR will have 35,860 people on treatment and 50,000 in care. Treatment success is measured by durable therapeutic outcomes and quality of life indicators. An analysis of Patient Level Outcomes in 2009 found a viral load suppression rate of 84% among sample patients.

Aids Relief operates in the 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. Patients are those presenting at Local Partner Treatment Facilities (LPTF's) for Opportunistic Infections (OI's) or those referred from C+T, TB, and PMTCT programs. Patients are generally prioritized for treatment by CD4 count under 350; 88% of the 2009 PLO sample had a CD4 count under 350.

The grant document outlines program objectives:

Objective 1: Existing ART service providers rapidly scale up delivery of quality ART.

a) AidsRelief works to prevent the spread of HIV/AIDS in the following areas: PMTCT, Abstinence and Behaviour Change, Blood and Injection Safety, and
Counselling and Testing.

b) AidsRelief provides treatment for those infected by working in the following areas:
Adult and Pediatric Treatment, TB/HIV, ARV Drugs, Lab Infrastructure. Because of the quality of these services, AidsRelief has high retention rates: 90% in a 2009 sample and 85% for the population at large. Given resource constraints, only replacement patients will be enrolled and total enrolment will remain at 35,860.

Objective 2: The number of health care facilities providing quality ART is increased and capacity at sites… is increased to allow initiation of ART. Given resource constraints, no additional LPTF's are being added.

Objective 3: Expand community-level services providing quality ART to vulnerable and low-income HIV-infected people. At the community level, AidsRelief works in the following areas: Adult and Pediatric Care and Support, and
OVC.

Objective 4: Create and strengthen health care treatment networks to support capacity building within countries and communities.

AidsRelief currently works through 34 comprehensive health facilities, 9 PMTCT centers, and 33 TB/DOTS satellites. Of the 34 comprehensive sites, 3 are public hospitals and 1 is a local NGO. The balance is made up of a network of faith-based institutions including those representing the Catholic (24), Protestant (4), and Islamic (2) traditions. PTMTC have mixed ownership and TB/DOTS sites belong to the government. The PEPFAR grant has increased the capacity of these institutions to implement HIV/AIDS and other health services.

Meanwhile, given a Congressional mandate to transition activity to a local organization by 2012, AidsRelief is working to sustainably indigenize the program as quickly as possible. By the end of COP09, AidsRelief will have identified (an) organization(s) capable of and willing to assume AidsRelief's role in the

future. COP10 activities will include carrying out capacity building activities that will enhance the ability of the named Local Partner(s) to eventually manage the program independently.

This network of faith-based organizations (FBO's) supplements HIV/AIDS work by national and state governments. This is acknowledged in the 2005-9 National Strategic Framework which calls for increased collaboration with "civil societies" and in discussions on the new framework now being developed. In addition to capacity building in the faith-based network, AidsRelief also supports capacity improvements in the public institutions, especially in the technical areas of clinical care and strategic information.

II. MONITORING AND EVALUATION

AidsRelief's monitoring system covers both patient management and monitoring (PMM) and indicators necessary for program managers to track progress against PEPFAR and national plan indicators. Monthly collection of this information will continue at all sites in COP10. The emphasis in the monitoring system has been on creating a culture of Data Demand and Information Use, with the objective of making information useful to grant decision makers at all levels. As part of its "Continuous Quality Improvement" program, AidsRelief also conducts periodic "Patient Level Outcome" studies (PLO) and one will be conducted in 2010. These analyses are used to make systematic changes to the clinical management of the program where these are appropriate.

III. COST EFFICIENCIES/RESOURCE MOBILIZATION

AidsRelief recognizes that global resources for HIV/AIDS are constrained and in COP10 will contribute to the drive to greater cost efficiency in four ways:

a) AidsRelief has benefitted, and will continue to benefit, from cost reductions from the conversion of proprietary to generic drugs. Reserving a portion of the drug budget for local use allows for unforeseen circumstances that lead to stock-outs. However, the program plans that centralized procurement will constitute up to 80% of new ARV purchases.

b) Training, technical assistance, and equipment cost reductions will come with conversion of the program from "scale-up" to "maintenance" mode. Although AidsRelief will continue to address staff turnover and equipment obsolescence at the LPTF level, investments in new capacity building at that level will be reduced.

c) Various initiatives will be undertaken with a view to improving program quality at lower cost. These will include, among others, a Performance Based Funding pilot to analyze costs and test relationships with

partners that are based on quality output rather than resources paid. AidsRelief is also exploring a pilot effort to extend Level of Effort analysis of LPTF staff by providing information on per unit outpurs. Marginal costs of these pilots are minimal.

d) In the short term, the plan to transition the program to grant management by Local Partner(s) will require resources for travel and capacity building (training, equipping, technical assistance). However, ultimately transition to local partners will reduce travel and overhead costs.

In parallel with the effort to be more cost efficient, AidsRelief will emphasize resource mobilization next year. Part of that emphasis will lie in enhanced relations with the MOH and an exploration of resource sharing. Collaboration with other donors, including the Global Fund and bilateral donors, will be explored.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,400,320

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10100**
Mechanism Name:	**HHS/HRSA Track 2.0 CRS AIDSRelief**
Prime Partner Name:	**Catholic Relief Services**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	3,132,873	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	499,444	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	6,742,500	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	242,114	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AIDSRelief (AR) provided support in COP09 for counseling and testing (HCT) services to a total of 84 sites. This comprised the current 34 Local Partner Treatment Facilities (LPTFs), 19 ART/PMTCT satellites and 31 TB/DOT sites in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau, and Taraba). AR will continue to build the capacity at LPTFs to enable them integrate HCT services within care and treatment systems. AR will continue to emphasize support for decentralization clinics and testing of family members of in-care clients. AR will target the provision of HCT services mainly to PABAs - especially children, as well as to STI patients and TB DOT clients at the LPTFs and satellite clinics. At rural satellite clinics, AR will also target women of reproductive age with combined HCT and STI screening. AR also will 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. 7,500 (specialized categories for TB cases, pediatrics, index case family members, provider initiative for sick patients) persons will benefit from HCT and receive their results.

All HCT service outlets will continue to be branded with the "Heart to Heart" logo. AR will continue to encourage Provider Initiated Testing and Counseling (PITC) in all supported healthcare facilities. This approach to HCT will be actualized by AR technical and programmatic staff through onsite mentoring of providers and the engagement of leadership at AR-supported facilities. AR also will scale-up couples counseling and testing in all supported sites through organized training, family-centered testing and on-site mentorship.

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 post-test counseling will be strengthened to lay emphasis on prevention for positives. Post test 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. All HCT sites will provide same day results and will use the current National serial testing algorithm. For infants and children less than 18-months Early Infant Diagnosis (EID) will be available at PMTCT sites according to the national scale up plan; lab testing for EID will be done in conjunction with other IPs.

The USG will provide AR with rapid HIV test kits and AR will be responsible for their warehousing, storage and distribution to LPTFs. Sites will be actively linked to the Government of Nigeria and other donor agencies to access extra kits and supplies needed, and supported to maintain their regular usage and feedback through the above mentioned strategies. This will help increase uptake of HCT services in all points of service in the facilities. Newly identified HIV positive patients will be actively linked to care and treatment in facilities with capacity to enroll new patients. Sites will be supported and retrained on forecasting and stock control using bin cards and will maintain a three month buffer stock. LPTFs will report on inventory and forecasting to the AR central office on a monthly basis.

AR will provide refresher training for 90 LPTF staff on counseling and testing using the GON HCT training curriculum. Counselor training will include couples 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 point of service testing in their facilities. 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 continue to 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 continue to 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 National HCT tools. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Semi-annual partner meetings will provide an additional forum for sharing of new information between sites and communities.

AIDSRelief will continue to 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 continue to collaborate with state and local government HCT programs by carrying

out joint trainings, monitoring visits and leveraging resources to test those who may require testing outside the USG supported numbers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
REDACTED. HCT will add to the prevention strategies of averting new infections through efficient and effective posttest counseling and patient education. HCT will further contribute to the national goal of universal access to HIV/AIDS services. By continuing to support the building of LPTF capacity, AR will continue to contribute to the sustainability of HCT activities at these sites and in Nigeria.

LINKS TO OTHER ACTIVITIES:
This activity relates to activities in ARV services, ARV drugs, laboratory, care and support, PMTCT, OVC, AB, TB/HIV and SI. Linkage of HCT to treatment, care and support services will continue to be strengthened within and across programs and between other implementing partners using standard referral tools. AR will continue to support 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 (especially children), STI patients, and TB suspects/patients.

EMPHASIS AREAS
This activity has emphasis on training including supportive supervision and quality assurance/quality improvement. REDACTED.

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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	435,000	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09 AIDSRelief (AR) provided pediatric care and support services in 34 Local Partner Treatment Facilities (LPTFs) and 19 satellite sites in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba). REDACTED.

Key to increasing pediatric enrollment into care and support will be to strengthen linkages among all service components in AR's LPTF as well as to expand community outreach. This activity will require sustaining staff training/retraining and strengthening referral linkages., AR will consolidate on its multi-pronged approach to increase the number of children enrolled into care and support: organization of services to provide family centered care and treatment, PITC (provider initiated testing and counseling) and community mobilization. AR will pilot the use of less invasive and less technical methods (OrasureR) for increasing access to pediatric HIV testing in communities where children and caregivers are clustered. All exposed infants delivered in the LPTF or identified through the family centered approach will be enrolled into the HIV Comprehensive Care clinic and linked to community based OVC programs for care and support.

The package of care services provided to each HIV positive or exposed child includes a minimum of clinical service with basic care kit and two supportive services in the domain of psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV positive child/care givers in AR's partner sites include Basic Care Kit (ORS, LLITN, water guard, water vessel, soap, IEC materials, and gloves); Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals, Laboratory Services (which will include baseline tests: CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All HIV positive or exposed children's 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 procure basic care kits through a central mechanism and OI drugs will be procured through mechanisms that ensure only NAFDAC approved drugs are utilized. Cotrimoxazole prophylaxis will be provided for exposed and infected children according to the national guidelines.

All LPTFs will be strengthened in their capacity to provide comprehensive quality care and support services through a variety of models of care delivery. This includes quality management of OIs, 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 continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. AR Community Based Treatment Services (CBTS) specialists will continue to support extension of support services to the home and community level. The CBTS Specialists will develop a community volunteer structure in collaboration with the Volunteer Services Organization (VSO) in COP10 to ensure sustainability of services at LPTFs to include mental health support (psychotherapeutic, psychosocial, depression and substance abuse management) and home based care. New and refresher training will be provided for LPTF staff in adherence monitoring. 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. All children in care and support will be served with home visits to assess need for intervention. Psychosocial support will continually be enhanced for all infected children by linkages with support group activities and provision of age specific educational/recreational kits. AR will support expansion of kid support groups to all LPTFs and expand their activities to include periodic social/recreational and educational activities to address issues of stigma and discrimination. AR will support LPTFs to provide step down trainings onsite in this regard.

Efforts will be made to strengthen adolescent friendly services for infected and affected children including linkages to reproductive health.

Non-ART eligible children 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 children will be linked to the AR OVC program to access an array of services including nutritional support, preventive care package (water sanitation/treatment education, ITN) and psychosocial support. Educational support and food supplements will be leveraged from other partners particularly the CRS SUN program and Catholic Secretariat of Nigeria USG funded SUCCOUR program.

In COP10 AR will train and retrain an additional 68 health service providers according to the National Pediatric HIV Training curriculum. Training will maximize use of all available human resources including a focus on community nursing and community adherence to ensure care is decentralized to the home level. AR will establish sustainable structures and models for training health care providers. This will include

consolidating support for tertiary institutions within the AR network and supporting specialty clinics to manage salvage and complex pediatric cases as part of support for AR's transition sustainability plan for capacity building. These institutions will provide for various cadres of health care workers, hands-on training and case conferences in the management of pediatric HIV.

AR will collaborate with the GoN and other stakeholders to implement and scale up task shifting strategies to enable nurses and community health officers provide Pediatric ART. AR will strengthen existing nurse refill services at 3 LPTFs and scale up to 10 additional LPTFs in accordance with AR decentralization and decongestion strategies. AR nurse educators will continue to support the integration of community nursing/Home based nursing services with facility services through training and ongoing mentoring. AR will support expansion of its current pre-service peer education and introduction of nurse curriculum as aspects of pre- and in-service trainings in 10 LPTFs with existing schools of nursing and midwifery. This activity will help in building the capacity of 300 pre service nurses in support of nursing council of Nigeria's approach to improving pre and in service nurse training.

AR will work closely with the USG team to monitor quality improvement at all sites and across the program. AR will actively participate in and facilitate activities to review best practices in Pediatric HIV care and support particularly GoN technical working group meetings. AR will continue its support for GoN in rolling out the national pediatric HIV care and support guideline, and training curriculum.

AR 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 and scale out 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 provide support DBS commodities and transport logistics support for the EID program in collaboration with GoN. Exposed infants will be actively enrolled into pediatric care and support. PMTCT focal persons at all AR LPTFs will keep records of all exposed infants at enrollment soon after birth; informing HIV+ mothers of the 6 weeks the exact dates for DBS collection. AR will encourage parent LPTFs to step down DBS collection at affiliate PMTCT satellite sites and thus decentralize EID activities at these sites. Parent LPTFs will ensure supplies of DBS collecting kits from their own stock to these satellites and the samples collected returned to the parent sites for dispatch to the testing labs. AR will train members of PMTCT support groups in HCT skills. AR will engage PMTCT support groups and the larger support group(s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. AR will strengthen linkages with other health care providers; public and private, proximal to AR LPTFs, with full fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to AR LPTFs and thus benefit from EID/ART activities at AR sites. LPTF EID focal persons will ensure prompt dissemination of results to providers and mothers as soon as they are available.

In COP10, AR will continue to strengthen its expanded Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. AR QIP specialists will be responsible for spearheading QIP activities in their respective regions working with identified and trained LPTF quality management teams. The quality management teams will be supported to conduct in-house self evaluations with AR developed Quality of Care (QoC) indicator tools using the Plan-Do-Study-Act Model to develop strategies for program strengthening. AR will support experience-sharing and dissemination of CQI intervention strategies amongst LPTFs through site-to-site, regional quality committee TWG meetings and the biannual peer forums. Monitoring and evaluation of the AR care and support programs will be consistent with the national plan for patient monitoring. The QIP specialists will conduct team site visits at least quarterly during which there will be evaluations of the status of their standardized medical records keeping, infection control, the utilization of National PMM tools and guidelines, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) will continually be provided to address weaknesses when identified during routine monitoring visits. Data generated will be used to provide mortality/morbidity reviews and biannual life table analyses that identify factors associated with favorable outcomes. 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. AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. It will also include strengthening regional training institutions to provide long term training support and capacity development to other LPTFs. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the GoN to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

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 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 to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs, laboratory services, and care & support activities including Sexual Prevention, PMTCT, OVC, AB, TB/HIV, and SI.

AR will collaborate with the 7-D program of CRS 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 children infected with HIV and their caregivers/HCWs from rural and underserved communities.

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 infected children and thus reduce the stigma and discrimination against them.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	705,667	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	985,967	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	234,920	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	32,222	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	60,417	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	130,650	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	987,787	

Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, AIDSRelief (AR) is providing PMTCT services in 34 comprehensive Local Partner Treatment Facilities (LPTFs) and 17 satellite facilities in 16 states (Abia, Adamawa, Anambra, Benue, Delta Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Rivers and Taraba). AR will continue to implement a local government area-wide service coverage strategy in Anambra and other states with AIDSRelief presence. REDACTED.

AR will continue to provide counseling, testing and results to 47,200 pregnant women. Antiretroviral (ARV) prophylaxis will be provided to 2,000 women and an additional 500 clients will be placed on HAART for their own disease for a total of 1,800women receiving antiretrovirals (4% positivity rate and 75% retention in care based on historical data at AR supported LPTFs). This activity will include routine

provider initiated opt-out HIV counseling and testing (HCT) for all women presenting in antenatal clinics (ANC),labor and delivery wards (L&D) in addition to immediate post-delivery settings for women of unknown HIV status. Counseling will be provided using group and individual pre/post- test counseling strategies and rapid testing based on the National testing algorithms. Same day results will be provided to clients. As part of PMTCT services, partner testing and couple counseling will be strengthened with the provision of a "Partners' Slip" and initiation of a facility based monthly "Couples Forum" to enhance disclosure and male involvement. Through its community and faith-based linkages, AR will continue to utilize community and home based care services to promote partner testing. Clients will be provided access to free laboratory services including CD4 counts, STI screening (VDRL), Urinalysis, MP and Ultrasound Sound Screening (USS). Free medications including those for OIs and hematinics will also be provided. Access to cervical screening will be provided to HIV positive women enrolled into PMTCT services. Strong referral systems that incorporate active follow-up will be strengthened to ensure that women requiring HAART are not lost during referral for ARV services. Referral coordinators will be identified in all our sites and the communities with their capacities built in collaboration with other IPs.

For the anticipated number of women not requiring HAART for their own health, the current WHO-recommended short course ARV option will be provided (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). AR will also offer the option of HAART from 1st week of 2nd trimester in facilities with capacity to deliver HAART. Infant prophylaxis will consist of single dose NVP and ZDV for 6 weeks. AR will use its community linkages, mother-to-mother support groups and the provision of incentives to encourage HIV+ pregnant women to deliver in a health facility. The incentive package ("Mama and Baby Packs") contains basic delivery consumables and immediate baby care items including suctioning bulbs, cord clamps, disinfectant, mackintosh, baby soap and face flannel. All infants of HIV positive woman will be referred to OVC services in order to facilitate care to all affected children.

AR will facilitate establishment of MCH teams within facilities to ensure continuum of care by strengthening linkages between the PMTCT and ART, pediatric and OVC programs. For those HIV+ women who deliver at home, the MCH team and community volunteers will follow-up and ensure delivery of required postpartum services.

AR will support the utilization of traditional birth attendants (TBAs) in referral services in addition to the mother-to-mother support groups to reach HIV+ women who deliver outside of the health facility. This activity will help increase referrals, patient tracking and universal precautions to improve PMTCT outcomes. In this regard, a pilot of TBA service training will be done in 3 states in collaboration with the LPTFs. A focal person at each LPTF will be responsible for tracing HIV+ mothers and their infants in the community and re-integrating them into care. AR Community Based Treatment Services (CBTS)

specialists will continue to support extension of treatment services to the home and community level. The CBTS Specialists will develop a community volunteer structure in collaboration with the Volunteer Services Organization (VSO) in COP10 to ensure sustainability of services at LPTFs to include psychosocial support and home based care.

HIV+ women will be provided infant feeding counseling in prenatal and postnatal periods with options of 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. Women accessing family planning services will be offered HIV Counseling and Testing. Infants of positive mothers will be linked to immunization and well child care services. Cotrimoxazole prophylaxis will be provided to infants from 6 weeks of age until definitive HIV status can be ascertained.

AR will provide training in three cycles to 60 healthcare workers and retraining of additional 30 staff on PMTCT/EID according to the national curriculum. AR will establish sustainable structures and models for training health care providers. Targeted regional LPTF exchange MCH team visits (PMTCT, Pediatrics and OVC focal personnel) within a region to ensure facility ownership of the PMTCT programs will be supported as a stimulus for self evaluation and capacity building. This will include consolidating support for tertiary institutions within the AR network and supporting specialty clinics to manage complex PMTCT cases as part of support for AR's transition sustainability plan for capacity building. Trained LPTF staff will be used as facilitators to step down trainings to other Health Care Workers in their facilities and in nearby government health facilities as a human capacity development and sustainability activities.

AR will collaborate with UNICEF-supported PMTCT sites and the CRS 7D programs for community and home based PMTCT initiatives in its scale-up plans.

In COP10, AR will continue to strengthen its expanded Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. AIDSRelief QIP specialists will be responsible for spearheading QIP activities in their respective regions working with identified and trained LPTF quality management teams. The quality management teams will be supported to conduct in-house self evaluations with AR developed Quality of Care (QoC) indicator tools using the Plan-Do-Study-Act Model to develop strategies for program strengthening. AR will support experience-sharing and dissemination of CQI intervention strategies amongst LPTFs through site-to-site, regional quality committee TWG meetings and the biannual peer fora. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the

national plan for patient monitoring. The QIP specialists will conduct team site visits at least quarterly during which there will be evaluations of the status of their standardized medical records keeping, infection control, the utilization of National PMM tools and guidelines, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) will continually be provided to address weaknesses when identified during routine monitoring visits. Monitoring and evaluation of the AIDSRelief PMTCT program will be consistent with the national plan for patient monitoring. Data generated will be used to provide mortality/morbidity reviews and biannual life table analyses that identify factors associated with good PMTCT outcomes. In addition, at each LPTF an annual cross sectional 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 to evaluate outcomes of PMTCT strategies. All these activities will highlight opportunities for improvement of clinical practices.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
This activity will provide counseling and testing services to 47,200 pregnant women, and provide ARV prophylaxis to 2,000 and 1,800 clients on ART. With 34 operational sites in 16 states, AR PMTCT program supports the rapid scale up of PMTCT services desired by the FMOH.

LINKS TO OTHER ACTIVITIES:
The PMTCT services will be linked to HCT, basic care and support, ARV services, ARV drugs, OVC, TB/HIV, laboratory services and SI. 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 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 also is 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.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', AIDSRelief, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	2,841,194	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	1,664,569	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	435,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10101	**Mechanism Name: HHS/CDC Track 2.0 ECEWS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Excellence Community Education Welfare Scheme (ECEWS)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,681,417	
Funding Source	**Funding Amount**
GHCS (State)	1,681,417

Sub Partner Name(s)

Abasi Ofon Support Group, Abat, Onno	Anglican Communion, Diocese of Umuahia	Anglican Communion, Diocese of Uyo
Comprehensive Health Centre, Awa, Onna	Mount Zion Light House Full Gospel Church, Calabar	Mount Zion Medical Centre, Calabar
Njuere Support Group, Calabar	Nkaima Development Association, Atan Offot, Uyo	Primary Health Care Centre, Ikot Akpan Nkuk, Ukanafun
Primary Health Care Centre, Nung Udoe, Ibesikpo Asutan	Primary Health Care Centre, Odot, Nsit Atai	Qua Iboe Church, Uyo
St. Lukes Hospita Anua, Uyo	Uduak Abasi Clinic, Abak	University of Uyo Health Centre, Uyo

Overview Narrative

ECEWS will be a continuing partner in COP10 and will implement activities in eight technical areas including STP,HTC,TB/HIV,Adult BC&S, Peds BC&S,OVC and SI.Activities will provide continued access to services for cliets already recruited in COP09. ECEWS will contribute to the renewed PEPFAR ll of 3-12-12 of treatment ,prevention and Care via activities in Akwa Ibom ,Cross River and Abia states. ECEWS will maintain services to clients recruited in COP 09 in 67 target community sites.The National

sentinel survey (2008) puts the National prevence at 4.6% with all our sites having prevalence of Akwa Ibom -9.7%, Cross River-8.0% and Abia- 6%. An estimated 2.95 million PLWH and 2.23 million AIDS orpharns are in need of services in Nigeria. ECEWS will work closely with other IPs in building the capacity of GON in SI and other technical areas to respond adequately.ECEWS will be a continuing partner in the program area of Abstinence/Be Faithful (AB) in COP10. 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.The target for this intensive AB messaging campaign is 4,546 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 2,000 children and adolescents, particularly focused on in-school youths and orphans and vulnerable children (OVC) receiving home based support.In COP10 ECEWS will continue to 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 continue in 31 sites (7sites developed under COP07 and 18 sites developed under COP08 and 6 sites in COP09) targeting 9,091 most at risk persons (MARPs) which include GOPD and STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers in Akwa Ibom and Cross River states.

In COP 10 ECEWS will continue and maintain activities in HIV counseling and testing (HCT) and will provide services to 2,500 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.In COP10 ECEWS will Continue to provide palliative care to 2,500 HIV+ adults/adolescents and 5,000 HIV- PABAs for a total of 7,500 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). The care services available to all HIV+ adults includes: prevention with positives services, access to appropriate TB diagnostics and linkage with DOTS programs described under TB/HIV, 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.In COP 2010, ECEWS will continue to provide Pediatric Care and Support to 250 HIV exposed and HIV/AIDS infected children (0-14 years) and 500 PABAs for a total of

750 reached with care services. At 4 TB DOTS points of service directly supported by ECEWS, 900 newly presenting TB suspects and patients developing symptoms will be screened for HIV and provided appropriate counseling based on results. It is estimated that approximately 90 of these TB suspects will have TB, and that through HCT 30 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 and ART clinics. In addition, ECEWS will continue to 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.
This care service will continue to be provided in 14 facility-based sites in 2 states(Akwa Ibom and Cross River States) aiming at extending and optimizing quality of life for HIV-infected children from the time of diagnosis throughout the continuum of illness, through provision of clinical, psychological, social, spiritual and prevention services. In COP 10 ECEWS will continue its OVC activities by providing 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 the full spectrum of OVC services to 2,300 OVC, 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).In COP10 ECEWS will continue activities under the Strategic Information (SI) program area. ECEWS will be supporting the SI activities that will occur across 7 program areas (HCT, TB/HIV, Adult care & support, Pediatric care & support, OVC, AB and COP) for a total of 67 sites in 3 states (Akwa Ibom, Cross River and Abia state). 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.

REDACTED. Of interest is evaluating barriers and access to care for HIV positives identified and referred through HCT. ECEWS emphasisa will be capacity building and gender in COP10 with priority in maintaining services to persons previously reached with PEPFAR supported services accross her supported sites.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Education	72,301
Food and Nutrition: Commodities	25,221
Human Resources for Health	242,460
Water	169,823

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**10101**
Mechanism Name:	**HHS/CDC Track 2.0 ECEWS**
Prime Partner Name:	**Excellence Community Education Welfare Scheme (ECEWS)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	520,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	249,553	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	28,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	30,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	60,820	

Narrative:

ACTIVITY DESCRIPTION

ECEWS will be a continuing partner in the program area of Abstinence/Be Faithful (AB) in COP10. 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. Through the involvement of ECEWS 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 COP10, ECEWS 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. The implementation of the AB activities will utilize a combination of multiple strategies, including community awareness campaigns, peer education models, peer education plus activities, and a school-based approach.

AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate and will be integrated with services provided by ECEWS in a total of 20 sites (10 school based sites and 10 FBO sites developed in COP08 and 09) in 3 states (Akwa Ibom ,Cross River and Abia states).However AB messaging only will be provided to 10 target community sites including FBOs/CBOs, and A only prioritized only to 10 school based sits in Akwa Ibom ,Cross river and Abia states

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 4,546 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 2,000 children and adolescents, particularly focused on in-school youths and orphans and vulnerable children (OVC) receiving home based support.

In COP 10 a total of 20 counselors, teachers, peer educators, religious leaders will be trained to conduct effective prevention interventions inclusive of AB messaging. Retraining will however be conducted for 80 individuals previously trained under COP 09 and COP 08.

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 10 schools in its communities. School based programs will include interactive learning activities that focus on acquisition of skills-based HIV education.

CONTRIBUTIONS TO OVERALL TECHNICAL 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 (#15660.09), Basic Care and Support (#15657.09), Other Prevention (#5656.09), and TB/HIV (#15658.09).

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, Cross River and Abia States

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	310,267	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	82,777	

Narrative:

ACTIVITY DESCRIPTION

In COP010 ECEWS will continue TB/HIV services, maintaining 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 4 TB DOTS points of service directly supported by ECEWS, 900 newly presenting TB suspects and patients developing symptoms will be screened for HIV and provided appropriate counseling based on results. It is estimated that approximately 90 of these TB suspects will have TB, and that through HCT 30 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 and ART clinics. In addition, ECEWS will continue to 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. REDACTED. ECEWS will also provide support to the sites through procuring supplies and consumables (e.g. sputum containers) where deficiencies are noted.

ECEWS will continue to 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, training on X-ray diagnosis / TB treatment and proficiency testing with "unknown" slides provided by the QA team. Refresher/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 for 4 staff in COP10, including refresher training, for a total of 12 staff (4 staff in COP 08, 4 staff in COP 09 and 4 staff in COP 10)in TB treatment.

The ECEWS M&E staff will work with sites to ensure that incident TB cases are properly reported to the

SMOH and 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 TECHNICAL 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 (15660.09), Basic Care and Support (15657.09), OVC (15659.09), Abstinence and Be Faithful (15656.09), and Condoms & Other Prevention (5656.09). Linkage to TB diagnosis and treatment is an important component of adult Care and Support and OVC services.

POPULATIONS BEING TARGETED
TB suspects and patients, PLWHA, and their families and household members who may be at greater risk for TB.

Coverage Areas (Focus Countries Only)

• Akwa Ibom

• Cross River

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10103	Mechanism Name: Lab QA
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The Axios Foundation, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 548,457	
Funding Source	**Funding Amount**
GHCS (State)	548,457

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Over the last six years PEPFAR Implementing Partners have refurbished and equipped more than 375 laboratories throughout Nigeria for the diagnosis and treatment of HIV/AIDs patients. The volume of laboratory testing and diversity of laboratory settings results in a need for a mechanism for the management and evaluation of the consistency of the results produced by these laboratories. Additionally, a process for identifying and developing remediation plans for under-performing facilities is required to facilitate the effective strengthening of the laboratory facilities. Such sustainable laboratory systems strengthening is imperative to maintain and improve the laboratory expertise that has been built over the years in the country through implementation of quality control and quality assurance support functions.

Accordingly, the Axios Foundation, in cooperation with the CDC, PEPFAR Implementing Partners and the Government of Nigeria is developing an External Quality Assessment (EQA) process for PEPFAR laboratories to address these needs. The objectives of the EQA process are to:

• Assess quality of laboratory performance among all PEPFAR laboratories

• Provide assurance to consumers (physicians as well as patients) that results are reliable

• Identify possible deficiencies in laboratory practices and guiding participants in corrective action towards improvement

• Build and strengthen the capability of the national Medical Laboratory Science Council (MLSC) to provide quality assurance and over sight for laboratory services in the country

in a sustainable manner
• Encourage good laboratory practice
• Collect information on the reliability characteristics of particular methods, materials and equipment and taking corrective actions as appropriate
• Encourage implementation of quality assurance and control measures within laboratories
• Collect information on performance of measurement principles in order to guide professionals and/or Government bodies towards achieving harmonization
• Identify laboratories of excellent performance for their involvement in training and education
• Stimulate information exchange and networking among PEPFAR laboratories
• Provide updated information on new developments in HIV diagnostics.

The focus of the project is creation of a national laboratory quality assurance process that is sustainable and scalable so that the EQA objectives can
be applied to all PEPFAR laboratories.
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HIV/AIDs patients. The volume of laboratory testing and diversity of laboratory settings results in a need for a mechanism for the management and evaluation of the
consistency of the results produced by these laboratories. Additionally, a process for identifying and developing remediation plans for under-performing facilities is
required to facilitate the effective strengthening of the laboratory facilities. Such sustainable laboratory systems strengthening is imperative to maintain and improve the
laboratory expertise that has been built over the years in the country through implementation of quality control and quality assurance support functions.

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• Assess quality of laboratory performance among all PEPFAR laboratories
• Provide assurance to consumers (physicians as well as patients) that results are reliable
• Identify possible deficiencies in laboratory practices and guiding participants in corrective action towards improvement
• Build and strengthen the capability of the national Medical Laboratory Science Council (MLSC) to provide quality assurance and over sight for laboratory services in the country
in a sustainable manner
• Encourage good laboratory practice

• Collect information on the reliability characteristics of particular methods, materials and equipment and taking corrective actions as appropriate
• Encourage implementation of quality assurance and control measures within laboratories
• Collect information on performance of measurement principles in order to guide professionals and/or Government bodies towards achieving harmonization
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• Stimulate information exchange and networking among PEPFAR laboratories
• Provide updated information on new developments in HIV diagnostics.

The focus of the project is creation of a national laboratory quality assurance process that is sustainable and scalable so that the EQA objectives can be applied to all PEPFAR laboratories.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10103**
Mechanism Name:	**Lab QA**
Prime Partner Name:	**The Axios Foundation, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	548,457	

Narrative:

This narrative describes Axios Foundation's continuing activities in Health Systems Strengthening through the development of an External Quality Assessment (EQA) scheme for PEPFAR laboratories in Nigeria for COP10.

REDACTED.

Axios will build on and strengthen partnerships with WHO, Medical Laboratory Science Council (MLSC) and NBTS with an emphasis of inexpensive partnerships to guarantee the sustainability of EQA activities in country. As part of the focus on system strengthening in COP10, Axios will establish a partnership for mentoring and coaching to be provided by key technical staff within the EQA supply partners of NHLS/NICD in South Africa to Zaria staff and its in-country partners.

This relationship will include a tailored training session by a team of experts from NHLS and will include not only the staff at
Zaria, but selected key individuals from the Medical Laboratory Science Council of Nigeria (MLSCN) and the Center for
Disease Control as well. This training session will either take place in Zaria or South Africa

In COP10, the educational component of the EQA scheme will be refined; high and low performing laboratories will be
identified and mentoring relationships with appropriate training sessions and field visits from Zaria staff to supporting
laboratories will take place.

Building on the initial partnerships established in COP09, Axios will arrange with panel supply partners for the shipments of
HIV serology and CD4 panels for a selected group of USG/PEPFAR laboratories who will form the initial pilot group of the
scheme with a planned phased approach to include all USG/PEPFAR labs by the end of COP10.

Following the initial rounds of panel testing and results submission in COP10, Axios will conduct a brief assessment in to
track improvements in the quality of testing among participating laboratories. Significant challenges will be identified and
the means to address these challenges will be explored in collaboration with the PEPFAR partners. As part of an internal
quality assurance (QA) process, Axios will also assess the feedback loop between the IPs and Zaria EQA center as well
as a feedback loop between the participating laboratories and the IPs. This analysis will be used to identify strengths,
weaknesses, opportunities and threats to the operation of the EQA scheme. Lessons learned and challenges overcome

will be documented and shared through regular written communication such as newsletters with all USG/PEPFAR IPs as well as all members of the USG partners. As part of the focus on Health Systems Strengthening in COP10, Axios will identify new partnerships and links to source hematology & chemistry EQA panels for Zaria EQA center, followed by an evaluation of the potential to introduce real time polymerase chain reaction (PCR) techniques such as Viral Load Testing and HIV pediatrics (DBS) EQA schemes. To enable such services, a suitable structure within the compound of the National Tuberculosis and Leprosy Centre in Zaria, Kaduna State will need to be identified. REDACTED. When the Zaria EQA center is operating, it will systematically gather all relevant operational data to provide an evidence base for replicating and expanding the Zaria model into another region in Nigeria.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10104	**Mechanism Name: HHS/CDC Track 2.0 ASCP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	**Funding Amount**
GHCS (State)	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10104		
Mechanism Name:	HHS/CDC Track 2.0 ASCP		
Prime Partner Name:	American Society of Clinical Pathology		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	450,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10105	**Mechanism Name: HHS/CDC Track 2.0 CLSI**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Clinical and Laboratory Standards Institute (CLSI) began supporting the Ministry of Health - Nigeria, CDC Nigeria and the Medical Laboratory Science Council of Nigeria (MLSCN) in the implementation of Quality Management Systems (QMS) and Accreditation Preparedness during COP 08, continuing in COP 09.

Goal: To expand and strengthen the National Laboratory Quality System, including a comprehensive, standardized document system; expanded participation in Quality Assurance programs; an effective auditing and monitoring program; and working toward building the capacity of the regulatory body to understand and articulate quality management systems and mentor them through the process of implementing a national accreditation scheme for all of the laboratory tiers.

Objectives:
A. Implement Quality Management Systems (QMS) and internationally recognized laboratory standards in national and regional laboratories.
B. Progressively raise laboratory assessment scores through the WHO-AFRO accreditation scheme and/or acheive accreditation by alternative international standards
accreditation.
C. Work with the MLSCN to continue development of the laboratory operational and quality management personnel to ensure:

* Sustainability of QMS and the achieved laboratory accreditation status.
* Continued expansion of QMS and accreditation for all tiers.

CLSI's standards-driven approach, together with the implementation of QMS, bridges the gap between pre-service training and in-field application. This foundation prepares laboratory personnel to successfully implement and sustain the technical assistance of lab coalition partners across all lab disciplines.

The geographic coverage is national and is acheived by developing Master Trainers to cascade expertise through all laboratory tiers. This improves the quality of national and regional laboratories and increases capacity to augment service quality at all laboratory levels.

CLSI's program strategy targets the training of Master Trainers and the development of Laboratory Operations and Quality Management staff on the application of QMS. Effective implementation of QMS is critical to continued accreditation preparedness and improved quality of service. Building capacity of local laboratory personnel ensures the continuation of accreditation activities allowing a timely exit of the technical assisstance providers. Funding levels directly determine the number of training sessions and mentorships CLSI can conduct. A more intensive program, expanding the number of laboratory interventions, increases the rate of accreditation success.

Collaboration between Lab Coalition partners and MLSCN on training and mentorships is a cost effective way to help ensure the broadest application of technical assistance to rapidly acheive program goals.

Monitoring and evaluation is accomplished through laboratory assessments.

* Development of lab quality indicators and the use of internal focused audits to monitor effectiveness of CQI initiatives.
* Scheduled external assessments to measure progress towards accreditation based on criteria of selected accreditation agencies (e.g. WHO-AFRO, CAP, JCI, SANAS).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10105**
Mechanism Name:	**HHS/CDC Track 2.0 CLSI**
Prime Partner Name:	**Clinical and Laboratory Standards Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HLAB	200,000	

Narrative:

CLSI will work closely with CDC Nigeria, MOH Nigeria and the MLSCN to provide technical experts to conduct activities that are described in the overview narrative for lab strengthening, including:

*QMS workshop activities (e.g. QA, internal and external audit, CQI).
*Mentorship activities with laboratories and MLSCN.
*Gap analysis and accreditation preparedness activities geared toward WHO-AFRO teired accreditation.

The suggested budget for the full scope of work is estimated for four participating laboratories which will be degignated by CDC Nigeria, MOH Nigeria and the MLSCN. This funding level assumes CLSI administrative costs, indirect cost, and travel-related costs for CLSI staff and volunteer consultants. In-country meeting expenses are not included. CLSI staff works to coordinate program travel within Africa, ensuring judicious use of program funds.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10107	**Mechanism Name: HHS/HRSA Track 2.0 AIHA**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

Federal School of Social Work	Hunter College School of Social Work	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10107**
Mechanism Name:	**HHS/HRSA Track 2.0 AIHA**
Prime Partner Name:	**American International Health Alliance**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10110	**Mechanism Name: HHS/CDC Track 2.0 Pop Council**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,092,910	
Funding Source	**Funding Amount**
GHCS (State)	1,092,910

Sub Partner Name(s)

African Health Project	Association for Reproductive and Family Health	Centre for the Rights to Health (CRH)
Education As A Vaccine Against AIDS (EVA)	Freedom Foundation (FF)	Green Trust, Kano
Kind Hearts	Male Attitudes Network (MAN)	The Independent Project for Equal Rights (TIER)

Overview Narrative

Nigeria has a population of approximately 140 million people with a current adult HIV prevalence of 4.4% in 2008 and about 3 million individuals living with HIV in Nigeria. The HIV epidemic in Nigeria has been recently described as "generalised", spreading from the high risk to the general population. The most-at-risks-populations (MARPS) continue to serve as "reservoirs" and bridging populations of the HIV infection, thereby fuelling the epidemic in Nigeria. This group includes female sex workers (FSW), men that have sex with men (MSM), injection drug users (IDU), long distance truckers, uniformed professionals, etc.

The 2007 IBBSS shows varied overall HIV prevalence among MARPS with MSM having the second highest prevalence of 13.5% (25% in Lagos) compared to 25% among FSW. MSMs are particularly a high risk population in Nigeria. The MSM community is socially stigmatized, and receives scanty services to promote healthy sexual behavior and HIV/STI prevention. In Nigeria, nearly all informational education messages focus on heterosexual transmission of STI/HIV, and MSM are not sensitized to their own risk for contracting an STI. In addition, health professionals are largely unaware of their special needs. It is therefore paramount to include MSM in programs to prevent HIV/AIDS, since they are at high risk for HIV/STIs but are historically ignored by prevention campaigns and limited in their access to sexual health services. Other predorminantly male occupations eg transport workers, uniformed professional, male clients of female sex workers, etc were also highlighted by the IBBSS 2007 as having HIV prevalence above the National figures. Same sex practices are also reportedly prevalent in about 10% of these

groups of men.

The Population Council, through this project, seeks to avert new HIV and sexually transmitted infections (STIs) among these men engaged in multiple, concurrent or serial sexual relationships, and those who engage in high-risk sexual practices such as unprotected vaginal and/or anal sex with their male and female partners. We will accomplish this by utilizing a social franchise model to make quality medical care accessible to all men in a hassle-free manner by engaging both public and private sector service providers. This strategy will improve knowledge of risky practices among these men, reduce high-risk sexual practices, reduce barriers to HIV/STI detection and treatment, modify care-seeking behaviors, and promote individual and group assistance through supportive social networks. At its core, this strategy will identify clinicians in private practice in key Nigerian cities and towns and engage them through trainings and continuing medical education (CME) efforts to provide non-discriminatory and appropriate sexual health care for men-at-risk including HIV testing & counseling (HTC), sexually transmitted infection testing and syndromic management (STI-SM), pre-packaged therapy (PPT) for STI, condom/lubricant distribution and referrals to existing services appropriate for the individual's needs. We will also use an online training approach as a CME strategy to train participating clinicians and laboratory staff on good laboratory practice (GLP) and quality diagnosis and treatment of opportunity infections (OIs).

The project focusing on high risk men and MSM, incorporated into a larger sustainability strategy, the Men's Health Network Nigeria (MHNN), will provide a comprehensive package of information, education and communication activities to bring about behavior change, change community norms, improve access to and quality of HTC and STI services, and reduce vulnerability and risk among men engaged in high-risk practices. In addition, it will provide appropriate referrals to MHNN physicians who will in turn provide comprehensive sexual-health clinical services. The project will support social networks of high-risk male subgroups including men who have sex with men (MSM), injection drug users (IDU), transport workers and uniformed military men as same sex and high risk sexual practices occur in a significant proportion among these target groups. This strategy will allow direct intervention to men known to be at high risk and will take advantage of existing structures to improve access to health services and ultimately HIV/STI related prevention and treatment services. As a result, we anticipate that risky sexual behavior will decrease and the opportunity for men to adopt appropriate sexual health behaviours, particularly HIV prevention strategies will increase. Men who test positive or present as HIV positive and who need HIV care and support will be referred to services through existing HIV care and treatment providers.

As MHNN expands, incorporating other high risk groups engaged in same sex relationships such as institutionalized settings, we will target military families and communities around army barracks. Messages such as partner reduction and Men as Partner's will focus on the adult male population. Other messages will include importance of VCT, safer sex interventions and approaches aimed at the entire

family. Gender specific out of school Safe Space Youth Groups (SSYGs), and event-based activities will be developed for adolescents, with a focus on delaying sexual debut for younger children and age-appropriate sexual and reproductive health messaging for older adolescents (including marriage delay messages).

The MHNN project had been rolled out in three (3) cities; Abuja (FCT), Lagos and Ibadan (Oyo) (including the transport corridor along Lagos-Ibadan express way) starting from COP08 and will expand to three more cities: Calabar, Kano and Kaduna and further to meet needs of high risk men in high prevalence areas in COP10. This project targets most-at-risk population of men including men who have sex with men (MSM), injection drug users (IDU), transport workers and uniformed military men.

The MHNN social franchising approach will employ KOLs to interact and engage groups whose members are known to engage in high-risk sexual activity, i.e., MSM and transit workers. In addition to engaging these men for the purposes of providing HIV prevention messages, we will also provide referrals to medical clinics for HIV testing, TB screening and STI syndromic diagnosis and treatment. These clinics will be pre-screened to ensure that providers are comfortable treating and interacting with men with high risk behaviors, particularly MSM, and that they are comfortable discussing appropriate risk-reduction measures with these men. The MHNN recognizes that male health seeking practices among sexually active men are limited to only a few complaints, with sexual dysfunction and STIs being the most prominent. By using principally private sector providers as the entry point, MHNN will allow high risk men to bypass the public sector, in which non-discriminatory care can be elusive.

Procurement of medical commodities will, as much as possible, be sourced through the PEPFAR Nigeria procurement mechanisms as a cost saving effort. We also envisage that lessons learnt within the inception phases of the MHNN project will guide expansion to other cities in COP10. As a result, duplication of costs will be minimized especially by seeking to organize joint trainings with other PEPFAR implementing partners. The project will also seek to leverage resources from the Government of Nigeria through NACA and NASCP especially in areas of technical persons for trainings, provisions of condoms and HIV test kits were necessary.

In order to measure the progress and attainment of the program, the intervention established baseline values with extracts from the IBBSS 2007 and initial interactions with the target communities. The progress of the project will be monitored on an on-going basis with routine service data tools and evaluated in COP10 (third year of the project) with structured and tested tools to measure outcome and impact against baseline. This results of this evaluation will help to strenghthen program strategies and make necessary adjustments.

Long term sustainability of the project will be ensured through the development of a multi-donor social franchising model, the "Men's Health Network Nigeria" which will spin off as an institution of its own.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	21,858
Human Resources for Health	54,646

Key Issues

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

Budget Code Information

Mechanism ID:	**10110**
Mechanism Name:	**HHS/CDC Track 2.0 Pop Council**
Prime Partner Name:	**Population Council**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	328,065	

Narrative:

This activity is on-going in 3 sites – Abuja (FCT), Lagos and Ibadan (Oyo) (including the transport corridor along Lagos-Ibadan express way) and will be extended to 3 more sites (Calabar,Kano and Kaduna) during COP10 project activity year. It is designed an an HIV prevention activity consisting of several inter-related components: 1) To promote abstinence and fidelity for male adolescents with abstinence messages, and target men with "be faithful" messages, as part of a comprehensive male involvement curriculum addressing homophobia and violence. 2) To increase demand for and availability of condoms/lubricants and other prevention activities including STI management to high-risk men and their male and female partners; 3) To provide clinic and community-based HIV testing and counseling (HTC) to men in a culturally and gender-sensitive manner; 4) To support a network of key opinion leaders and peer educators to reach their peers and refer them to service providers.

The HCT component of this intervention will include: provide clinic and community-based HTC to high risk men, including MSM, Transport Workers, Injection Drug Users and Uniformed Professionals in culturally and gender-sensitive manner: 18 clinics will provide confidential HTC to clients; 3,500 clients will have be tested for HIV using nationally approved HIV rapid testing algorithms and received their results; and 24 counselors will be trained in local languages in confidential counseling and testing using the National HTC training curriculum. In addition, the project will provide technical assistance to support 2 networks of advocates around MSM service delivery for strategic information activities, as well as 8 individuals receiving training in strategic information (covered through other funding sources). This includes training in monitoring and evaluation, surveillance, and/or health-management information systems. QA/QC will be performed among public and private laboratories affiliated with the project, though no direct laboratory funding is provided under this grant.

Population council intends to pilot a Computer-Assisted Self Interviewing (CASI) method to aid efficient delivery of HTC services from other funding sources. The HTC component to this program provides a vital linkage to onward referral services for HVOP program areas, specifically for men engaged in high risk practices, and serves as an essential gateway for linked/clustered services under the Global Fund strategy of clustered providers for STI treatment, ART, and care and support. Access to quality condoms and lubricants as well as STI syndromic management and other health services will improve through the establishment of men-friendly network of healthcare providers. In COP10, three public/private sector clinics will be selected and shaped into men-friendly clinics.

Policy-level interventions are not specified in this activity; however significant engagement with Government of Nigeria (NACA, NASCP) is on-going and will be intensified in COP10 essential steps to gradually move forward with a public health focused rights-based agendas to support protection of services to high risk and hghly stigmatized groups such as MSM and IDUs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	324,372	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	440,473	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10111	**Mechanism Name: HHS/CDC Track 2.0 Vanderbilt**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Vanderbilt University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,032,813	
Funding Source	**Funding Amount**
GHCS (State)	2,032,813

Sub Partner Name(s)

Friends in Global Health (FGH)	Westat	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Food and Nutrition: Commodities	78,996
Food and Nutrition: Policy, Tools, and Service Delivery	39,498
Human Resources for Health	197,490

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10111**
Mechanism Name:	**HHS/CDC Track 2.0 Vanderbilt**
Prime Partner Name:	**Vanderbilt University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	187,250	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	75,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	428,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	21,659	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	28,500	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	45,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	67,627	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	302,285	

Narrative:

ACTIVITY UNCHANGED FROM FY2009

ACTIVITY NARRATIVE

In COP09 Vanderbilt University (VU) counseled, tested, and provided HIV test results to 6000 pregnant women in 8 sites in Kwara and Niger states. In COP10, VU will build on the successes achieved in COP09 by supporting the government of Nigeria in providing prevention of mother-to-child transmission (PMTCT) of HIV services to a total of 11,280 pregnant women in a total of 8 sites and will provide antiretroviral prophylaxis to 338 HIV-infected pregnant women. To achieve this goal we anticipate training and/or re-training 10 health care workers (HCWs) to provide PMTCT using the National PMTCT Training Curriculum.

In COP10, PMTCT services will continue to be offered at 8 sites in line with the National PMTCT Guidelines. Group health information will be provided to ANC clients during the morning health talk and opt-out HIV testing will be offered to all attendees according to the current Nigerian HIV-testing algorithm.

Same day HIV test results will be provided to clients during individual post-test counseling. While we have experienced low levels of partner testing thus far, we will continue to encourage and promote partner testing through the use of "love letters" and personalized invitations for partners.

Women who test positive for HIV will be sent for onsite CD4 testing (where available) or referred to a PEPFAR sponsored comprehensive centers for CD4 testing. Those eligible for treatment will be offered HAART and those eligible for prophylaxis will be provided with ARV prophylaxis consistent with the recommendations of the National PMTCT Guidelines. Replacement doses of anti retro virals will be available in the labor wards of project-supported facilities for women who for any reason have not ingested their medications prior to admission and have not brought them to the labor ward.

Despite availability of HIV testing in ANC, some women will present to the labor ward unaware of their HIV status. In order to provide testing services to these women, VU will continue to support labor ward-based, point-of-care, opt-out HIV testing in all PMTCT sites. Women who test positive will be provided with antiretroviral prophylaxis along with their HIV-exposed infants. Women who present postpartum will be offered HIV testing in the postpartum ward. If the woman tests positive, her infant will receive the standard postpartum infant regimen. All HIV-infected women who are not already receiving comprehensive HIV care will be referred to a comprehensive HIV care and treatment center.

VU will support the training of 10 health care workers on PMTCT using the National PMTCT Training Curriculum in COP10. We anticipate training staff at one new satellite site in COP10 as well as training new staff at our existing sites. In addition, VU will continue to update the skills of previously trained site staff through onsite training and refresher courses.

In COP10, maternal and infant nutrition will remain a priority. PMTCT staff at VU supported sites will continue to provide infant feeding counseling to HIV-infected women according to the National Infant Feeding Training Guidelines. This training arms site staff with the knowledge needed to appropriately counsel HIV-infected women on infant feeding choices and to provide women with unbiased information on infant feeding following AFASS criteria which helps to ensure that replacement feeding is acceptable, feasible, affordable, sustainable, and safe. Four staff members at the new PMTCT site will also participate in this training. VU will continue to conduct nutritional counseling and assessments and provide iron and folic acid to HIV-infected pregnant women. A priority in COP10 will be to further support maternal nutrition through the provision of food supplements for pregnant women. We are currently looking for food support programs in our catchment areas from which we can leverage support.

VU supported community outreach activities will continue to raise awareness of the PMTCT program, encourage pregnant women to receive HIV testing, and encourage the spouses and other family

members of pregnant women to be tested for HIV. We will partner with other groups participating in the national network of care and treatment, government institutions and community-based NGOs in the project area in order to ensure that mechanisms are in place to effectively respond to the treatment needs of HIV positive pregnant women attending our ANCs. We will continue to support and expand community outreach programs aimed at increasing community and patient education about PMTCT, encouraging clients to adhere to medication through understanding of treatment and the importance of follow up visits. Using site based home-based care workers, VU will encourage routine follow up of pregnant HIV-infected clients both before and after delivery. We will strengthen the capacity of community institutions to provide quality health-related wrap-around services including family planning, safe motherhood, nutritional support and other services as appropriate.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', VU, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	490,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	184,992	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	202,500	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10113	**Mechanism Name: HHS/CDC Track 2.0 Johns Hopkins**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University/Jhpiego	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 665,654	
Funding Source	**Funding Amount**
GHCS (State)	665,654

Sub Partner Name(s)

Federation of Muslim Women Association in Nigeria, Kebbi	Save the Children US	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	77,212

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10113**		
Mechanism Name:	**HHS/CDC Track 2.0 Johns Hopkins**		
Prime Partner Name:	**Johns Hopkins University/Jhpiego**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	27,897	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	15,624	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	622,133	
Narrative:			
BUDGET CODE 1 Narrative: PMTCT (MTCT) ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: As a result of significantly reduced funding (less than 30% of award level), the project's planned expansion to Akwa Ibom State will be shelved in COP10. As an alternative, ZAIHAP will consolidate its activities in the existing HVCT sites in Zamfara State and activate 2 additional HCT sites. Activity Description			

This activity is linked to HCT (HVCT).
The Zamfara Akwa Ibom HIV/AIDS Project (ZAIHAP) will use evidence-based technical and programmatic approaches to improve access to quality PMTCT services in Zamfara State. In the first years of the project (COP08), 3 health facilities in Zamfara State were supported to provide PMTCT services. In COP09 and another 2 PMTCT sites will be supported to make a total of 5 ZAIHAP PMTCT sites. Given the significant reduction in program budget from its award level, the planned expansion of the ZAIHAP project to Akwa Ibom State in COP10 will again be further delayed. Rather, ZAIHAP will consolidate its foothold in Zamfara State in COP10.

The overall goal of the proposed project is to establish sustainable approaches for the reduction of morbidity and mortality due to HIV/AIDS among vulnerable populations. By using platforms of integrated health services and community outreach to scale-up PMTCT and HCT programs, ZAIHAP will strengthen the capacity and expansion of primary prevention of HIV infection.

ZAIHAP will continue to work with the State Ministry of Health (SMOH) and State Agency for Control of AIDS (SACA) to increase access to and use of high quality PMTCT services at facility and community levels in Zamfara States. Using a network approach with basic PMTCT secondary health care centers linked to primary health care centers, ZAIHAP will provide a hub and spoke model of PMTCT services across all supported sites.

Group health information will be provided to all antenatal clients. HIV testing and counseling using the opt-out approach will be provided to all pregnant women at the time of antenatal booking. All points of service will provide same-day results. An estimated 7385 pregnant women accessing ANC services in ZAIHAP supported health facilities will have known HIV status following the addition of 2 PMTCT sites in Zamfara States. Partner testing will be offered as part of counseling at the PMTCT site. Women who are HIV-negative will be counseled on how to remain negative, safer sexual practices, safe delivery and safe motherhood. Healthcare providers from these sites will participate in the national couple counseling training.

An estimated 294 known positive pregnant women will be provided with a complete course of ARV prophylaxis in Zamfara State. Pregnant women who are found to be infected with HIV will also receive other services at PMTCT sites including medical evaluation, laboratory analysis including CD4 count (onsite or within HIV Care and Treatment Network in the states through specimen transportation), and treatment of opportunistic infections (OIs). For women not requiring HAART, the National PMTCT Guideline consisting of ZDV from 28 weeks or ZDV/3TC from 34 weeks will be prescribed. They will also be placed on intrapartum NVP and a 7-day ZDV/3TC postpartum tail. Infant prophylaxis will consist of single dose NVP at birth and ZDV for 6 weeks. Cotrimoxazole prophylaxis will be given to exposed

infants at birth till HIV infection can be excluded.

All HIV positive women will be counseled on appropriate Infant Feeding options. This counseling will be done using the National PMTCT Guidelines where unbiased counseling will be offered and informed choice made between Exclusive Breastfeeding (EBF) and Replacement Feeding. All HIV exposed infants will be followed up and referred diagnosis using DNA PCR or Antibody tests as appropriate. Jhpiego will participate in the next phase of National Early Infant Diagnosis program scale-up and all PMTCT sites will be linked for Dry Blood Spot (DBS) sample collection. HIV exposed infants will also be linked to the nearest OVC services if needed.

Pregnant women requiring HAART for their own health will be referred for Care, Treatment and Support based on the National Treatment Guidelines at Comprehensive sites within the HIV Care and Treatment Network in Zamfara State. Women will be linked to PLWHA support groups within the Care and Support network which will provide both education and ongoing support around Infant Feeding choices.

Jhpiego will train 20 health workers from the two (2) new sites in Zamfara State on the provision of PMTCT services using the National PMTCT Training Curriculum. ZAIHAP will apply the Community Action Cycle (CAC) and Partnership Defined Quality (PDQ) methodologies which will bring service providers and community members together to define quality of care, identify and prioritize problems and create solutions. This will empower and mobilize local communities to support and increase demand for uptake of PMTCT services. Support groups for mothers will be established/ strengthened to promote uptake of PMTCT and other maternity services and adherence to treatment protocols, using the Mothers-2-Mothers Model.

The project will ensure that after delivery, all HIV+ women are properly referred for treatment and directed to wrap-around services such as health and psychosocial support, gender-based violence prevention and response, support for formal and informal education, skills and vocational training and income generation.

Jhpiego will use national PMTCT Registers across all our sites and train twenty-five (25) healthcare workers (including staff of new PMTCT sites and Local Government M&E Officers from ZAIHAP LGAs) in Zamfara State using the National PMTCT MIS System. The Local Government M&E officers will play a critical role in building the capacity of the LGA M&E System and will also send Monthly Reports which will be sent to the SASCP.

Contribution to Overall Program Area

Jhpiego's work at her PMTCT sites will contribute to achieving the PEPFAR/USG COP10 12-2-3 Legislative Goals of preventing 12 million new HIV infections, providing care to 12 million people infected or affected by HIV/AIDS and providing treatment for at least 3 million people. To measure and report on progress toward achieving program objectives, Jhpiego will implement a detailed Monitoring and Evaluation (M&E) plan which acknowledges the critical importance of collecting and reporting on the PEPFAR program-level indicators and will institute reporting on the Next Generation Indicators. Program-level indicators will be collected routinely and reported quarterly, semi-annually and annually during site visits through available project records, Client Registers, and the Nigerian National Response Information Monitoring System (NNRIMS), as appropriate. Jhpiego's Training Information Monitoring System (TIMS) will also be used to track persons trained and facilitate follow-up.

While recognizing that data from the Jhpiego-supported sites will be reported to the Federal Ministry of Health to calculate the outcome indicators on a national level, Jhpiego will also calculate these indicators on a project level to ensure proper project implementation and management.

Understanding the importance of the 'Three Ones', Jhpiego will work with the Federal Ministry of Health, UNAIDS, and other donors to implement the National M&E Plan and support the National HIV/AIDS Strategy.

Links to Other Activities
Jhpiego is currently working in Zamfara State to implement the ACCESS Program which focuses on strengthening primary and secondary health facilities to provide Emergency Obstetric and Newborn Care (EmONC) services as well as increasing demand for these services through community mobilization activities. The ZAIHAP project is leveraging support from the ongoing ACCESS program in Zamfara State which has strong community mobilization and demand generation interventions. ZAIHAP will continue to take advantage of ACCESS/MCHIPs existing community mobilization network and add messages on the benefits of PMTCT, the existence of PMTCT services to reduce the likelihood of HIV transmission to infants, and appropriate infant feeding choices. The PMTCT activities can serve as a platform through which other family members are targeted for HCT services. ZAIHAP activities will be linked to other important services such as HIV care and treatment, and other services including psychosocial support and economic empowerment schemes, through referral to nearby services. The National HCT (Heart-2-Heart) Logo will be conspicuously displayed at all PMTCT sites.

ZAIHAP is partnering with two (2) local NGOs in Zamfara State, Federation of Muslim Women's Associations of Nigeria (FOMWAN) and Community Health Development Project (COHEDEP) to further mobilize communities through advocacy to political and traditional rulers, community dialogue, community rallies and development of radio messages to be aired across the state. This partnership will

be maintained to the extent that it remains beneficial to the ZAIHAP project.

Target Population
The target population is pregnant women and their infants. These women will be reached through both facility based (antenatal clinic) and community based activities. Women reached through community activities will be encouraged to utilize antenatal care services in the health facilities.

Key Legislative Issues
This activity addresses the key legislative issue of gender as pregnant women will be provided with ARV prophylaxis and treatment. Data from these women will demonstrate this.

Emphasis Areas
The activity includes a major emphasis on local organization capacity building, quality assurance, quality improvement, supportive supervision and minor emphases on commodity procurement and infrastructure.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', Jhiepgo, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10114	**Mechanism Name: HHS/CDC Track 2.0 APIN**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Grant
Prime Partner Name: APIN LTD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 31,629,484	
Funding Source	**Funding Amount**
GHCS (State)	31,629,484

Sub Partner Name(s)

AAN	Adeoyo Maternity Hospital, Oyo State	ARFH
Central Public Health Lab, Lagos State	Centre for Children Health Education Development (CCHED)	Eleta Hospital, Ibadan, Oyo State
Humanity Family Foundation for Peace & Development	Ijebu Ode General Hospital, Ogun State	Initiative for Integrated Community Welfare Nigeria (IICWN)
Karale Association for HIV Prevention	Lagos University Teaching Hospital, Lagos State	Lucina Hope Foundation Centre
Mushin General Hospital, Lagos State	Nigerian Institute of Medical Research, Lagos State	Northwestern University, Chicago
Ogbomosho General Hospital, Oyo State	Onikan General Hospital, Lagos State	People Against HIV/AIDS in the Barracks (PAHAB)
PHC, Iru, VI, Lagos State	Positive Action Committee	Positive Outreach Foundation
Rays of Hope Community Foundation	Sacred Heart Lantoro, Abeokuta, Ogun State	St. Joseph Catholic Hospital, Kirikiri
UCH/Oyo State DOT centers	University College Hospital, Ibadan, Oyo State	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	367,704

Education	86,051
Food and Nutrition: Commodities	209,834
Food and Nutrition: Policy, Tools, and Service Delivery	1,178,875
Gender: Reducing Violence and Coercion	341,971
Human Resources for Health	3,480,867
Water	0

Key Issues

Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10114**
Mechanism Name:	**HHS/CDC Track 2.0 APIN**
Prime Partner Name:	**APIN LTD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	4,904,776	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	669,901	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	12,161,035	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	304,985	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	588,952	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	1,319,778	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	1,251,453	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	450,268	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HMBL	26,192	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	63,304	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	184,382	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,403,299	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,369,660	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	3,745,242	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	1,753,897	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,432,360	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10115	**Mechanism Name: HHS/CDC Track 2.0 URC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,442,099	
Funding Source	**Funding Amount**
GHCS (State)	1,442,099

Sub Partner Name(s)

Vision Africa		

Overview Narrative

In COP 10 URC will continue to consolidate the gains made in COP 09. Enugu state ,with a prevalence rate of 5.8% is 12th overall in Nigeria and 1st in the states in the South East geopolitical zone(source: NHSS: 2008), is the recognized capital of the South East, remains an important commercial, cultural and transport hub.

Within the state there continue to be pockets of higher incidence both geographically and within most at risk populations. Achi joint in Oji River has a prevalence of 12.7% according to antenatal sentinel surveillance and is one of our key intervention regions. URC recognizes the shift in PEPFAR II from an emergency response to one of consolidating gains and building local capacity. Capacity building will focus

on the community health facility, local government and the State. To this end we will continue to favour a more targeted approach that maximizes the effective and efficient use of resources. This will primarily be achieved by keying into the priority response areas as articulated by the Federal Government of Nigeria's National Strategic plan and raising the profile and enhancing the coordinating function of the State AIDS Control Agency, State MOH and Local government's primary health care programme.
URC in COP 10 will continue to implement comprehensive HIV services for the prevention of the transmission of HIV from mother to child (PMTCT), HIV testing and counselling (HTC), Adult care and support, Paediatric care and support, TB/HIV integration, Adult treatment, Paediatric treatment, ARV drugs, Orphans and Vulnerable Child (OVC), Laboratory infrastructure support and Strategic information. URC will also seek to provide support to the strengthening of the health system in Enugu and to undertake work to help in efforts to combat HIV stigma and discrimination and ensure meaningful involvement of people living with HIV. Added impetus will be focused on increasing TB and HIV collaborative activities, in recognition of the twin epidemics Complementarity in terms of morbidity and mortality with closer working with the TB programme cognizant officers in the state to improving case detection, diagnosis and infection control initiatives.
Further, we note the fundamental need to continue to provide the correct mix of HIV prevention, care and support services. Long term, new infections will need to reversed and halted and this will be achieved by continued provision of preventative services. Every opportunity will be utilized to promote prevention messages for both HIV positive and negative in all URC-supported facilities and activities, using evidence-driven approaches and working in partnership with the State and other actors.
URC recognizes the importance of ensuring that all services provided as part of its comprehensive community centred approach are of the highest quality. This begins with the strengthening of the supervisory functions of the State mechanisms and adhering to nationally and PEPFAR approved quality improvement and assurance strategies. Weaknesses within the health system have further contributed to the challenges in the provision of quality services. URC will support health system strengthening initiatives including strengthening the supply chain, enhancing strategic information, adoption of national and state policies and partnering with other organizations in addressing health workers shortages, address stigma, gender, policy implementation and health sector financing.
With the shift to consolidation, ownership of services by the community will acquire increasing importance. To promote improved community participation and demand for services, URC will work to augment the interaction between health facility staff and local leaders and community structures.
Overall we will continue to enhance the established linkages between PEPFAR programme areas within and between health facilities. We will seek to leverage resources with other initiatives like the President's initiative on Malaria (PMI), Global fund, UNICEF's Safe motherhood and child programmes, the DFID funded PATHS II project all of which have a presence within the state. In addition we will seek to enhance collaboration with reproductive health, family planning, nutrition, water and sanitation programmes.
URC is committed to ensuring that support provided will be sustainable in the long term. We will

concentrate our focus on increasing state led initiatives and advocate for increased funding to the health sector with emphasis on health worker retention, strategic information, supply chain strengthening, infrastructure capital investments, capacity building, pre-service training of health workers, adherence to national and state policies and a right-based approach in service provision. URC will work with PEPFAR and non-PEPFAR partners to leverage resources prevent duplication and create cross functional synergies to better enhance not only HIV services but improvement in the entire health system.
In COP 10, URC will continue to harness the power of our partnership with the State, the local government and the community. We will contribute to the HIV response by targeting all our interventions and consolidating service delivery. We will improve the continuum of services from prevention to treatment and support and target those most at risk. We will work to keep those on comprehensive services adherent to therapy, seek to shift focus towards local and state ownership through capacity building, synergize our activities and leverage resources with other partners and continually look to strengthen the overall health system. Capacity building will form the cornerstone of our approach with strong emphasis on community ownership, continuous improvement and contribution to the overall HIV response.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Food and Nutrition: Commodities	12,386
Food and Nutrition: Policy, Tools, and Service Delivery	6,193
Gender: Reducing Violence and Coercion	12,386
Human Resources for Health	54,500
Water	12,386

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**10115**
Mechanism Name:	**HHS/CDC Track 2.0 URC**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	144,985	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	202,500	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	24,582	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	23,500	

Narrative:

ACTIVITY DESCRIPTION

CONTINUING ACTIVITY

In COP 10, URC will continue to provide care and support services to 260 HIV positive paediatric clients. We will continue to work in coordination with the state government of Enugu, the health commissioner and ENSACA, the primary HIV/AIDS program implementing agency in Enugu to provide services in 5 of the 7 health districts in the State.

We will consolidate our support to HIV care and support services. URC will continue to assist facilities to strengthen the referral system including internal and external referral linkages in order to promote access and continuum of care of enrolled PLWHA through regularly scheduled meetings between the referral

focal persons of supported facilities and other implementing agencies and the state and Local Government AIDS coordinator. Not all service providers/ facilities will be able to offer care and support within their facilities. In such cases, URC will work with the State Department of Health to develop referral linkages to ensure that clients have easy access to services. We will train 20 individuals to provide care and support, including community workers and PLWHA to provide home-based care and support services for people living with HIV/AIDS.

Paediatric care and support services will the family centred and child friendly. As far as possible services will be co-located with maternal and child and immunization services that target children. Referral linkages will be greatly strengthened. All clinicians will be closely mentored to build confidence in the management of paediatric HIV. Parents and or caregivers will remain as important partners in ensuring adherence to clinic appointments and all medication. Early infant diagnosis of HIV is one of the main entry points to care and support, linkages to EID programmes and our PMTCT programme will be enhanced and continually promoted. Our PMTCT and Paediatrics Advisor will as far as possible seek to co-locate our PMTCT and paediatric services. We will create stronger links with immunization services, child health, nutritional programmes and child welfare and OVC services.

URC will address the shortcomings of supported health facilities in Enugu through on site mentorship and training of health workers and community extension workers. We will seek to support and increase the supportive supervision role of the local and state government technical officers in care and support. We will provide care services including clinical care, distribution of basic care kits, psychological, spiritual, social, preventive services, and home-based care. Clinical care will include basic nursing and end-of-life care, management of pain and other symptoms, nutritional assessment and intervention, OI prophylaxis and management, and non-Art laboratory services. All enrolled clients will receive a basic care kit which includes ITN, water vessel, water guard and ORS, latex gloves, IEC materials, condom, and soap. The minimum care package includes the basic care kit with clinical care, plus two supportive services of those listed above.

Cotrimoxazole prophylaxis will be provided to all paediatric patients and close attention will be paid to all clients to assess for sulphur allergies. URC will help with the integration of nutrition support into the care and support programme. This support will include nutritional assessment using growth monitoring charts. To achieve this, all paediatric clients will have their height and weight measured and recorded. Further all clients that qualify will have nutrition support by prescription through the provision of high energy macro and micronutrients. URC will strengthen referral linkages to nutritional support programmes and will collaborate with these programmes by providing gap support for nutritional supplements. Patient nutrition education and counselling will also form a major part of the support provided. URC will support clinicians at facility level to stage and manage patients according to national standards including determination of the appropriate time to commence ART. These will be achieved through training and on site mentorship support.

URC will work with its partner Vision Africa to support home based care activities. Through this

collaboration current and volunteer providers will be accessed and trained on the provision of appropriate support within the home. This will include identification of cases for referral, psychosocial support, patient education, basic first aid and adherence support according to the nationally accepted guidelines. We will provide increased clinic-based and home/community-based activities to adults or adolescent HIV-positive individuals through the training of healthcare workers, PLWHA and community workers in adherence counselling, management of opportunistic infections, diagnosis and relief of symptoms, psychological and spiritual support, clinical monitoring, related laboratory services and delivery of other palliative care services to the community including culturally appropriate end-of-life care as per Nigeria's National Palliative Care Standards and Guidelines.

All enrolled clients will have an initial CD4 and 6 monthly CD4 monitoring to ensure that those eligible for ART after their initial assessment commence therapy on time. Laboratory services for the diagnosis of opportunistic infections will be provided for both PLWHA on ART and those not on ART. URC will work to ensure that commodity support for drugs and laboratories will support roll out and scale up of care and treatment services. Adherence counselling will be closely linked to treatment initiation and maintenance with initial, one month and six monthly counselling sessions. Close links will also be formed with home based care providers to maintain adherence within the home setting. Client and family centred approaches will be used. Defaulter registers will be maintained in the health facilities and used to track defaulters and those lost to follow up. Facility based community meetings with community gate keepers will be held to help improve community treatment literacy. As part of improving and increasing the effectiveness of care and support, URC will work together with other PEPFAR partners to support the proposed development of a national policy on task shifting. This programme, under the leadership of the Government of Nigeria, aims to shift non essential and routine follow up of clients from MDs to nurses (for ongoing follow up of stable clients on ART) and from nurses to counsellors(for adherence counselling and support.)

URC will train 10 health care workers on site, using the national curriculums for paediatric palliative care. This training will be supplemented by on site close support mentoring to ensure proper skills transfer and usage. Local trainer of trainers will be capacitated to provide this training. In addition URC recognizes the work and role of the current implementing partners in Enugu and will use their current expertise to prevent the duplication and wastage of training and other implementation resources.

The ongoing monitoring of the programme as implemented will play a critical role in improvement initiative. The use of data, the application of quality improvement initiatives including the plan, do, study, act cycle, standard setting and tracking, best practice sites with intentional spread and collaboration is the signature hallmark of URC programmes. URC will strengthen the national data capture and reporting systems at site level. In addition on-site data collected will be analyzed and used for process and programme improvement. This support will be provided by URC's technical team in collaboration with site staff to increase sustainability and ownership.

URC recognizes the importance of ensuring uninterrupted supply of drugs, laboratory and allied

commodities and will work together with its partner Crown Agents, through the Federal Government and PEPAR supported central supply systems. This support will supplement the national commodity supply. Locally sourced and USFDA/PEPFAR approved commodity will be procured through this mechanism.
CONTRIBUTIONS TO OVERALL PROGRAM
Training and support to improve the quality and integration of care and support services are consistent with FMOH and PEPFAR priorities and are permanently linked with the capacity of the health system overall, other HIV/AIDS program area capacities and the community. URC will hold workshops to promote sharing of knowledge and best practices in all HIV-related services which will allow rapid and effective spread of good practices throughout Enugu State. Our care and support program will build on our partner, Vision Africa's network in Enugu which is affiliated with dozens of FBOs, CBOs and CSOs in Enugu State, including Enugu State's branches of The Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) to train community workers and PLWHAs in the delivery of home-based care services. Additionally, our work in this area will also involve training and new reporting on performance indicators as specified by PEPFAR. This activity in the region will strengthen all reporting, accountability of facilities and data collection in all areas of the health sector in Enugu State. URC will also focus part of its programming on improvement of referral systems to improve the coordination between lower and higher level public healthcare facilities as well as between the public and private sector. This will be accomplished through the scheduling of regular meetings with the primary care coordinator for each relevant LGA in Enugu, the state, private and NGO-supported facilities to jointly develop indicators that are followed so that weak areas among these facilities can be addressed.
EMPHASIS AREAS
The emphasis areas for this program activity are:
1. Linkages with other paediatric supportive services including immunization, nutritional and integrated management of child hood illnesses.
2. Capacity Building of agencies, organizations and health facilities responsible for delivery of HIV interventions
3. Collaboration and coordination to improve referral systems and availability of services
4. Community outreach and involvement as described above.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	25,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	67,710	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	306,246	

Narrative:

ACTIVITY DESCRIPTION
CONTINUING ACTIVITY

In COP 09, URC will provide PMTCT services to 3,000 women in Enugu State through work at 18 sites. This will be implemented in coordination with the government of Enugu and the state SASCP. In COP 10 URC will support and strengthen PMTCT services in all 18 sites to ensure that clients have easy access to PMTCT services. URC will help set up and improve linkages between comprehensive ART sites in secondary and tertiary facilities and primary and secondary facilities attending to pregnant women in Enugu state. Following the national PMTCT guidelines, the hub and spoke model will be utilized. The comprehensive sites will form the hub and the primary cares sites will be the spokes. This will allow for increased access to diagnostic and monitoring tests for PMTCT. Stand alone PMTCT points of service at the primary care level will be liked to adult and paediatric care as part of a comprehensive PMTCT network.
At URC supported PMTCT service points 3,000 pregnant client will be provided opt-out provider initiated HIV testing, counselling and results. URC will train 20 Health care workers to provide PMTCT services using current national training manuals. HIV positive pregnant women identified in facilities without CD4 machine will be linked to those with the facility for CD4 testing and further management. The prevention for positives package will be utilized in all sites. This will provide an opportunity to interrupt heterosexual transmission, especially in discordant couples. HIV testing and counselling will be provided during routine antenatal and during labour and delivery for unbooked cases by facility supported staff.
URC will support facilities to provide highly active antiretroviral therapy (HAART) to pregnant women if their CD4 is less than 350 in accordance with the National PMTCT guidelines. For the women not requiring HAART, the current national guidelines recommended short course ARV option will be provided which includes ZDV from 28 weeks, ZDV/3TC from 34-36weeks and intra-partum NVP, and a 7 day ZDV/3TC post-partum tail. This will result in the provision of ARV prophylaxis to 186 pregnant women. All HIV+ women will be linked post-partum to an HIV/ARV point of service, which will utilize a family centred care delivery model whenever feasible, co-locating adult and paediatric care and providing a linkage to family planning services this approach will involve providing the services at the points most appropriate and convenient including maternal and child services.
URC will ensure that all HIV+ pregnant women gain access to the basic care package of insecticide

treated nets, water vessels, water guard and soap. URC will support the training of 20 health workers on infant feeding using the National Infant feeding training manual. HIV+ women will be counselled on infant feeding practices pre and post natally. The options will include early cessation of breast feeding, exclusive breastfeeding with abrupt weaning and replacement feeding if acceptable, affordable, available, safe and feasible. Couple counselling will help support and sustain the infant feeding choices. Mothers will be linked to peer support groups within the community.

HIV Exposed Infants will be provided with single dose NVP at birth and ZDV for 6 weeks in accordance with Nigerian National PMTCT Guidelines. Cotrimoxazole suspension for all exposed infants will also be provided from 6 weeks until definitive HIV diagnosis. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. We will actively participate in the national early infant diagnosis initiative by providing infant for DBS testing from 6weeks of age.

All capacity development undertaken by URC for its PMTCT programme will adhere to nationally approved training curriculum and will utilize the existing trainer of trainers (TOT) manual in Enugu to support the training and retraining of 20 health workers on PMTCT across all sites.

URC notes the importance of ensuring post partum follow up for completion of prophylaxis, early infant diagnosis, Cotrimoxazole prophylaxis and referral of mothers for ongoing care, support and treatment if indicated. URC with its partners Vision Africa will work with community health workers to prevent loss to follow up outside the health facility. Within the health facility, URC will encourage the formation of multidisciplinary teams to adapt national referral procedures and to oversee programme implementation and improvement. URC will ensure the use of the national PMTCT registers across all supported sites and work to strengthen data collection and transmission and encourage the use of this data at site level to improve implementation.

The PMTCT programme will work closely with the care and support programme to ensure no mothers are lost to follow up. Particular attention will be paid to community linkages through community health workers as many women obtain most of their pre and post partum support care from them. These workers will be trained and supported to improve referrals to hospitals for antenatal care and to help track and refer clients for delivery. URC's partner Vision Africa will continue its work, supported by URC, in this area.

POPULATIONS BEING TARGETED

This activity targets pregnant women who will be offered HCT, HIV+ pregnant women for ARV prophylaxis and infant feeding counselling, and exposed infants for prophylaxis and EID.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses Gender since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming.

EMPHASIS AREAS

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

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', URC, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	470,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	72,576	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	105,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10116	**Mechanism Name: HHS/CDC Track 2.0 Pathfinder**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 197,318	
Funding Source	**Funding Amount**
GHCS (State)	197,318

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	49,960

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10116**		
Mechanism Name:	**HHS/CDC Track 2.0 Pathfinder**		
Prime Partner Name:	**Pathfinder International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	40,377	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	4,463	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	152,478	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
Pathfinder (PI) in COP09 supported PMTCT activities in a total of ten facilities (three General Hospitals and seven Primary Health Centers) in three local government areas (LGAs) of Edo state. In COP10, Pathfinder will strengthen these sites and networks to provide quality PMTCT services and community outreach activities. The PMTCT Facility Management Committee in each focal health facility will be strengthened for project sustainability. This will support the community component of health system strengthening shaping the demand element of communities for responsiveness and fair distribution of service delivery.

The PMTCT 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 while building community ownership and sustainability.

Interventions to be carried out during year three by Pathfinder International in Edo State are described below, including activities that are being carried over from year two.

Objective 1: Prevent new HIV infections and provide quality comprehensive care to HIV + pregnant women and mothers

1.1 Advocacy and Sensitization
To expand availability, access and use of PMTCT services, Pathfinder will work with facility, community, and local authorities (including traditional and government leaders) to continue building support and acceptance for services. Advocacy, as in previous years, will target all the key stakeholders at Edo state and LGA (Owan East and Ovia South West) levels including the Local Government Council members, the Legislature and communities will be mobilized to garner support for PMTCT services. In addition, the importance of PMTCT to all family members including all pregnant women to attend ANC and access

PMTCT services will be reiterated.

Advocacy efforts will include securing the support of the leaders for the strengthening of the PMTCT Facility Management Committees which are expected to play a greater role in the reporting of Primary Health Care services within other beneficiary committees.

1.2 Facility Supplies Support
Effective supportive supervision will identify gaps in equipment and material resources as quality PMTCT services continue to be provided to the populace at the supported sites. The project will provide necessary supplies required to fill these gaps, as well as ARVs and test kits for quality PMTCT service delivery. This may include materials for universal precautions for infection prevention and consumables.

1.3 Technical and Management Training for Facility Staff

PMTCT/HTC Updates for Facility staff
Knowledge and skill updates serve as a way of providing further support for technical persons and addressing some of the gaps identified during monitoring and supervision. A 3 day update training on PMTCT and HTC to further increase their knowledge and sharpen their skills is planned. This training will utilize a consultant from the national pool of trained PMTCT trainers.

Laboratory Updates for Facility staff
In addition, a 2 day update training will take place (facilitated by a consultant) for laboratory scientists and technicians on laboratory safety skills using on-site training approach.

1.4 Update meetings for four different groups: PHCs, Private practitioners, TBAs and male motivators
A one-day update meeting for these different target groups will hold to provide the groups on progress and for discussing opportunities and challenges that have arisen in the last year. Using a participatory approach, new strategies will be developed to increase ANC attendance & PMTCT clientele at supported facilities.

1.5. Provision of PMTCT services
Pregnant women, postpartum mothers, their partners including HIV exposed infants and HIV infected children will be targeted and supported so that they have full access to HTC at multiple entry points of care. HTC will be done for pregnant women on a three-monthly basis till she delivers. Pregnant women are being supported to deliver in health facilities through the provision of the national safe motherhood program delivery kits ("mama kits") presently supplied by the LGA authority. The use of ART for PMTCT will follow the National PMTCT guidelines. 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. An estimated 70 mother-baby pairs will receive ARV prophylaxis. During ANC, HIV positive women will receive counseling on infant feeding options and after delivery will be supported to initiate whatever option she settles for before going home. Promotion of Nutritional support in terms of nutritional counseling and referring for food support will be offered.

Health facilities will be supported to provide basic laboratory services and will be linked to a laboratory network model in which CD4 testing can be performed via specimen transport systems. In addition, linking with FP counseling and service provision and effective condom promotion (including post-partum FP) will be done. Exposed infants will be actively linked to pediatric care and treatment through under-5 cards issued in labor and delivery.

Pathfinder will work in close partnership with IHV and the Clinton Foundation on HIV infant diagnosis and referrals for HIV infant diagnosis testing through a Dried Blood Spot (DBS) from 6 weeks of age. HIV positive infants will be linked to appropriate care and treatment.

1.6 Strengthen Referrals and Linkages
The referral network developed in the previous two years will still be utilized to aide the facilities and communities in making and accessing referrals.

Referrals: The entry point for recruiting pregnant women for the program include – during community mobilization, ANC and personal contact by the community resource persons. When a HIV + pregnant woman is identified during a community mobilization event she is referred to the facility for continued care by the team and, if permission is granted, her contact information obtained. The lay counselor provides follows up support to encourage women to access services. Other women who show up at the clinic (perhaps from community mobilization or TBA and personal contacts) are also counseled and tested and those that are positive are enlisted in the program for follow-up. Other HIV + pregnant women who already knew their status before being pregnant are referred to the comprehensive care and support centres.

Linkages will be established for services that the Pathfinder program cannot provide. Such services will include CD4 count; ART support after delivery for women who tested positive during that pregnancy; facility and community based care and support services; and pediatric follow-up. This will be coordinated centrally by each M & E focal person of the LGA /GH with the involvement of the respective PHC M& E focal persons. The above tasks will be facilitated by the provision of a minimal amount on recharge cards.

The M&E focal persons for the focal health facilities will ensure validation of referrals from PHCs to other centres, either secondary or tertiary. They will also track clients who deliver with TBAs to ensure Nevirapine compliance when in labor.

1.7 Expanding the PMTCT Facility Management Committee

The PMTCT Facility Management Committee existing in each focal health facility for the last two years will be expanded to include more members from the surrounding community so as to strengthen it as a coalition. They were set up to facilitate community involvement and ensure successful program implementation by exchanging information and reviewing data trends of the facility and at the same time doing a SWOT analysis. By including more members of the community, these committees will strengthen their functions for effective advocacy, mobilization and communication, and fundraising so as to also consider issues of sustainability for provision of quality services to the populace including the source or raise of funds if necessary and liase with government and other voluntary agencies in finding solutions to health and social issues.

1.8 Community Mobilization (in all ten health- facility communities)

Community mobilization activities will create awareness and demand for PMTCT services. Health facilities will be supported to organize sensitization events including rallies using special days like World AIDS Day, Safe Motherhood Day, Women's Day and during Breast Feeding Week. During these events, mobile HCT clinics will be present to provide on-the-spot voluntary counseling, testing and receipt of results. Post-test counseling will include how to stay HIV negative, motivation to accept PMTCT services, effective 'spousal communication' and partner testing at the static T & C sites. If positive, referrals will be made to adult ART centers and other counseling and support services for non-pregnant women and for pregnant women to the project facilities.

1.9 Outreach services to nearby PHCs and private clinics

Visits to PHCs and private health clinics in a 20 km radius of the focal health facilities will also be carried out by health care providers in order to provide PMTCT in terms of HIV testing and if found to be HIV positive, provision of ARV prophylaxis drugs to such individuals. Follow-up will be carried out to offer ARV prophylaxis to babies born to HIV positive mothers.

1.10 Quarterly network meetings of PLA support group

PLA support groups of year two will liase to form coalitions with other PLA support groups in the LGA and/or neighbouring LGAs that promote psychosocial and emotional support, to share experiences and to strategize ways of reducing stigma and motivate members to disclose their status.

1.11 Project Review Meeting
At the end of year 2, a stakeholder meeting will be held in each LGA to review the project through the last year of implementation. Joint discussions will plan the way forward in order to reach the goal and objectives of the project by bringing all the key persons involved in project implementation and reviewing where the project stands in terms of deliverables.

Monitoring and Evaluation:
Pathfinder International had strengthened its internal M&E system in COP09 by integrating its database with the National District Health Information System (DHIS) software for electronic data capture and GIS application, data quality and data use for improvement of service delivery. Data managers of Pathfinder International including the Edo state focal person for the project were trained by on its importance and use. On this project, the Country M&E Specialist will continue to ensure consistent and continuous reporting and monitor each step of the way and expand to include the additional facilities while at the same time ensuring quality data through continuous on-site technical support and data quality assurance checks at all levels of data collection, collation, use and reporting. Data information and analysis will be shared with facility managers, the LGA M&E officer, SACA and SASCP.

Code Objective/Key Indicator Target Year 3
Objective 1: Prevent new HIV infections and provide quality, comprehensive care to HIV+ pregnant women and mothers.
P1.1.D Number of pregnant women with known HIV status(includes women who were tested for HIV and received their results) 3384
P1.2.D Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child transmission 70
P1.1.N Percent of pregnant women who were tested for HIV and know their results. 90
P1.2.N Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission 85

If additional funds are granted, the M& E system will be strengthened within this technical area (Budget amount estimate: $35,000.00)

For effective management of health and resources, government at all levels must have interest in supporting and ensuring that health data and information are available as a public good for all stakeholders to utilize. Availability of accurate, reliable, timely and relevant health information is the most fundamental step towards informed public health action. Over the years, planning monitoring and evaluation of health services and programmes have been hampered by dearth of reliable data. National

Health Management Information System (NHMIS) is to provide reliable, relevant and timely information to health system's policy makers, managers, professionals, and to the other sectors. Health workers need to have proper orientation on District Health Information System (DHIS) and be motivated to play their own roles in data collection, collation, analysis and dissemination. Therefore, to help strengthen the M&E system towards meeting the national reporting needs, the capacity of health workers at state and LGA need to be enhanced through the activities proposed below. 1. A five-day 'Basic M& E and orientation to DHIS' Training for 24 health care workers (from the focal health facilities) including the LGA M&E officers on the use of DHIS software for electronic data capture is planned. This training will be delivered by a consultant and hold in Benin. 2. A three-day 'GIS application and data use' Training of the same group and health facility managers and PHC coordinators on GIS application, data quality and data use for improvement of service delivery. This will be delivered using PI in-house capacity and hold in Benin. Additional performance indicator would then be : Code Objective/Key Indicator Target Year 3 H2.3.D Number of health care workers who successfully completed an in-service training program (M&E) 24

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10133	**Mechanism Name: USAID Heartland Alliance**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Heartland Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,692,464	
Funding Source	**Funding Amount**
GHCS (State)	1,692,464

Sub Partner Name(s)

Alliance Rights Nigeria (ARN)	Amalgamated Forum for Youth Development, Kano	Howard Brown
Male Attitude Network (MAN)	Pure Professionals (PP)	The Independent Project (TIP)

Overview Narrative

USAID Nigeria has a new award which will provide integrated HIV prevention programming for a targeted most-at-risk population of men who have sex with men (MSM). The proposed program will build and strengthen institutional and technical capacity of five local MSM organizations in the FCT, Lagos, Cross Rivers, Rivers and Kano states to deliver high-quality comprehensive AB prevention programs and services targeting Men having Sex with Men (MSM). Lagos and FCT will be targeted to start programs in COP 09 with expansion to Rivers, Kano and Cross River state planned for later years. Nigeria with national prevalence of 3.4% (FMOH 2007) and prevalence exceeding 5% in some states has a concentrated epidemic. HIV/AIDS prevalence of 3.7%, 3.5%, 3.1% amongst transport workers, police force and armed forces and with prevalence of over 30% among female sex workers (IBBSS 2007), reveals unequal distribution among different population subgroups. The highest prevalence amongst high risk groups including MSMs at 13.5% emphasizes the need to target this particular group with HIV sensitization programs, prevention messages, and linkages to care and treatment. IBBSS 2007 revealed that half of the MSM surveyed could not correctly identify ways to prevent sexual transmission of HIV. Over 70% used oil based lubricants. Multiple sexual partnerships (insertive and receptive) are common among MSM while over 50% engaged in transactional sex. MSM were not more likely to have used condom at last transactional anal sex with a man (58%) compared to a non commercial sex partner (53%). Only 34% of reporting MSM have ever been tested for HIV in Nigeria. The proposed program will deliver HIV services as well as undertake multiple level capacity development approach to simultaneously respond to unmet need for prevention, community based care and support HIV services to MSM in Nigeria. Past efforts have worked through rather with MSM grassroots organizations and services were provided under umbrella of most at risk population. Heartland Alliance iwill focus on MSM populations with a minimum of three interventions in the 5 states mentioned above.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**10133**		
Mechanism Name:	**USAID Heartland Alliance**		
Prime Partner Name:	**Heartland Alliance**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	280,000	

Narrative:

This activity also links with prevention programs. USAID Nigeria is negotiating a new award which will provide integrated HIV prevention programming for a targeted most-at-risk population of men who have sex with men (MSM). As is the practice when making new awards, OGAC Intervention strategies will aim at reducing number of sexual partners, promoting consistent condom use in all sexual acts, encouraging the use of water based lubricants, providing adequate treatment of STIs and offering sex education. Specific activities will entail building the capacity of indigenous MSM organizations to provide high quality prevention programming that will bring about effective behavior change as it relates to reduction of multiple sexual partners and transactional sex as well as with messages promoting fidelity, encouraging partner reduction through risk reduction messages and personal risk perceptions skills; utilization of Peer Outreach & Community Mobilization activities, establishing Condom/lubricant outlets, Community Centers, Online – outreach and web resources, conducting trainings/Events and IEC materials development. Activities will also focus on male and female partners of MSM who are at high risk owing to contextual factors, with messages refined for each group. Activities to prevent transactional sex or protect MSM involved in transactional sexual relationships will focus on skills based HIV education for vulnerable young women and young men with broad based community care and support activities that facilitate access to treatment and adherence counseling services for MSM. These interventions will be reinforced with mass media activities that highlight importance of mutual fidelity, risk behavior reduction and safe sexual practices. The program will concentrate activities in areas that will be identified through secondary analysis of national behavioral data generated through the project SEARCH and NARHS PLUS survey. The MARP prevention program will build capacity of local MSM networks to provide the minimum package intervention for the MSM population groups. Technically this will entail familiarizing the organizations with the minimum package modules and adopting a program approach that ensures delivery of the package as stated by the National Prevention Plan. The project anticipates reaching

28,000 MSM with AB messages and services and 22,000 MSM with community and facility services including adherence and prevention with positive services for identified positive MSM utilizing minimum package interventions that provide comprehensive balanced prevention interventions. 17 outreach coordinators and 70 Peer educators will be trained in COP 09 to MSM population in Lagos and FCT. Heartland Alliance will document and disseminate best practices; successful and innovative approaches with lessons learned and share these with their implementing agencies as well as other partners within the PEPFAR program in Nigeria. In COP 09, particular interest on lessons learned will focus on effective approaches for improving organizational and technical capacity of local lesbian, gay, bisexual, transsexual/men who have sex with men organizations. Implementation will be through local organizations whose capacities will have been built by the prime and have been identified to have capacity for rapid scale up. Within the initial 6 months of implementation, capacity-building for provision of prevention (AB) services for the groups will be carried out followed by development of IEC materials for MSM. The overall programmatic intervention will be in line with national priority plan and national prevention plan. CONTRIBUTIONS TO OVERALL PROGRAM AREA The programs and activities implemented will fill critical gap in the reach of HIV interventions into epidemiologically important population to better address gaps in coverage and to better address specific behaviors within underserved populations. This MARP prevention program, delivered through implementing agencies whose capacity has been built, 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 preventing 1,145,545 new infections. LINKS TO OTHER ACTIVITIES The AB and C/OP activities implemented under the proposed activity will be linked with care and support activities, as well as with the other prevention partners. POPULATIONS BEING TARGETED: Populations targeted in these activities will include MSM and their partners (male and female). KEY LEGISLATIVE ISSUES ADDRESSED: Key legislative issues will address increasing equity and access to information and services for MSM. EMPHASIS AREAS: The service delivery component will focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	19,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	223,500	

Narrative:

Intervention strategies will aim at reducing number of sexual partners, promoting consistent condom use

in all sexual acts, encouraging the use of water based lubricants, providing adequate treatment of STIs and offering sex education. Specific activities will entail building the capacity of indigenous MSM organizations to provide high quality prevention programming that will bring about effective behavior change as it relates to reduction of multiple sexual partners and transactional sex as well as with messages promoting fidelity, encouraging partner reduction through risk reduction messages and personal risk perceptions skills; utilization of Peer Outreach & Community Mobilization activities, establishing Condom/lubricant outlets, Community Centers, Online – outreach and web resources, conducting trainings/Events and IEC materials development. Activities will also focus on male and female partners of MSM who are at high risk owing to contextual factors, with messages refined for each group. Activities to prevent transactional sex or protect MSM involved in transactional sexual relationships will focus on skills based HIV education for vulnerable young women and young men with broad based community care and support activities that facilitate access to treatment and adherence counseling services for MSM. These interventions will be reinforced with mass media activities that highlight importance of mutual fidelity, risk behavior reduction and safe sexual practices. The program will concentrate activities in areas that will be identified through secondary analysis of national behavioral data generated through the project SEARCH and NARHS PLUS survey. The MARP prevention program will build capacity of local MSM networks to provide the minimum package intervention for the MSM population groups. Technically this will entail familiarizing the organizations with the minimum package modules and adopting a program approach that ensures delivery of the package as stated by the National Prevention Plan. The project anticipates reaching 28,000 MSM with AB messages and services and 22,000 MSM with community and facility services including adherence and prevention with positive services for identified positive MSM utilizing minimum package interventions that provide comprehensive balanced prevention interventions. 17 outreach coordinators and 70 Peer educators will be trained in COP 09 to MSM population in Lagos and FCT. Heartland Alliance will document and disseminate best practices; successful and innovative approaches with lessons learned and share these with their implementing agencies as well as other partners within the PEPFAR program in Nigeria. In COP 09, particular interest on lessons learned will focus on effective approaches for improving organizational and technical capacity of local lesbian, gay, bisexual, transsexual/men who have sex with men organizations. Implementation will be through local organizations whose capacities will have been built by the prime and have been identified to have capacity for rapid scale up. Within the initial 6 months of implementation, capacity-building for provision of prevention (AB) services for the groups will be carried out followed by development of IEC materials for MSM. The overall programmatic intervention will be in line with national priority plan and national prevention plan. CONTRIBUTIONS TO OVERALL PROGRAM AREA The programs and activities implemented will fill critical gap in the reach of HIV interventions into epidemiologically important population to better address gaps in coverage and to better address specific behaviors within underserved populations. This MARP prevention program, delivered through implementing agencies whose capacity has been built, will contribute to strengthening and

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,169,964	

Narrative:

USAID Nigeria is negotiating a new award which will provide integrated HIV prevention programming for a targeted most-at-risk population of men who have sex with men (MSM). REDACTED. The proposed program will build and strengthen institutional and technical capacity of five local MSM organizations in the FCT, Lagos, Cross Rivers, Rivers and Kano states to deliver high-quality comprehensive AB prevention programs and services targeting Men having Sex with Men (MSM). Lagos and FCT will be targeted to start programs in COP 09 with expansion to Rivers, Kano and Cross River state planned for later years. Nigeria with national prevalence of 3.4% (FMOH 2007) and prevalence exceeding 5% in some states has a concentrated epidemic. HIV/AIDS prevalence of 3.7%, 3.5%, 3.1% amongst transport workers, police force and armed forces and with prevalence of over 30% among female sex workers (IBBSS 2007), reveals unequal distribution among different population subgroups. The highest prevalence amongst high risk groups including MSMs at 13.5% emphasizes the need to target this particular group with HIV sensitization programs, prevention messages, and linkages to care and treatment. IBBSS 2007 revealed that half of the MSM surveyed could not correctly identify ways to prevent sexual transmission of HIV. Over 70% used oil based lubricants. Multiple sexual partnerships (insertive and receptive) are common among MSM while over 50% engaged in transactional sex. MSM were not more likely to have used condom at last transactional anal sex with a man (58%) compared to a non commercial sex partner (53%). Only 34% of reporting MSM have ever been tested for HIV in Nigeria. The proposed program will deliver HIV services as well as undertake multiple level capacity development approach to simultaneously respond to unmet need for prevention, community based care and support HIV services to MSM in Nigeria. Past efforts have worked through rather with MSM Intervention strategies will aim at reducing number of sexual partners, promoting consistent condom use in all sexual acts, encouraging the use of water based lubricants, providing adequate treatment of STIs and offering sex education. Specific activities will entail building the capacity of indigenous MSM organizations to

provide high quality prevention programming that will bring about effective behavior change as it relates to reduction of multiple sexual partners and transactional sex as well as with messages promoting fidelity, encouraging partner reduction through risk reduction messages and personal risk perceptions skills; utilization of Peer Outreach & Community Mobilization activities, establishing Condom/lubricant outlets, Community Centers, Online – outreach and web resources, conducting trainings/Events and IEC materials development. Activities will also focus on male and female partners of MSM who are at high risk owing to contextual factors, with messages refined for each group. Activities to prevent transactional sex or protect MSM involved in transactional sexual relationships will focus on skills based HIV education for vulnerable young women and young men with broad based community care and support activities that facilitate access to treatment and adherence counseling services for MSM. These interventions will be reinforced with mass media activities that highlight importance of mutual fidelity, risk behavior reduction and safe sexual practices. The program will concentrate activities in areas that will be identified through secondary analysis of national behavioral data generated through the project SEARCH and NARHS PLUS survey. The MARP prevention program will build capacity of local MSM networks to provide the minimum package intervention for the MSM population groups. Technically this will entail familiarizing the organizations with the minimum package modules and adopting a program approach that ensures delivery of the package as stated by the National Prevention Plan. The project anticipates reaching 28,000 MSM with AB messages and services and 22,000 MSM with community and facility services including adherence and prevention with positive services for identified positive MSM utilizing minimum package interventions that provide comprehensive balanced prevention interventions. 17 outreach coordinators and 70 Peer educators will be trained in COP 09 to MSM population in Lagos and FCT. Heartland Alliance will document and disseminate best practices; successful and innovative approaches with lessons learned and share these with their implementing agencies as well as other partners within the PEPFAR program in Nigeria. In COP 09, particular interest on lessons learned will focus on effective approaches for improving organizational and technical capacity of local lesbian, gay, bisexual, transsexual/men who have sex with men organizations. Implementation will be through local organizations whose capacities will have been built by the prime and have been identified to have capacity for rapid scale up. Within the initial 6 months of implementation, capacity-building for provision of prevention (AB) services for the groups will be carried out followed by development of IEC materials for MSM. The overall programmatic intervention will be in line with national priority plan and national prevention plan. CONTRIBUTIONS TO OVERALL PROGRAM AREA The programs and activities implemented will fill critical gap in the reach of HIV interventions into epidemiologically important population to better address gaps in coverage and to better address specific behaviors within underserved populations. This MARP prevention program, delivered through implementing agencies whose capacity has been built, 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 preventing 1,145,545 new infections. LINKS TO OTHER ACTIVITIES The AB and C/OP activities

implemented under the proposed activity will be linked with care and support activities, as well as with the other prevention partners. POPULATIONS BEING TARGETED: Populations targeted in these activities will include MSM and their partners (male and female). KEY LEGISLATIVE ISSUES ADDRESSED: Key legislative issues will address increasing equity and access to information and services for MSM. EMPHASIS AREAS: The service delivery component will focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10170	**Mechanism Name: USAID Track 2.0 CSN**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Secretariat of Nigeria	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,687,000	
Funding Source	**Funding Amount**
GHCS (State)	1,687,000

Sub Partner Name(s)

Calabar Province	Catholic Archdiocese of Abuja	Catholic Archdiocese of Calabar
Catholic Archdiocese of Lagos	Catholic Diocese of Abakaliki	Catholic Diocese of Awka
Catholic Diocese of Ijebu-Ode	Catholic Diocese of Ogoja	Catholic Diocese of Onitsha
Lagos Province	Onitsha Province	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	421,750
Human Resources for Health	168,700

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10170**
Mechanism Name:	**USAID Track 2.0 CSN**
Prime Partner Name:	**Catholic Secretariat of Nigeria**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,300,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	387,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10172	**Mechanism Name: USAID Track 2.0 ProHealth**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pro-Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,448,155	
Funding Source	**Funding Amount**
GHCS (State)	2,448,155

Sub Partner Name(s)

Biase Public Health Intervention	Clear Image Youth of Akampa	Global Network Against HIV/AIDS
HIV Enlightenment Network Idang	Rumoudamaya Health Organisation	Youth Caring for Health

Overview Narrative

HARPIN will carry out sexual prevention (AB/C&OP) and PMTCT programming in the Niger Delta and build the Financial and Management capacity of Pro-Health and other organizations. The objectives of the HIV/AIDS Reduction Program In the Niger Delta (HARPIN) program are to increase the knowledge of prevention of HIV transmission by 10% in target communities, to increase HCT uptake by 10% among the people of Cross Rivers and Rivers state over a 3 year period, to reduce stigma and discrimination associated with HIV/AIDS by 10%, and also to build the financial and management systems capacity of Pro Health International (PHI) and its partners to provide more effective HIV/AIDS programming. The above objectives will be achieved by providing Peer Education using a minimum of three (3) intervention packages to reach in and out of school youth within the ages of 15 and 24. In addition, there will be a Peer led intervention for People Living with HIV/AIDS using a combination of three (3) minimum packages as a means of reducing transmission. Also, a PMTCT program will be carried out to address cross generational transmission of the virus from mother to child.

The abstinence and be-faithful (AB) program area will target in-school and out-of-school youths with peer education on HIV/AIDS and reproductive health. Following training of trainers on Peer Education with use of UNICEF/SFH manuals, youths will be carefully selected and trained as peer educators who will reach out to their peers with HIV prevention messaging. This will be reinforced with small group discussions and formation of health clubs or Community-based organizations. This combination of interventions will make up the minimum package for youth. Existing Community Based Organizations will also be collaborated with for continual program implementation and sustainability.

The HARPIN Condoms and Other Prevention program will target PLWHAs with peer education and emphasis on prevention with positives. This program area is designed to identify and reduce HIV/AIDS stigma and discrimination in the Niger-Delta. HARPIN will collaborate and network with PLWHA support groups and other CBOs to carry out these activities. They will be reached using a Peer Education

approach. In addition, stigma reduction activities will be carried out as a means of providing an enabling environment for sustainable behavior change.

HARPIN Prevention of Mother-to-Child Transmission of HIV will target pregnant women. Women in reproductive age groups and their male partners will be secondary targets. The PMTCT program will be based on the WHO four pronged approach. This thematic area is designed to identify pregnant women who are HIV positive (through HCT) and prevent mother-to-child transmission through ARV prophylaxis, proper infant feeding and family planning. Other activities include provision of general health education, nutrition and adherence counseling and health promotions. HARPIN PMTCT program is facility-based (Primary Healthcare Facilities), but with a strong community-based component especially in collaboration with TBAs (to refer their clients for HCT). HARPIN will collaborate with trained HCWs, PLWHA lay counselors, volunteers with strong stakeholders' advocacy for program implementation and sustainability. Early infant diagnosis will aid the early detection of positive infants and subsequent treatment.

HARPIN strategic plan will involve the use of combination prevention intervetnions which will target the individual, the individual's community and the socio-cultural/socio-economic milieu for both sexual prevention and PMTCT.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**10172**
Mechanism Name:	**USAID Track 2.0 ProHealth**
Prime Partner Name:	**Pro-Health International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	23,023	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	3,483	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,807,317	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	532,809	

Narrative:

The Condoms & Other Prevention program is a peer led program which will target high risk/highly vulnerable populations identified by the NARHS Plus with HIV prevention and behavior change interventions in line with the National Prevention Plan. These target populations include PLWHA, Uniformed services men (Nigeria Police Force) and widows. The overall approach for these target cohorts focuses on reaching the individual with Prevention messages aimed at sustainable behavior change, addressing community norms and practices, and creating the appropriate socio-economic/socio-cultural milieu for sustainable behavior change.

Using the 'Prevention with Positives' approach, capacity building of the PLWHA will target individual behavior to reduce new infections, re-infection and promote positive and healthy lifestyle. These behavioral changes include delayed sexual debut, secondary abstinence, partner reduction, mutual fidelity for married couples, self stigma reduction, correct and consistent use of condoms, non-sexual risk reduction and positive/healthy lifestyle. The socio-economic milieu will be targeted through economic strengthening to reduce the economic vulnerability of individuals. The community framework will be targeted using stigma and discrimination reduction strategies. These strategies will address socio-cultural norms and practices in the community that fuel sexual transmission of HIV within PLWHA and even to the uninfected population.Training of Trainers will provide a capacity platform for the trainers to gain the

requisite knowledge and skills for training support group Peer Educators. A yearly retraining will provide program staff the opportunity of being current on innovations and advances in Behaviour Change Communication especially as it concerns community based 'Prevention With Positives'. Volunteer PETs will be trained concurrently as a means of building a pool of trained personnel to avoid burnout. Volunteer training will also aid in building local technical capacity for future program implementation. Advocacy and Roll Out will be achieved through community mapping techniques, mobilization of PLWHAs, visits to stakeholders, advocacy meetings, PLWHA tracing and necessary approvals from respective authorities. Using a Peer led approach, Training of PLWHA Peer Educators will be carried out for 2-3 members of each support group using an adapted CDC PWP manual. Best practice strategies like use of audio visual materials and other interactive learning techniques will facilitate a greater knowledge gain. Peer Education for PLWHAs will be Support Group based and form the fulcrum activity for the PWP program. Picture codes and other message sensitive IEC materials will be provided with the reaching of PLWHAs to increase the transfer of knowledge from Peer Educator to their Peers. Peers and Peer Educators will have access to the Toll Free Telephony backup. Incentives will be provided to outstanding support groups.

Widows will be targeted with messages that will encourage Abstinence or Being Faithful based on the preference of the widow to either remain single or be re-married. The behavioural objectives will include secondary abstinence, partner reduction, mutual fidelity, avoidance of risky behaviours and improved self-esteem. Community structures including women associations and groups will be targeted using advocacy and community mobilization techniques in reducing the stigma and discrimination often associated with widowhood. Wife inheritance, widow disinheritance and other harmful socio-cultural practices will be targeted using advocacy tools in a bid to address the socio-cultural milieu of the widows. Partnerships will be fostered with FIDA and other legal frameworks involved in providing legal support to widows as a means of addressing the rights issues associated with widowhood. Capacity building in small scale businesses with the provision of skills aquisition and micro-credit will aid the economic vulnerability that is prevalent with widows.

Due to the high level of the Stigma and Discrimination in the South South Region, a multi-level approach will be adopted. This will include:

• Intrapersonal Level
• Interpersonal Level
• Organizational/Institutional Level
• Community Level and
• Governmental/Structural Level.

At the intrapersonal level, internalization of stigma results in low self esteem and self isolation. Formation of support groups has been identified as a strong factor in the reduction of intrapersonal stigma. These support groups through their various activities will improve PLWHA's identity and self esteem, their

coping skills as well as their social integration.
Interventions at the interpersonal level aim at modifying the affected persons' environment. These interventions deal with the impact of social support and social networks on health status and behaviours. They aim to establish relationships between members of the person's interpersonal environment in order to have them share ways to restore or promote their health. Using Community Based Rehabilitation Strategies like engaging PLWHAs in Economic Strengthening Activities will help to rehabilitate delinquent PLWHAs, equalize their opportunities within the community, and provide a sound basis for social integration. Also, providing linkages to palliative care and support services provides a basis for the improvement of the health status of the individual PLWHA, thus improving the likelihood of social integration.
Interventions at the organization/institutional level aim at organizational change to modify health and stigma related aspects of an organization. The institutionalization of Workplace Programs that improve the conditions of PLWHAs in the workplace is a best practice that will help in reducing stigma. Components of workplace programs include winning the support of the owners and managers of the organizations thus creating a trustful environment; advocacy and mobilization of personnel for anti-stigma activities; creation and enforcement of policies that improve the working conditions of PLWHA e.g health benefits, job security for PLWHA, mainstreaming of HCT and ARVs into benefits; education on PLWHAs workers rights, formation of support groups within the organization etc. In addition, greater involvement of PLWHAs (GIPA) is another strategy that will reduce workplace stigma.
Community Level interventions seek to reduce stigma within specific community groups. Some of the specific community groups that will be targeted in the HARPIN program will include religious communities, educational communities like secondary schools, tribal/ethnic communities etc. The primary focus will be to provide sensitization and improve knowledge about HIV/AIDS thereby providing facts that counter false assumptions on which stigma is based. Using the 'contact' strategy, HARPIN will reduce stigma and discrimination by airing actual testimonials by PLWHAs as TV commercials. Alongside, anti-stigma activities will be mainstreamed into all other HARPIN activities as a means of leveraging on already available structures and resources. Advocacy visits will be carried out to key gatekeepers and influencers who will in turn influence their respective communities to imbibe non-stigmatizing and non-discriminatory acts against PLWHA.
Governmental and structural interventions to reduce stigma and discrimination against PLWHA will focus on the strengthening of the role of SACA within the states. Legal and policy interventions will provide sensitization visits to legislative, legal and law enforcement bodies.
All of these will form composite stigma and discrimination reduction strategy that will further address the unacceptably high rate of stigma and discrimination against PLWHA in the Niger Delta. Therefore, the three interventions for the C&OP program include Peer Education(fulcrum activitiy), Stigma reduction (provides an enabling environment for sustainable behavior change) and IGA which addresses the socio-economic milieu by interupting the vicious cycle of poverty and increased risk of transmission.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	81,523	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10174	**Mechanism Name: USAID Sesame Street**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Sesame Street Workshop	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

Ileke Media		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	400,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10174**
Mechanism Name:	**USAID Sesame Street**
Prime Partner Name:	**Sesame Street Workshop**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10176	**Mechanism Name: USAID Hope WW Nigeria**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Hope Worldwide Nigeria	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,450,000

Funding Source	Funding Amount
GHCS (State)	3,450,000

Sub Partner Name(s)

Bethesda Child Support Agency Victoria Island Lagos	Children Emergency Relief Foundation Ikorodu Lagos	Community Art Development Initiative Ikeja, Lagos
COMMUNITY OF WOMEN	COUNSELING FOR YOUTHS	GABASAWA Women & Children

LIVING WITH HIV/AIDS (NCW+)	AND TEENAGERS ON HIV/AIDS IN NIGERIA (COYATOHAN), LAGOS	Empowerment Initiative Ogudu Ojota Lagos.
Humanity Family Foundation, Ikorodu. Lagos.	INITIATIVE FOR PEOPLES GOOD HEALTH (IPGH) UGHEP.	INRI Widows Foundation Ejigbo, Lagos
INTEGRATED DEVELOPMENT INITIATIVES(IDI), IKOM	INTERNATIONAL CHURCH OF CHRIST, LAGOS (ICOC)	LIVING HOPE CARE (LIHOC) ILESHA.
NEIGHBOURHOOD CARE ORGANISATION (NCO), CALABAR	Olive Leaf Foundation, Lagos	POSITIVE LIVING NIGERIA, LAGOS (PLON)
RAPAC, Lagos	Ray of HOPE Children Foundation Magodo G.R.A. Lagos	

Overview Narrative

The HOPE Worldwide Nigeria (HWWN) Assistance and Care to Children Orphaned and at Risk (ACCORD) Project is a three-year USAID-funded project with a goal to bring compassionate relief and support to communities, families, and children affected by the HIV/AIDS epidemic. Hence, the objectives of the project include the following - Strengthen the capacity of HWWN to manage and scale up programs in her organization and partner CSOs, Increase comprehensive and integrated care and support for Orphaned and Vulnerable Children (OVC), Increase the capacity of affected families to care for and support OVC, Mobilize and strengthen community based OVC responses.

HWWN is working in partnership to build the capacity of 8 indigenous non-governmental organizations in five states (Cross River, Osun, Oyo, Lagos and Delta State) and Federal Capital Territory (FCT) to provide quality service to OVC. The International Church of Christ (ICOC) a partner and a multiplier organization on the project is working in Lagos, Oyo, Delta state and the FCT. The project is providing the 6 plus one USG OVC program components (Psychosocial support, basic health care, nutrition, education, protection and shelter with economic empowerment) to total of 8616 orphaned and vulnerable children. All children enrolled into the project receives psychosocial and health care services while the other services such as nutrition, education, protection, shelter and economic empowerment are provided based on need assessment using a standardized tool – the CSI. The capacity of caregivers is being strengthened to care for and support OVC through trainings, linkages to services within the communities and economic empowerment while communities where the project is present are mobilized and equipped through the initiation of Child Care Committees and training of community members and volunteers to ensure that support to OVC is sustained.

HWWN collaborates with the Federal Ministry of Women Affairs, National Population Council, Education and Primary Health Care Departments through working with their State counterpart and other governance

structure like the Local government for the enrolled children to access services such as birth certificates, health care, education etc.
HWWN also partners with USAID COMPASS, SESAME STREET and MARKETS programs to leverage education and nutritional support for OVC and their caregivers.
In COP10, HOPE worldwide Nigeria (HWWN) will also continue the implementation of AB programs in 5 States namely, Cross River, Lagos, Osun, Oyo and Delta States. The target population will be 12500 young people and adolescents of age 10-18 years old who will be provided access to abstinence skills and other information that will assist them in making informed, less risky sexual choices to prevent new HIV infection. Under this program, Orphans and Vulnerable Children who fall within the age bracket will benefit by learning skills to prevent HIV and Sexually Transmitted Infections and be trained as peer educators. The activities that will be implemented will enhance self esteem of the target audience and help them acquire life skills. This effort will be delivered in partnership through capacity strengthening of the following Implementing Agencies (IAs); Initiative for People's Good Health (IPG- Ugep Cross River State), Positive Development Foundation (PDF- Calabar, Cross River State), Neighborhood Care Outreach (NCO- Calabar South, Cross River State), Integrated Development Initiative (IDI- Ikom, Cross River State), Counseling for Youths And Teenagers On HIV/AIDS in Nigeria (COYATOHAN- Ojo, Lagos), Living Hope Care (LIHOC- Ilesa, Osun state), Community of Women Living with HIV/AIDS (NCW+ Amuwo Odofin, Lagos), Positive Life Organization of Nigeria (PLON- Yaba, Lagos), and The International Church of Christ (ICOC- Lagos, Delta & Oyo), a multiplier organization. capacity building of the IAs to provide quality service delivery to the target population.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**10176**
Mechanism Name:	**USAID Hope WW Nigeria**
Prime Partner Name:	**Hope Worldwide Nigeria**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	3,000,000	

Narrative:

In COP09, the Assistance and Care for Children Orphaned and at Risk (ACCORD) program continued to build the capacity of the following indigenous Implementing Agencies (IAs) in organizational service delivery to provide care and support to OVC in 6 states in Nigeria including FCT - Initiative for People's Good Health (IPG- Ugep Cross River State), Neighborhood Care Outreach (NCO- Calabar South, Cross River State), Integrated Development Initiative (IDI- Ikom, Cross River State), Counseling for Youths And Teenagers On HIV/AIDS in Nigeria (COYATOHAN or COY- Ojo Lagos), Living Hope Care (LIHOC- Ilesa, Osun state), Community of Women Living with HIV/AIDS (NCW+ Amuwo Odofin, Lagos), Positive Life Organization of Nigeria (PLON- Yaba, Lagos). The International Church of Christ (ICOC) is also part of this program as a multiplier organization.

In accordance with the guiding principle of PEPFAR which is building local and host-nation capacity to provide quality services and sustain national programs, HWWN, under ACCORD in COP09, is building its and her IAs Organizational Capacity with support from a technical partner, whose services would be procured during this period. HWWN partners'capacity would be developed in the following areas - Financial Management, Small Grants Administration, Project Management, Procurement and Store Management. In addition, the technical partner would assist HWWN partners to develop organizational policies, process and procedure.

In COP09, HWWN through ICOC (a multiplier IA) increases number of sites from 4 to 6 to include Abuja and Delta State. A total of 6832 OVC would be reached with the six plus one services according to PEPFAR & GoN guidelines.

All IAs are provided with specific refresher training to provide services to OVC - Psychosocial support, structured group therapy, monitoring and evaluation, data quality and data assurance, financial management and report writing trainings.

In COP10, HWWN will continue to provide OVC services according to National Guidelines in Lagos, Oyo, Osun, Cross River and Delta States. A total of 8616 (2057 new) OVC in the 5 States plus FCT will be provided basic minimum services - Psychosocial support and Health Service. Nutrition, education, protection services with economic empowerment will also be provided based on needs. More children orphaned and vulnerable within the communities where the program is domiciled will be identified and the Child Status Index will be used to collect baseline information on these new enrollees to ensure that the children needs are prioritized for service provision. Existing children would also be assessed again for possible change in needs and outcome of the program on them and their household..

The three resource centers established in Lagos (Surulere, Agege) and Ibadan (Mokola) by ICOC in COP08 will continue to provide information on sexuality, reproductive health, and life skills to the children in the communities where they are domiciled. These centers will be further strengthened by the HWWN

AB program to provide information on Sexual Abstinence and other modes of prevention of STI &HIV/AIDS. IAs service providers including volunteers directly working with the children will be trained on AB program as trainer of trainers to step down this training to all 10-18 year old OVC as peer health educators. The trained peer educators OVC would be providing information on AB in their respective communities and schools.

Newly identified parents/caregivers will be co-opted into already existing caregiver's forums in the different communities. In COP10 a total of 1312 (513 New) caregivers will be trained on provision of care (PSS) to their ward including training on parenting, AB, gardening, succession planning and will writing. These sessions will be taught by trained providers from within and outside the organizations. To deal with the issue of gender violence, male caregivers will be included under the Men as Partners activities of the AB program as well. In COP 10, sustainability will be taken further by ensuring that more caregivers/parents are supported with income generating activities in the form of training, seed or booster stocks to empower them continue providing food and other support to their ward with education when the project closes out.

In COP09, kids clubs were established to provide children life skills and afford children an opportunity to play and interact with their peers. In COP10, the kids clubs will continue to hold while new ones are established where needed and existing ones strengthened to further provide Psychosocial support to all children in the program. The clubs will also serve as coordinating points where OVC can receive the other core services and trainings e.g Reproductive health and Abstinence trainings. ACCORD will through her partners increase OVC enrolment in school through partnerships with state ministries and local education authorities. Short term direct assistance to subsidize school related costs such as books, uniforms, exam registrations, school bags and sandals will be provided to selected OVC based on needs assessment using the Child Status Index. Support will also be solicited from the Communities to provide children heading household and/or older OVC with free/subsidized vocational training. Caregivers and OVC will receive skill acquisition training in trades of their choice. Start up grant/materials/stock based on assessments conducted will be provided to some of them and the rest referred for employment.

With support from the Society for Family Health SFH, households with OVC less than 5 years and HIV positive children under the program will receive Basic prevention kits comprising a bucket with spigot, LLITN and water guard for the prevention of malaria and diarrhea. Children requiring medical care will also be referred to primary health care facilities in their communities where drugs to treat minor ailments will be provided. As most of the identified households are in rural communities, caregivers will receive training surrounding safe water storage, proper hand washing techniques and hygiene while HIV related cases for both children and their caregivers will be referred to the nearest ARV/PMTCT treatment centre. The ACCORD program will also continue to provide assistance to families in critical need by paying their medical bills.

Therapeutic and supplementary feeding of malnourished children particularly the under fives, based on assessment conducted following WHO guidelines, will be done in partnership with the primary health

care facilities where food demonstrations classes will also hold. The feeding program will target malnourished children with priority given to infants of HIV positive mothers and under fives. HWWN will also leverage MARKETS' Family Nutritional Support Program (FNSP) which will target the immediate nutritional needs of the most vulnerable children. Through family economic empowerement program, HWWN will address the long-term livelihood support needs of OVC and their caregivers. The IAs especially will embark on community advocacy and solicit community support to improve vulnerable household food security.

Article 7 of the Convention on the Rights of the Child establishes the right of every child to a name and nationality. In many countries including Nigeria, birth registration is not accessible to large portions of the population especially to people in hard to reach areas. HWWN and her implementing agencies will continue advocacy to the National Population Commission, UNICEF, Federal and State Ministry of Women Affairs to access free birth registrations for all unregistered children enrolled into the program.

It is anticipated that 60% of the programs total beneficiaries will be girls and the remaining 40% boys.

In COP09, HWWN is providing technical assistance and field support to Cross River State MoWA to conduct a baseline assessment of all OVC providing NGOs, CBOs and FBOs in the State. In COP10 HWWN will continue to work closely with stakeholders including the Local Government and States' OVC desk officers plus the OVC steering committee to improve OVC program through provision of technical assistance, supporting monitoring and evaluation of OVC programs in the States. HWWN will continue networking and referral linkages with other OVC serving organization within the States - collaborate with the Federal Ministry of Women Affairs, National Population Council, Education and Primary Health Care Departments through working with their State counterpart and other governance structure like the Local government for the enrolled children to access services such as birth certificates, health care, education etc.

HWWN wll also partners with other USAID Implementing Partners (e.g. SESAME STREET and MARKETS) programs to leverage education and nutritional support for OVC and their caregivers.

HWWN will continue to benefit from the LMS project implemented by MSH on Strategic and Sustainability Planning, Human Resource Management, Leadership and Governance as part of her Organizational Capacity Development.

HWWN will provide refresher trainings and continuous mentoring on monitoring and evaluation to IAs to further strengthen the data collection, collation and analysis skills of these different implementing agencies. All IAs will be retrained on the use of the CSI to evaluate the needs, outcome/impact of the program on individual beneficiaries and communities as a whole. Efforts will be directed to quality assurance and service delivery improvement through regular field visits, mentoring, supportive supervision and charts review with immediate feedback on areas of weaknesses and follow- up planning plus supportive supervisory implementation of corrective measures to ensure all round quality.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to the USG's PEPFAR Strategy of providing care to OVC and is consistent with

the Nigerian National Plan of Action on OVC.
LINKS TO OTHER ACTIVITIES
This activity is linked to AB, HCT, Pediatric Care &Support, and Treatment. Through the kids club and the caregivers forum, abstinence as a prevention method information will be provided to children and their caregivers encouraging them to reduce or not indulge in risky sexual behaviors and giving life skills that enable the young people to say no to sex and 'zip-up'. Care givers and their wards would be referred for counseling and testing especially if caregiver is not the biological parent of her ward and cause of death of wards parent are unestablished. Referral for treatment, care and support at the nearest treatment centre would be done in cases of new cases of HIV infection. HWWN IAs will leverage existing USAID funded Economic Growth programs to provide wrap-around nutritional and income generating support for OVC in the programs.
POPULATION BEING TARGETED
This activity target population include OVC and their Caregivers, with the communities and support groups as indirect beneficiaries as HWWN advocates and mobilize communities through the Child Care Forum members to respond to the needs of OVC in their communities.
EMPHASIS AREAS
This activity emphasis is on Community base organization capacity development to provide sustainable services to the less priviledge within their community Wrap-Around 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	450,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10243	**Mechanism Name: HHS/CDC Track 2.0 ProHealth**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Pro-Health CDC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 165,056	
Funding Source	**Funding Amount**
GHCS (State)	165,056

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the program is to increase primary prevention of HIV infection through expanding HCT services among the people of Nasarawa and Plateau States.

1. Increasing HCT outlets in Plateau and Nasarawa states.
2. Increasing the number of people who access HCT services and receive their results in Plateau and Nasarawa states.
3. Strengthening the capacity of the local health care providers and PHI to provide HCT in communities within these states
4. Building the capacity of local organizations to collect, analyze, disseminate and use HIV/AIDS related data.

The program targets the general population of Bassa Local Government Area, Plateau State as everyone is at risk in the HIV/AIDS epidemic. The program shall be gender sensitive and shall also attend to the needs of children when required by providing pediatric counseling as is stipulated in the national algorithm. Special attention shall be accorded to high risk populations like the prisoners, commercial sex workers, and partners/clients of commercial sex workers. Health workers and other indigenes of Bassa LGA in Plateau state will have their capacity built to ensure sustainability and eventual transfer of ownership of the program to the community.

As a contribution to systems strengthening, the program will build the capacity of SI staff within and among communities in Plateau state and enhance the capacity of five local organizations to collect, analyze, disseminate and use HIV/AIDS-related data. Some of the identified organizations with stringent needs include are Plateaus AIDS Network (PLANET); Youth Adolescent Reflection and Action Center (YARAC); Widows Comfort Outreach Ministry (WICOM); Calvary Ministries (CAPRO); and Society for

Women & AIDS in Africa (SWAAN).

The program intends increase gender equity in HCT activities and services. Both men and women groups from the community in Plateau State will be mobilized by PHI to participate in the HCT service uptake. These will include market women's group, farmers' group and other gender-based groups in the community. Advocacy will be directed towards community leaders, women groups and men groups on the need for equal opportunities for women and men to participate in HIV/AIDS related activities and programs. PHI will also advocate for the eradication of harmful practices and prejudice against women especially those that encourage the spread of HIV/AIDS.

To ensure that the quality of data is maintained, quality assurance and continuous quality improvement through periodic site visits and assessments of the program will be carried out. Data collection will be done on site regularly and will be collated monthly. Data collated will be reported periodically to CDC, GON, state and local government according to CDC and GON requirements.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	13,204

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**10243**		
Mechanism Name:	**HHS/CDC Track 2.0 ProHealth**		
Prime Partner Name:	**Pro-Health CDC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	165,056	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10263	**Mechanism Name: HHS/CDC Track 2.0 ASM**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 550,000	
Funding Source	**Funding Amount**
GHCS (State)	550,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY

This is a continuing activity with funding initiated in late COP07. 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. Plans are to continue to strengthen a strong cadre of local Nigerian microbiologists in order to ensure sustainability and an ongoing, standardized transfer of skills. ASM has also within its staff a monitoring and evaluation (M&E) expert, who assists ASM, as well as, local Nigerian M&E and technical experts with identifying microbiology-specific quality and technical indicators to introduce in the national M&E system.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	550,000

Key Issues

TB

Budget Code Information

Mechanism ID:	10263		
Mechanism Name:	HHS/CDC Track 2.0 ASM		
Prime Partner Name:	American Society for Microbiology		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	550,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10328	**Mechanism Name: HHS/CDC Track 2.0 PFD**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Partners for Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,735,007	
Funding Source	**Funding Amount**
GHCS (State)	1,735,007

Sub Partner Name(s)

Daughters of Charity, Ikot Ekpene	Daughters of Charity, Warri South	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	32,405
Gender: Reducing Violence and Coercion	32,405

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Safe Motherhood
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10328**
Mechanism Name:	**HHS/CDC Track 2.0 PFD**
Prime Partner Name:	**Partners for Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	93,625	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	165,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	211,950	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	40,377	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	10,500	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	23,500	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	67,578	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	234,916	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	151,366	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	92,952	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	240,343	

Narrative:

Partners for Development (PFD) and their faith-based organization (FBO) sub-partner the Daughters of Charity (DC) implement the PMTCT component of their CDC funded project entitled ""Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. In COP 09 PFD and DC worked in two sites located in Delta and Akwa Ibom states providing PMTCT services through a combination of satellite PHC facilities. Satellite PHC facilities in Benue and Bauchi states were also added in COP 09.

In COP 10, PFD will continue to provide PMTCT services to the same target population and plans to reach 2000 pregnant women. Utilizing a network model with primary health care outposts linked to secondary "hub sites" that provide more complex PMTCT care and lab testing, pregnant women receive PMTCT counseling & testing and receive their results. A total of 2 PMTCT hub sites will be supported linked to at least 10 satellite sites. In Akwa Ibom and Delta states, PMTCT stand alone points of service in the network are linked to adult and pediatric ARV care through utilization of a PMTCT network. Using the referral 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. In Benue and Bauchi states, satellite PHC facilities are mentored by PFD staff and assisted by local NGOs.

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.

As a result of these PMTCT HCT activities, an anticipated 2000 HIV+ pregnant women will be tested and an anticipated 200 identified as HIV+ and provided with a complete course of ARV prophylaxis . HIV+ women will have access to supported 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 service provision point. For the anticipated 2/3 of women not requiring HAART, the current national PMTCT guidelines recommended short course ARV option will be provided which includes ZDV from 28 weeks, ZDV/3TC from 34/36weeks and intra-partum NVP, 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.

HIV+ women will be counseled pre- and post-natally regarding exclusive breast feeding with early cessation or exclusive BMS if AFASS using the National infant feeding curriculum. Couples counseling or family member disclosure will be utilized to facilitate support for infant feeding choices. As part of OVC programming, we would 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. This will ensure that HIV+ women remain in care throughout pregnancy, receive ARV prophylaxis, are supported in their infant feeding choice, access EID, and are linked to HIV care post-partum, thereby reducing loss to follow-up throughout the PMTCT cascade.

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. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. We will actively participate in the national early infant diagnosis initiative by providing infant for DBS testing from 6weeks of age. 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.

PFD will train 5 HCWs from 2 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 will be utilized.

CONTRIBUTIONS TO OVERALL PROGRAM AREA
This activity will provide counseling & testing services to 2000 pregnant women, and provide ARV prophylaxis to 200 mother and infants pairs. This will contribute to the PEPFAR country specific goals of preventing 1,145,545 new HIV infections in Nigeria by 2009.

LINKS TO OTHER ACTIVITIES
This activity is linked to care and support, OVC services, ARV services, laboratory infrastructure, sexual prevention, and SI. Prevention for positives counseling will be integrated within PMTCT care for HIV+ women. The basic package of care provided to all HIV+ patients will be available to HIV+ pregnant women. Women requiring HAART for their own health care will be linked to ARV services. Our 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.

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.

KEY LEGISLATIVE ISSUES ADDRESSED
This activity is related to issues of gender equity since treatment will be provided to women and will promote male involvement in PMTCT programming.

EMPHASIS AREAS
The major 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.

MONITORING AND EVALUATION
CAMP clinics will track the number and proportion of women attending antenatal care each year who receive PMTCT services and the number of HIV+ women receiving antiretroviral prophylaxis. Quality of PMTCT sites will be monitored through indicators such as reduction in waiting time experienced by participants, the percentage of participants who complete their treatment, and the number of HIV+

women who undertake peer education activities in their communities about the benefits of VCT.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', PFD, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	198,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	84,900	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	120,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10625	Mechanism Name: HHS/CDC Columbia Univ SPH
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 18,925,227	
Funding Source	**Funding Amount**
GHCS (State)	18,925,227

Sub Partner Name(s)

Ashaka Cement Clinic	BDSH KADUNA	CMH, Ogoja
DOMSOJ, OGOJA	GAGH, Kaduna	General Hospital Adikpo
General Hospital Akpabuyo	General Hospital Bajoga	General Hospital Gambo Sawaba Zaria
General Hospital Gwantu	General Hospital Ikot Ekpene	General Hospital Kafanchan
General Hospital Kaltungo	General Hospital Kwoi	General Hospital Makarfi
General Hospital NORTH BANK	General Hospital Ogoja	General Hospital Okpoga
General Hospital Saminaka	General Hospital SANKERA	General Hospital Vandekya
General Hospital Zambuk	Grace and Light, Ogoja	Nongu U Kristu U Sudan hen Tiv (NKST) Mkar, Gboko
State Specialist Hospital, Gombe	YDMH KADUNA	

Overview Narrative

ICAP's main goal is to work in partnership with the government of Nigeria (GON) and local organizations at all levels to support the delivery of high-quality, sustainable, comprehensive HIV/AIDS prevention, care and treatment services using a family centered approach. ICAP works with the USG, other donors and implementing partners, GoN (Federal, State and Local), faith based, non-governmental and community based organizations and other for profit partners across the six states of Akwa-Ibom, Benue, Cross River, Gombe, Kaduna and Kogi targeting a combined population of 22,727,346 using a multi-disciplinary approach to support 30 hospital networks across six states of Nigeria in mostly geographically contiguous locations.

Comprehensive services provided is focused on-site implementation assistance to strengthen systems

including HCT to most at risk populations, ART clinics (adult and pediatric) management, support for drugs, equipment and supply chain management, repairs of dilapidated infrastructure, medical records, referral linkages, patient follow-up, integration of prevention into care and treatment (C&Tx), involvement of PLWHA including OVCs, access to laboratory services and ARVs including first/second line regimens for adults and children using national protocols and guidelines. ICAP also strengthens linkages with entry points including: HCT, ANC, pMTCT, child welfare/under-5 clinics, TB clinics, OPDs, inpatient wards, family planning and palliative care services to enhance service uptake and improve quality of services. ICAP will also continue with the implementation of innovative WATCh (Where Are The Children) strategies piloted in COP09 to increase pediatric enrolment and improve child survival. Working closely with national TB/Leprosy Control Program and state/LGA TB control programs, ICAP support sites to provide services to TB/HIV co-infected patients through point of service laboratory support and strengthening of referrals and linkages at the facility/community levels to C&Tx sites. ICAP has also continued to foster, strengthen and expand community linkages, participation and involvement in all the sites it is presently supporting and is actively putting in place sustainable structures for program continuity at all levels. ICAP supports prevention activities (including condom distribution) at community level through capacity building for CBOs, HCWs and PHEs to ensure that the prevention minimum package is delivered to MARPS and the general population. ICAP will also support states/LGAs by providing the framework to ensure safer and more rational use of ARVs and OI medicines.

In COP10, ICAP will continue to focus on improving access to and quality of care, and program sustainability through the implementation of robust strategies in partnership with all tiers of Government. A major thrust will be through health systems strengthening and human capacity development of policy makers, state officials, providers and community members. ICAP will continue to expand its health systems strengthening plans across these states by continually motivating the states to adapt and establish a chronic care system that will ensure continuity and comprehensive care not only for HIV but to other chronic illnesses as a whole. ICAP will establish QA/QI teams with state/LGA officials who will jointly monitor program progress with state officials and administer the Model of care and Standards of Care assessment tools, including systemic approach to ensure quarterly CD4 monitoring for early enrolment, quality care and identification of treatment failure. ICAP will leverage resources from other health care services and maximize linkages to ensure quality of care to mothers and their children. ICAP will continue to build the capacity of state facility lab personnel with emphasis on quality assurance/management, providing individual on the job trainings to improve service delivery. For sustainability, state quality officers will be trained alongside Regional Lab Advisors to supervise and conduct regular lab audits in preparation for national and international accreditations. Due to the human resource challenge across ICAP supported sites, ICAP will continue to engage the service of post NYSC health providers on a transitional basis and advocate for employment and appropriate remuneration of HCWs to the governments. ICAP will facilitate the institution of innovative procurement and infrastructure repair procedures, gender

mainstreaming and public-private partnerships. For sustainability, use of regional stores will be enhanced and capacity of state governments on forecasting, quantification and procurement planning and storage strengthened. LMIS and inventory control systems will be strengthened with emphasis on automation of inventory control and decentralization of logistics systems to lower level facilities. ICAP will also leverage on IPs' resources to maximize treatment costs (SCMS, partnership with Roll Back Malaria etc.) and establish linkages with community pharmacies to expand community based palliative care and referrals.

With the paradigm shift to cost effectiveness, sustainability and local ownership, ICAP M&E will focus on strengthening data quality by implementing a robust standard of care monitoring and contributing to achieving the "three ones" strategy of GoN. Attaining these fundamental goals will involve training, mentoring, joint supportive supervision and logistic support to GoN at all levels

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	29,686
Education	46,383
Food and Nutrition: Commodities	35,374
Food and Nutrition: Policy, Tools, and Service Delivery	54,440
Gender: Reducing Violence and Coercion	65,122
Human Resources for Health	1,272,484
Water	232,238

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**10625** **HHS/CDC Columbia Univ SPH** **International Center for AIDS Care and Treatment Programs, Columbia University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,539,481	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, ICAP supported 30 hospital networks and their communities, partnering with community-based organizations (CBOs), faith-based organizations (FBOs), and People Living with HIV/AIDS (PLWHA) groups to enable people with HIV/AIDS to access clinical care and support as well as laboratory and pharmacy services across the 6 states of Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi. In COP10, ICAP will continue to provide support to these hospital networks in the 6 states to enable them to continue to provide care and support services to 347,130 patients (57,544 new) on care and support and 35,702 (3562 new) on treatment. ICAP will continue to support health facilities to provide and improve the general quality of clinical care, support and treatment to PLWHA through strategic approaches including: training, clinical, laboratory and pharmacy service support; systems management; procurement of drugs and supplies; enhancing quality of support groups and peer health educator programs. GON will be supported to review existing guidelines, curricula and SOPs where appropriate and new ones developed where necessary to strengthen systems and technical capacities of health workers.
Provision of minimum package of care and support services:
Following National Palliative Care Guidance and USG PC policy ICAP will support state governments to provide clinical care with basic care kits plus at least 2 other complementary services in the domains of psychosocial, spiritual and preventive services to all PLWHA,.ICAP will provide a basic package of care services, including basic care kits, prevention with HIV positives, clinical care (basic nursing care, symptom & pain management, OI and STI syndromic management and prophylaxis, nutritional assessment, counseling and intervention, lab support through baseline hematology, chemistry and CD4 and follow-up, OI and STI diagnosis & treatment), psychosocial support, home based care, and active

linkages between hospitals, health centers, and communities. Basic care kits (BCK) containing ITNs, water guards and vessels, soap, gloves, condoms, ORS and Salt and Sugar Solution (SSS) educational materials will be distributed to PLWHA through the health facilities. These activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (cotrimoxazole), and 50% HBC (Home Based Care) and training. Patient education to promote positive living, self-care, and support adherence will be provided. ICAP will support and train HCW at the secondary and high volume PHCs on integration of syndromic management of STIs and risk reduction interventions into care

Strengthening /Establishment of Home Based Care programs :

ICAP will continue to strengthen the trained HBC teams (doctors, nurses, CHOs, Volunteer community Pharmacists, CHEW, PHEs, members of CBOs) to deliver quality focused services through the provision of HBC kits, ongoing identification of appropriate team personnel and trainings. Services will include the provision of, nursing care, symptom management of common illnesses, counseling and referral services. ICAP will ensure the packaging and distribution of standardized HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, gentian violet, anti-malarial drugs etc.) to these teams for use when visiting clients. Facility based HBC focal persons will be identified in comprehensive and selected PHCs to coordinate CHBC activities. Retired health care providers within the communities will be encouraged to volunteer to lead HBC teams through existing CBOs. ICAP will establish linkages with community pharmacies to expand community based care, provide referrals and palliative care.

Provision of quality focused facility based care:

ICAP will conduct quality improvement activities and enhance service delivery through Clinical System Mentorship and HIVQUAL. Checklist, SOPs, Standard of Care and Model of Care assessment will be used in all comprehensive sites and PHCs. ICAP will also support the development and implementation of the electronic patient database to ease aggregation and retrieval of patient care and treatment data.

Human Capacity Development:

ICAP will train, retrain and mentor health care providers on HIV/AIDS care and management with emphasis on 2nd line therapy. ICAP will enhance adult care and treatment by providing ongoing site-level mentoring and supportive supervision of facility-based staff and SMOH officials to ensure program sustainability. ICAP will advocate to the state HMB and MOH for the engagement of NYSC corpers at facilities to ensure sustainable supply of human resources. Job aids and SOPs will be provided to support and enhance provider skills. ICAP will participate in the USG/GoN joint supervisory sites visits.

Trainings, clinical updates and clinical systems mentorship:

This will continue to be a critical element in ICAP's support to health care cadres during this period. Clinicians at all 30 hospitals will be assisted to identify 'most at risk' HIV-infected patients, 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 will provide follow-on ART/Palliative Care trainings, including ongoing CME and QA activities, for 500 health care workers (including physicians, nurses, counselors, pharmacy, and laboratory personnel) and

160 members of CBOs on palliative care. 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.

Retention in care

ICAP will continue to strengthen 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 expanded and supported by ICAP network coordinators. In order to improve access to services and retention in care, HIV positive clients will be supported to remain in care through access to health care facilities via community-based transportation support by partnering with Road transport workers union. Adherence trainings and support services including disclosure support, will facilitate adherence, support patient education, enhance appointment system, and strengthen referral linkages/ defaulter tracing programs. ICAP will also strengthen its successful Peer Health Educator program, enhancing family support defaulter tracking mechanisms, and inter/intra-facility linkages. ICAP will continue to also support the adaptation of patient education materials that encourages retention in care.

Quality focused ART services.

ICAP will adopt systematic and innovative approaches to ensure timely repeat CD4 and other monitoring tests (e.g. quarterly CD4 drives) to monitor patient progress. ICAP will maintain provision of quality family focused ART services in all supported sites through the joint QAI teams. The teams will conduct quarterly QA processes with the use of SOC, and preceptor checklists. State officials trained on CSM will participate in monthly joint facility mentoring with ICAP advisors. ICAP will also support facilities to form QAI teams while advocating for this at the state level. ICAP will participate in the yearly National Care and treatment evaluation.

Systems Strengthening:

Based on FY09 experience, ICAP will provide support for infrastructural development, program management and systems strengthening, including intra-facility linkages, advocacy for health care workers retention, Management Information System, and inter-disciplinary partnerships .ICAP will place emphasis on training and mentoring health care providers to identify treatment failure and initiate 2nd line regimens as needed. Facilities will be supported through enhancement of site-level project management teams (PMTs) to build on the ICAP-model of comprehensive support, capacity-building and local ownership as mechanisms to provide sustainable high-quality HIV/AIDS care and treatment to families and communities.

Decentralization of care and treatment:

ICAP will continue to work closely with state and LGAs to prioritize the expansion and decentralization of palliative care and ART services to selected patient-preferred Primary health centers to reduce the client load on existing secondary health facility across the 6 states. ICAP will build capacities of PHCs and their LGAs to provide devolved care, support and services for asymptomatic and symptomatic clients. This

package will include for all clients (symptomatic and asymptomatic patients) : supportive counseling, HIV Education, Support group meetings, and provision of BCKs, and referral for CD4 tests, OI prevention and management including symptom management, TB prevention and control, rapid screening for malnutrition and growth monitoring for under 5s, linkage of OVC to existing Food Banks at comprehensive sites, lab support for Malaria Smears, Full Blood Count, and Pregnancy Tests; in addition symptomatic patients will also get ARV refills and adherence support for TB and AR.
ICAP will work with established State primary health care development agencies to develop/adapt mechanisms to strengthen the health care systems by leveraging available HIV/AIDS resources. This decentralization will include the development/adaptation of referral protocols (for both "down" and "up" referrals), referral forms/tools, and site supervision tools.
Harmonization of Care and Treatment packages:
ICAP will continue to work closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines. ICAP will continue to participate in the USG Technical Working Groups to address emerging treatment and care -related topics and further promote harmonization with other IPs and the GON. ICAP will continue its partnership with SCMS by allocating USD XX of its resources for care, support and treatment related procurements.
Linkages to wraparound health and allied services:
ICAP will facilitate linkages through existing and new CBO/NGO or FBOs within the communities to economic empowerment and other programs such as safe motherhood and child survival activities. 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 identify innovative approaches to sustainable food support through food banks, linkages with wraparound programs and other existing microfinance opportunities. At the community level, HBC, OVC, HCT outreaches, AB messages, patient retention mechanisms, Male sensitization for their involvement and other support services will be subcontracted to NGO and FBOs. Trained HBC providers, including PLWHA, will be supported to deliver care and support services to stable patients and family members at home.
CONTRIBUTIONS TO OVERALL PROGRAM AREA:
By training and retraining at least 660 care providers including PLWHA, ICAP will enhance the delivery of comprehensive basic care and support within national guidelines and protocols via a multidisciplinary family-focused approach. REDACTED.

This activity relates to OVC (XXXX), HCT (XXXX), PMTCT (XXXX), LAB (XXXX), sexual prevention (XXXX), TB/HIV (XXXX), Gender (XXXX), Human capacity development (XXXX) and SI (XXXX). As expansion of ART services is prioritized to rural areas, ICAP will strengthen referral channels and network mechanisms. TB/HIV linkages will be strengthened where ART and TB DOTS sites are co-located, and decentralization of ARV sites will be actively promoted in TB DOTS sites. All HIV infected

patients will be screened for TB using the National algorithm while all TB patients will be offered HIV testing. ICAP will also provide onsite assistance with data management and M&E to guide quality improvement. 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. Women who become pregnant will be referred to PMTCT, after delivery mother-baby pairs will be referred for care and treatment/ OVC services (XXXX). 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 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 be targeted and enrolled into care under the ICAP 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. Health care providers in secondary and primary health facilities will be trained to deliver quality ART services.

EMPHASIS AREAS:

Areas of emphasis will include quality improvement and system strengthening human capacity development, gender and other health related wrap around. This activity will facilitate equitable access to care and support especially to vulnerable groups of women and children. ICAP will advocate for men's involvement in care and treatment in the community (FGDs, community sensitization) for improved inheritance rights for women and children. ICAP will also advocate for stigma and discrimination reduction at the community level. also emphasize quality assurance/improvement and clinical systems mentorship as part of its capacity building. ICAP 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. 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,185,096	

Narrative:

ACTIVITY UNCHANGED FROM FY2009

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, ICAP supported OVC services as follows: appropriately identifying OVC who are not receiving services; providing a holistic family centered approach to care of OVC; providing educational support; services for adolescent OVC (including creating exit strategy at 18 and appropriate prevention message with reproductive health services); 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. ICAP further assisted 30 secondary hospitals and 24 CBOs in Kaduna, Benue, Akwa Ibom, Kogi, Gombe and Cross River States to support 6559 HIV-infected and affected children (OVC) to access health care, and other related services at the hospitals, their referral networks, including building community coalitions to boost services in surrounding communities.

In COP10, OVC services will be provided for 7,215 new children and adolescents and 74 caregivers. These OVC will include HIV positive and HIV-negative children of PLWHA or HIV affected orphans. ICAP will also continue to support 24 CBOs/FBOs/NGOs to provide community OVC services in the same states

ICAP 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 health facilities following national norms regarding counseling and consent of minors. Once OVC have been identified, ICAP's OVC program focuses on providing an appropriate balance of services in the facility, community and home settings.

ICAP OVC programming has several key elements: appropriately identifying OVC who are not receiving services; providing a holistic family centered approach to care of OVC and adolescents; providing educational support; nutritional assessments and intervention; providing health care services for HIV infected and affected children; providing psychosocial support at both facility and community levels and activating linkages to economic strengthening activities.

In COP10, ICAP will continue to implement strategies to increase enrolments of OVC and uptake of services. Some of these include: chart reviews of adult PLWHA on treatment to identify children not enrolled and reached with services; weekly reporting systems for OVC tracked and enrolled into care and treatment, provision of basic care kits (BCK) targeted at OVC and their care givers. ICAP will continue to provide nutritional support to OVC and work with the GON in partnership with MARKETS - a USG IP to leverage resources for providing therapeutic and supplementary foods respectively for OVC diagnosed with malnutrition. Through leveraging resources in COP09 with MARKETS; nutritional support was provided to OVC and caregivers with Richfil - a locally processed family cereal, in Cross River State.

MARKETS also conducted a TOT and have sponsored two CBOs in Cross River State to train up to 300 OVC Caregivers on IGAs. In COP10, ICAP will continue to leverage on this collaboration to support OVC and their caregivers on nutrition and economic strengthening. ICAP will also explore linkages to other community-based food and microfinance programs through supported CBOs to promote sustainability and household food security. Economic strengthening opportunities for female OVC caregivers will be prioritized. ICAP will continue to facilitate the establishment of community driven "food bank" initiatives in comprehensive facilities to provide nutritional support to OVC. Food Banks will be supported to build capacities in food drives and stock management; reporting mechanism for OVC beneficiaries of the food banks, will also be strengthened the. Partnerships will be explored to help expand and sustain these innovative food banks to continue to serve OVC and their adult family members. The possibility of linking severely malnourished children to time-limited feeding programs will be explored where availability of and proximity to such programs allow. ICAP will continue to identify and leverage state and local government support mechanisms to further ensure the sustainability and ownership of these initiatives.

Health care services for OVC will continue to emphasize high quality of service delivery, reaching all tracked OVC with clinical services including de-worming with anti-helminthics, malnutrition screening and intervention, ongoing monitoring of growth and development. OVC services will be extended and integrated into identified adolescent clinics to be supported by ICAP. Other areas of emphases will be linkage to immunization, malaria treatment, screening and referrals for TB when indicated, cotrimoxazole prophylaxis (CPT) following national guidelines, diagnosis and management of common and life threatening childhood illnesses As a way of ensuring preventive care at the home level, basic care kits comprising of LLITNs, soap for effective hygiene, water guard and water cans procured from SFH (another USG supported IP) will be distributed to all clients. ICAP will also continue to work through local partners to provide educational support (e.g., school levies, uniforms, school bags and writing materials) to most in-need children following selection criteria locally adapted by the OVC CCC (OVC Community Care Coalition), with guidance from the national OVC Vulnerability Index. Through ICAP support, some of these CBO partners will also continue to provide peer education programming at primary and secondary schools and through targeted outreach activities to reach in- and out- of school adolescents.

ICAP enables the implementation of advocacy and social mobilization, psychosocial support, home based care (HBC), and educational support for OVC and their households through its support and capacity building of local NGOs, CBOs and FBOs, The psychosocial support provided to OVC and their care givers, is multifaceted and comprehensive; it includes counseling on stigma and discrimination, disclosure, 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 will also continue to build capacities of these local community and faith based organizations such as Fantsuam Foundation, Tulsi Chanrai Foundation (TCF), GAWON Foundation, Catholic Archdiocese of Ogoja (CACA), Grassroots HIV/AIDS Counselors, ARFH, other CBOs and PLWHA groups to provide family-focused OVC services. These NGOs/CBOs/FBOs provide home based primary care, psychosocial support, nutritional support and links for OVC to health facilities for basic health care needs by providing transport and other support.
Training and supportive supervision of health care cadres and CBOs/FBOs members, will be a vital element in ICAP's COP10 strategies. Health care workers in all 30 hospitals will continue to be trained on OVC to enable them to identify HIV-infected and non infected children, to link them into Care and treatment as appropriate. Social workers/ nurses focal persons for OVC will continue to be identified in all comprehensive sites. Onsite clinical mentoring will enhance quality of OVC care and management skills for program sustainability. OVC flow chart, posters, and detailed SOPs will be provided to the sites to support quality improvement and facilitate the delivery of optimal Care and support services for services.

In COP10, ICAP will provide training for additional 194 care providers including, counselors, and community/HBC providers using GON National guidelines, OVC National Plan of Action and SOPs. In addition ICAP and local partners will set up a monitoring system using the nationally approved tools that allows the monitoring of services provided directly by ICAP and/or by referral from ICAP to other organizations.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
ICAP, in partnership with other organizations, will provide training and scale up of OVC services that will enhance the delivery of quality services to 7, 125 OVC and their caregivers 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 (XXXX), Lab (XXXX), Palliative Care (XXXX), TB/HIV (XXXX), AB (XXXX), and SI (5541.09). HIV-exposed and infected children will be placed on prophylactic cotrimoxazole (CTX) following National guidelines. Household members of OVC will be referred for HCT (5550.09) and children of women enrolled in PMTCT (XXXX) 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, in- and out of school 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 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.

EMPHASIS AREAS
ICAP's area of emphasis will be Community-based services for HIV-infected/affected children (0-17 years), Direct and Supplemental Services, Wraparounds (food, nutrition, IGA, water, and education) and Commodities (water guard, bed nets, etc.). Efforts will continue on improving and sustaining networks, linkages and referral systems as well as capacity development and food/nutrition support. In addition, ICAP will advocate equal access to education and improved legal and social services such as the protection of inheritance rights for women and children, especially for female children, and increased gender equity in HIV/AIDS programming. ICAP 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. In COP10, ICAP support will continue to enhance equity and gender approaches that lessen vulnerability of female OVC by increasing their access to education, care and other support services. Increasing involvement of men in caring for OVC will also be emphasized.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	4,439,035	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	301,667	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09 ICAP's supported HIV counseling and testing (HCT) at 55 sites including 30 secondary hospitals,20 primary health centers and 5 non-hospital facilities (five stand-alone VCT centers) in six states of Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi. In 2009, HCT activities were streamlined in these states to focus on the most at risk (MARPs) population.

In COP,10 ICAP will continue to support activities focusing on most at risk populations in selected sites within the six states. In COP10, ICAP will continue to provide targeted HIV counseling and testing services in a total of 55 HCT sites (30 secondary hospitals, 20 primary health centers and 5 non-hospital facilities (five stand-alone VCT centers) in six states Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi. Included within the non-hospital facilities are linkages to health facilities. At least 13,200 most at risk individuals will receive counseling & testing (in a non-TB/non-PMTCT setting) and receive their results. ICAP's HCT support has 5 themes: supporting provider-initiated opt-out HIV testing (PICT) 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.

Human Capacity Development
ICAP will ensure quality HCT services through the implementation of training courses for staff and volunteers. In COP 09, 125 individuals, including health care providers and laboratory staff at the facility and community levels, were trained to provide services in over 100 HCT outlets in the six states. In COP 10 , ICAP will consolidate efforts in improving the quality of HCT services and enhancing the skills of health care providers by providing consistent mentoring and monitoring of HCT services. Capacities of health care providers will be further strengthened by providing training and retraining courses on HCT using the National HCT Training curriculum. Focus will be on the quality of post test counseling information. Counselor reflection forms and client exit interviews will be used as tools to ensure that adequate information are made available to clients. Counselors will continue to have access to CHCT training to improve their skills to provide adequate couple counseling and testing following the best practices protocol in all supported sites. HCT Refresher trainings will be provided to site health care providers as needed. ICAP will encourage state ownership, participation and site maturity by training state and facility based supervisors to mentor and build the skills of health care providers thereby improving the quality of HCT services. In addition to the HCT specific training, ICAP will also provide trainings to improve monitoring and evaluation.

Strategic approaches
Reaching most at risk population
Innovative approaches will be instituted to effectively reach and focus on the most at risk populations. the risk assessment checklist will continue to be used as part of counseling tools to identify most at risk persons presenting in facilities and communities as well. Emphasis will be on the quality of service delivery to clients at all level of service provision. ICAP will support selected local nongovernmental organizations to partner with NYSC-trained peer educators in selected sites 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 will maintain access to HCT outreach to high risk communities in already established long distance truck drivers' parks in Benue State and Ogoja prison. ICAP will collaborate with outreach teams from nongovernmental and faith based organizations to ensure regular outreach to communities, and persons most at risk. ICAP will continue to support the use of multidisciplinary teams including lay counselors where appropriate to promote 'one stop' HCT services.

Community linkages and communication
The national 'Heart to Heart' logo will continue to be used at HCT sites for integration with national branding of HIV testing services. ICAP will continue to support community-level HCT services through identified CBO/FBO outreach initiatives, targeting mainly most-at-risk-population, further strengthening the network of HCT available to the community. ICAP will ensure that secondary and primary healthcare facilities are key partners in these networks. Referral linkages will continue to be strengthened within and outside ICAP's implementing agencies by making available referral tools in all the HCT points and ensure proper application of those tools.. HCT services at the communities will enjoy strong linkages with other services. ICAP will continue to strengthen the single sitting approach at all supported facilities and ensure availability of protocols, SOPs, and risk assessment checklist to HCT service providers. Existing Independent HCT centers will be strengthened, to provide targeted HCT services to the MARPs.

At all health facilities, the Provider-Initiated-Counseling and-Testing (PITC) approach will be promoted to ensure that HCT is available to all patients utilizing a facility. ICAP 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, post test counseling resources, such as support groups and peer educators, will support disclosure when appropriate and address the special issues facing discordant couples. ICAP will continue to work with PLHAs and support groups to increase the uptake of pediatric HCT services. 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 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.

Lab Quality Assurance and linkages
ICAP lab advisors will work with the state government mechanisms to assure Laboratory QA and quality HIV testing. HIV testing will be conducted using the new National serial testing algorithm. ICAP will continue to store test kits centrally in a secure warehouse in Abuja and distribute to sites through state and facility storages as needed. Technical assistance will be given to sites to ensure appropriate storage, record keeping and forecasting. ICAP will continue to ensure targeted HCT services in the face of limited number of Test kits. HCT protocols in this regard will focus on diagnostic testing for symptomatic patients in the facilities, and the MARPs at the community level. Recognizing the challenges of limited testing, ICAP will continue to advocate and collaborate with GoN to ensure that government puts in place plans to expand services for clients within the shortest possible timeframe. ICAP 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. ICAP will work closely with the federal and state governments through the Federal and state ministries of health, NACA and SACAs in the six states to enable them provide HCT support across health facilities. ICAP will partner with states with free MCH policy to provide technical assistance for HCT services for pregnant woman. ICAP will also explore partner with the Global Fund supported health facilities to ensure service linkage and promote quality of counseling and testing services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
This activity will contribute to the overall COP10 maintenance plans by providing access to HCT services to at least 13,200 most at risk persons who will also receive their results. HIV positive clients will be provided with access to care and treatment, including ART when needed. 138 individuals, including health care providers and laboratory staff at facility and community levels, will be trained and retrained to provide services. ICAP will continue to support and participate in the harmonization process led by the GON with regard to Global Fund, LMIS and ICS for test kits and other related service delivery issues.

LINKS TO OTHER ACTIVITIES:
This activity also relates to activities in ART (XXXX), Palliative Care (XXXX), TB/HIV (XXXX), OVC (XXXX), HCT (XXXX) and PMTCT (XXXX). The HCT activities in the sites supported by ICAP will encourage the enrollment of patients and family members into care through multiple entry points. ICAP 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:
This activity targets the most at risk population such as women in the reproductive age group, young people, truck drivers, who are mostly male and sex workers; ICAP will promote pediatric and family testing 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 to most at risk groups.

EMPHASIS AREAS:
Emphasis areas include human capacity development, increasing gender equity in HIV/AIDS programs, local organization capacity building and SI. As part of its human capacity development and sustainability efforts, HCT refresher trainings will be conducted for facility based service providers. Site HCT focal persons will receive HCT supervision training to help oversee activities. ICAP will also support consistent and regular monitoring and onsite mentoring at all sites to ensure sustainability and maintenance of quality services, ICAP will support HCT activities targeted at increasing male enrolment and MARPs. Lay persons will be trained in rapid HIV testing and counseling to increase access to more clients. Activities will also focus on using gender transformative approaches through counseling, behavior change communication and other program interventions to address and deliberately include women and men in activities that query gender norms and masculinity especially as it relates to reproductive health and HIV/AIDS. Health and other related care providers trainings will include gender transformative skills training to enable them identify and implement gender relational activities that will focus on integrating engaging men and boys with efforts to empower women and girls. For sustainability and maintenance of quality data collection, reporting and reviewing, ICAP will continue to build the capacity of state and site staff in quality data collection, program monitoring and evaluation. ICAP will also support the capacity building and use of community volunteers for different aspects of data collection. The quality of counseling at points of service, especially post test counseling, will be monitored. Close supervision and monitoring will check for adherence to protocols and strengthen referral linkages from HCT. The training and quality of HCT provided by TB health providers at TB sites will be monitored and strengthened. ICAP will also support improving the capacities of LGA and state M&E focal persons to effectively revitalize the HIVMIS across the different service delivery levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	717,295	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
In COP09, ICAP has expanded support to a total of 30 health facility networks in the six high-prevalence states of Gombe, Akwa Ibom, Cross river, Kaduna, Benue and Kogi. By the end of COP09, ART will have been provided to a cumulative of 3200 children (including 536 new).

During COP 10 ICAP will strategically focus on reaching HIV positive children needing care and

treatment (C&Tx) through various innovative approaches which include: support of pediatric HIV diagnosis; enhanced pediatric case finding and referral to care and treatment; ensuring comprehensive C&Tx services, including ART, for HIV-exposed infants (HEI) and HIV-infected infants and children; and providing enhanced psychosocial support at both facility and community levels. Following National Palliative Care Guidance and USG PC policy, ICAP-supported sites will provide a basic package of care services, including basic care kits, prevention with positives counseling for parents, clinical care (nursing care, growth monitoring, under 5 immunization services, neuro-developmental screening and monitoring; pain management, OI and STI treatment and prophylaxis, nutritional assessment and support, lab-baseline hematology, chemistry and CD4 percentage and follow up, OI and STI diagnosis- psychosocial support, provision of Cotrimoxazole, home based care, and active linkages between hospitals, health centers, and communities.

ICAP family-focused model of care is an optimal platform for pediatric case-finding and referrals. ICAP uses adult care and treatment venues as additional entry points for pediatric services, utilizing a genealogy form that ensures that HIV-positive adults are asked about the HIV status of their children at each visit. In COP 10, targeted testing will be done using skilled CBOs to ensure that children of adult in care and treatment are tested and linked to care.

In COP10 ICAP support for pediatric diagnosis will continue to include: enhancing linkages between PMTCT programs and those supporting OVC and ART services; supporting EID via dried blood spot (DBS) testing; initiating and expanding routine opt-out pediatric testing at inpatient and outpatient wards (including OPDs, casualty wards, well baby immunization clinics, child welfare venues, and adolescent/youth-friendly clinics) following national norms regarding counseling and consent of minors; and providing training, supplies, and laboratory support for HIV testing. DBS is collected from ICAP supported Nationally approved EID sites; ICAP will continue to partner with Clinton Foundation to ensure regular supply of DBS materials to all sites and shipment of samples /collection of results to and from National PCR labs.

In COP09, several challenges were identified as limiting pediatric uptake of care and treatment services. These include: poor linkage between PMTCT and services for HEI; poor uptake of PICT for children of HIV infected adults in ICAP-supported C&Tx programs, OVC programs and within points of medical services for children especially sick children; also there was a lack of segregation of pediatric care data into exposed and infected status which is responsible for lack of determination of proportion of HIV infected children receiving HAART among others. A "WATCh"("Where are the Children") task force was initiated to put in place mechanisms that will identify innovative strategies to reach the children within the shortest timeframe and bring them into much needed C&Tx. The overall aim of the WATCh strategies is to develop systems to improve identification; enrollment and retention into care of HEI and infected

children into care and treatment, including treatment with HAART. These interventions will be further expanded upon in COP10 and include: strengthening linkages between antenatal care, maternity and Exposed Infants, ollow up clinics, strengthening the tracking and follow up of HEI, strengthening universal "low hanging" PICT for children of HIV infected adults in C&Tx, OVC , and hospitalized children. This will involve having a minimum of 2 point of service testing for children in all comprehensive sites (in the Pediatric wards and immunization clinics). ICAP will continue to ensure monthly reporting of PICT performed on children of HIV infected adults in care and health services care points (reporting by categories and use of # of admissions would also help evaluate coverage). ICAP will further ensure that strategic approaches including chart reviews and monthly M&E reporting are used to determine program-level performance monitoring of HAART initiation among eligible HIV-infected children on a monthly basis. Also regular chart reviews will be conducted on records of HEIs and HIV-infected children to ensure that all DBS positive Infants are linked to treatment appropriately.
ICAP will also ensure that Pediatric clients (both HIV exposed and infected) have priority for defaulter tracking. To further ensure that the children of adult in care and treatment are tested and the positive linked to care and treatment, ICAP will use skilled CBOs for targeted testing and to provide escort services of HIV positive children to comprehensive sites.

Enrolment into care and treatment
In COP10, 3,060 HIV-infected infants and children will be enrolled in care, and carefully staged, both at baseline and at subsequent follow up visits. Following clinical and immunologic staging, those not yet eligible for ART will receive clinical services including ongoing monitoring, charting and plotting 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. Ready-to-Use-Therapeutic Feeding" (RUTF) using criteria agreed upon by the USG in-country and GON team will be provided at facility and community level via referrals where possible.
Parents/caregivers of HIV-infected children (regardless of children' HIV status) will receive a standardized "preventive care package" including basic care kits, ITN water guard, water vessel, ORS, soap and gloves. Infants and children who are eligible for ART will receive appropriate first and/or second-line therapy accompanied by careful monitoring for toxicity and efficacy and by intensive adherence support.
To improve retention in care for children ICAP will continue to advocate for communal support of transport reimbursement/food items for indigent children as well as link caregivers to IGA (income generating activities) in all the comprehensive sites

Decentralization of pediatric care and treatment services
In COP10 ICAP will continue to build capacities of pilot comprehensive PHCs to link to referring hospitals to support HIV/AIDS programs and provide onsite ART refills and follow up for stable patients, at the PHC level. Experienced nurses and community health officers identified in high volume pilot PHCs will be

further trained to deliver quality focused pediatric C&Tx services including conduct nutritional assessments and monitor growth and development, provide drug refills based on a symptom checklists, provide CTX and micronutrients, psycho-social and disclosure support, and referral to the comprehensive treatment sites as needed. ICAP will work with local State primary health care agencies to develop/adapt job aids and SOPs for providing HIV care and treatment at the PHC. Pediatric ART services in COP 10 will include having a minimum package of care for infected children at all ICAP sites. This minimum package of care for infected children will include: follow up schedule, WHO staging, growth and development monitoring, TB screening at every visit, CD4 baseline and repeat every 3 months, DBS testing, CTX prophylaxis, immunization, Multivitamins, anti-helminthics, antibiotics (Ampiclox, Co-trimoxazole, and erythromycin), ITN and antimalarials for treatment, basic care kits, baseline investigations and nutritional assessment, food supplement, infant feeding counseling and confirmatory HIV test at 18 months.
This minimum package of care for HIV infected children in the PMTCT-only sites is in line with the decentralization of pediatric ART services to smaller sites (PMTCT only) and will bring ARV treatment, care and support services closer to families and communities. This will require building the capacity of the health care workers at the primary and secondary sites to scale up pediatric ART services at these sites. In the PMTCT only sites where there is no CD4 machine, ICAP will continue to support CD4 sample logging using the same channel of sample logging with the PMTCT, TB and Adult ART services.

Human Capacity Development
Training and supportive supervision of health care cadres will be a vital element in ICAP's COP10 program. Clinicians at all 30 hospitals will be assisted to identify HIV-infected children, to enroll them in C&Tx, to perform appropriate clinical and laboratory staging of these children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible children. ICAP will also train PHCs staff to encourage task shifting in the care of HIV positive children. ICAP will conduct pediatric ART trainings, ongoing CME and QA activities for 232 clinicians and allied health care providers (including 100 for ART and 132 for Palliative care) who will support pediatric C&Tx. ICAP trainings will reinforce the need for opt-out testing for pediatric inpatients, pediatric TB patients, adolescent patients and children suffering from malnutrition and common illnesses which are also warning signs of HIV infection. Trainings will also focus on second line and regimen changes for children who are already on ARVs. Additional training and support will enhance the specialized counseling, patient education, and linkages required in early infant diagnosis programs. Adherence trainings and support services will be provided at each site. This will facilitate adherence assessment and support including group counseling, disclosure counseling, patient/family/caregivers education, appointment diary system, referral linkages, patient follow-up, provision of support tools (dosage guides, reminders etc.), linkages to community-based adherence support and retention in care programs.

Clinical Systems Mentoring and Quality of Care
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 will support quality improvement/quality assurance mechanisms to facilitate the delivery of optimal C&Tx services. ICAP will also facilitate and actively support onsite standardized HMIS using GON forms and provide onsite assistance with data management and M&E to guide quality improvement measures.

Harmonization of Activities
In COP10, ICAP will continue to work closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines, and 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.

Community Linkages
In COP10 ICAP will continue to work closely with its 24 NGO/CBO/FBO partners to promote community involvement, provide HIV prevention activities and linkages to wraparound activities, and facilitate adherence among HIV positive community members. ICAP will continue to strengthen/establish children support groups as part of the psychosocial support.

ICAP will also continue to provide nutritional support through partner CBOs to all 3,790 (?) HIV + children on ART. Support will include provision of RUTF as needed and other nutritional support. ICAP will also expand its successful Peer Health Educator program, enhancing targeted family counseling and testing, defaulter tracking, and inter/intra-facility linkages. ICAP will continue to ensure that HEI and HIV-infected infants and children are linked into OVC services. Prevention for positives messaging will include a balanced ABC approach messaging for adolescents infected with HIV. All HIV positive infected children/adolescents will be linked to home based care and support, community and social services for referrals for food and education assistance, economic empowerment, and other wraparound services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
One of the pioneers of family-focused multidisciplinary HIV/AIDS treatment in resource-limited settings, REDACTED.

LINKS TO OTHER ACTIVITIES:
This activity relates to HBHC (XXX), OVC (XXX), HCT (XXX), PMTCT (XXX), HVOP (XXX), TB/HIV (XXX), AB (XXX), and SI (XXX). As expansion of ART services is prioritized to rural areas, ICAP will strengthen referral channels and network mechanisms. Children on ART will be linked to home based

care 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 children will be screened for TB using the National algorithm while all children infected with TB will be offered HIV testing. Children will be also linked to other child survival programs. ICAP will also provide onsite assistance with data management and M&E to guide quality improvement.

TARGET POPULATIONS:
HIV positive children, will be provided access to pediatric 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 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 children infected with HIV. 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 other wrap around services. ICAP will strengthen the integration of HIV Pediatric packages into existing MCH and child survival services. This will be achieved through: decentralization of care of HEIs and integration of HEIs clinics into existing MCH services in PHCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	461,788	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	942,118	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
With the successful scale up of ART care program by many Governments and international partners/donors, focus has shifted to quality of care, cost effectiveness, sustainability and government ownership. These paradigm shifts clearly necessitate new and robust approach to HIV care monitoring and evaluation. ICAP Nigeria has adequately positioned itself for these new demand and shift by

pursuing programs and activities involving development of tools and M&E guides, adopting best practices in M&E, promoting participatory monitoring and evaluation (PME), improving the quality of data and strengthening collaboration with the GON in the implementation of the " Three Ones" strategy

In COP09, ICAP provided strategic information (SI) management services to 158 entities in six states (Kaduna, Benue, Cross River, Akwa Ibom, Kogi and Gombe). These included primary health centers (PHCs) providing a combination of PMTCT, TB/HIV and/or HCT, 24 CBO's and 30 secondary hospitals provide comprehensive HIV/AIDS programs. In COP10, ICAP will continue to build upon the successes and the lessons learnt from previous year to sustain and improve on the SI support to all supported entities across supported states.

ICAP M&E team with COP09 funding consist of 28 technical staff and a crop of facility based data clerks and medical record Officers that support the system to implement M&E activities for patient monitoring and management (PMM), Quality Management (QM) and Program Monitoring and Evaluation (PME). 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 tools. M&E activities include the initiation of a paper-based records system, strengthening facility M&E system, regular data collection and verification to meet reporting and data quality requirements, tracking referrals and linkages to ICAP-supported hospitals for HIV care and treatment services and introduction /support of new advances in HIV care monitoring and evaluation.

ICAP also uses electronic aggregate database to facilitate site monitoring activities, assist reporting, monitor quality of services provided, and enhance programmatic evaluation. ICAP will continue to upgrade the data entry, reporting and data quality features of the aggregate database to meet both local and international need. In addition, ICAP will continue to provide technical support to other ICAP supported countries that have signified interest in adapting the ICAP Nigeria database for use. ICAP will complete the development and commence the implementation of patient level database in COP10 to improve data and efficiency in patient monitoring and evaluation and ultimately quality of care received by patient. Using in-country networks and available technologies, ICAP is building a strong Patient Management Monitoring (PMM) system harmonized with the Government of Nigeria's (GON) emerging national PMM system. ICAP has effectively continued to participate and key into the GON "Three ones" strategy of one National M&E strategic framework, one coordinating body and one reporting system. This has led to ICAP continued active participation in LHIPMIP (Voxiva platform), HIVQual and membership of both State and National M&E Technical working groups.

In COP10, ICAP M&E staff will increase regularly scheduled mentoring and supervisory visits to all supported entities to build capacity, strengthen data quality and implement robust quality and standard of care monitoring and evaluation. In addition, they will strengthen M&E system, including constant and correct use of the 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 and GON data quality assessment/improvement (DQA/I) and capacity building plan. In COP10, ICAP will strengthen the capacity of States Ministries of Health (SMOH), States AIDS Control Agency (SACA) and Local Government AIDs Control Agency (LACA)M&E officers to provide leadership in collection collation, transmission and use of data for decision making. Joint on-site technical assistance with more frequent follow-up monitoring visits will be conducted by ICAP and GON to reinforce and ensure that standards and best practices are adhered to while ensuring that quality data is used at the grassroots by all stakeholders particularly facilities, communities and Local Government Council in supported states.

Emphasis will be placed on strengthening the state systems to ensure that data collected at facilities is reviewed, shared and used by service points, facilities, Local Government council and states for strategic planning to improve program quality and inform programmatic decisions, thus ensuring ownership of the data and sustainability of M&E activities. We will build the capacity of LACAs through training, mentoring, supportive supervision and logistic support to implement robust HIV surveillance activity in their local government. The SMOH/SACA will have their capacity built to provide leadership on management and use of data. Furthermore, we will develop and implement a robust system for tracking patients adherence and retention in care.

ICAP Nigeria M&E unit will drive the process for development and implementation of quality improvement and standard of care indicators to promote quality of patient care and ensure sustained standard in care in all supported sites. ICAP will continue to support the implementation of the HIVQUAL and clinical systems mentorship platforms.

In COP10, ICAP will maintain the current level of staff with very minimal addition of 3 new State M&E coordinators for Cross Rivers, Akwa Ibom and Kogi. These new addition will substantially position ICAP Nigeria to provide leadership in all ICAP supported state to implement the fullest the "Three Ones" strategies. The number will bring the total number of ICAP M&E team to 31. These 31 staff will be supporting six states having 128 Local Government Areas with over 150 ICAP supported entities. The State M&E Coordinators will provide support in the strengthening of state and facility M&E system and assist the Regional Advisors in the planning and implementation of M&E activities in the State and Region.

ICAP M&E staff will 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 COP10, in addition to service providers, we will train M&E Officers from LACA in HIV care monitoring with emphasis on understanding indicators, data collection, data collation, data transmission, data quality, data use and supervision. Also supervisory councilors from the Local Government will additionally be trained on data use and dissemination to enable them drive the process for data use in decision making and policy formulations. At the State level, M&E officers of the SACA and SMOH will be trained in HIV care monitoring, data collation, data use, dissemination, supervision and coordination. In addition, ICAP will work with supported states to develop M&E work plan. In COP10, ICAP will train and provide ongoing technical assistance to at least 582 individuals at ICAP-supported facilities (strategic information staff of secondary hospitals, primary health care facilities, DOTS sites, CBOs, NGOs, and PLWHA groups, LACA, SMOH, SACA and supervisory councilors) to enter and manage the information required to monitor program performance, evaluate quality, and identify areas in which program services can be strengthened and formulate policies. This number comprises 256 LACA M&E Officers, 48 SACA/SMOH M&E Officers and 128 supervisory councilors for health in Local the Government. Also, 150 facility and CBOs staff will be provided refresher comprehensive M&E training. 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 will provide technical assistance to 158 local organizations and facilities, 128 local government and 6 States Ministries and SACAs enabling them to strengthen their own monitoring and evaluation activities.

ICAP 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 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. In addition, it will provide appropriate information to

assess quality of care provided to PLWHA's and PABA's.

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 (XXXX), adult basic care and support (XXXX), TB/HIV (XXXX), OVC (XXXX), HCT (XXXX), sexual prevention (XXXX), ARV services (XXXX), ARV drugs (XXXX), lab (XXXX), blood safety (XXXX) and injection safety (XXXX). ICAP will also conduct public health evaluations of selected interventions during the COP09 year as well as routine evaluation of the 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 Local Government, SMOH and SACA. 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, system strengthening 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 and program effectiveness.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	704,760	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

According to the World Health Organization (WHO), Health systems that function well, have certain shared characteristics that include; 1)good procurement and distribution systems that actually deliver interventions to those in need, 2) sufficient health workers with the right skills and motivation, 3) financing systems that are sustainable, inclusive, and fair and 4) health care costs that should not force

impoverished households even deeper into poverty.

In COP09, ICAP leveraged its available resources to contribute to the strengthening of the health care delivery system primarily in the six states of Gombe, Cross River, Kogi, Kaduna, Akwa Ibom, and Benue by supporting activities addressing the above parameters and more. In COP10, ICAP will continue to focus and expand its health systems strengthening plans across these states by continually motivating the states to adapt and establish a chronic care system that will ensure continuity and comprehensive of care not only to HIV but to other chronic illnesses as a whole.

Strategic Approaches
Promoting leadership and governance: ICAP is working at the Federal State and local government levels and at the leadership levels of the not for profit health facilities to ensure that requisite policy frameworks and guidelines exist and/or are developed to support the provision of effective oversight, coalition building, regulation, attention to system-design and accountability. By also promoting the establishment of program management teams (PMT) across all 30 supported health facilities, ICAP is encouraging innovation, which is supported by consistent technical assistance, policy and accountability. In COP10,ICAP will train PMT teams on leadership, management and team building, and also build capacity of state and local government level authorities on health program management. Joint work plans will be developed with the state authorities with periodic review. ICAP will continue to establish/maintain subcontracts with facility and community based organizations to further increase their overall management skills, enhance responsibility and promote accountability. ICAP will work closely with the government of Kaduna and Cross River states to jointly design, implement, monitor and evaluate the devolvement strategy to decentralize ART care and treatment to pilot PHCs in conjunction with the LGAS/new state primary health care development agency (SPHCDA) where they exist.

Enhancing the Service Delivery package: One of the main objectives of ICAP HSS is to contribute significantly to assist the 6 states, their LGAs, communities and people they serve to maintain quality health services that deliver safe, comprehensive, integrated and continuous interventions at the optimum resource level. To achieve this, ICAP is working in conjunction with other stakeholders at the state and facility levels to develop a package of integrated services based on a picture of population health needs, of barriers to the equitable expansion of access to services, and available resources such as money, staff, medicines and supplies. ICAP will advocate to states and local governments to strengthen site support and establish new health facilities thereby increasing access to health services. ICAP will also advocate through CBOs to states and LGAs, to create a forum to identify barriers to care and ways of addressing them.

ICAP is also working through a network of over 24 NGOs/CBOs/FBOs to create a demand for services,

by reducing cultural, social, financial and gender barriers to care. The community networks and linkages provide the required forms of social engagement in planning, implementation, monitoring and in overseeing service performance. In COP10, ICAP will continue to support and expand the provider network to ensure service delivery as close to the client as possible, facilitate an individual continuity of care where needed between communities and facilities; and to avoid unnecessary duplication and fragmentation of services.

ICAP will partner with private sector organizations (MTN, GLO, Mobile etc) to support service provision in ICAP supported sites where feasible. The community networks will continue to enhance intra and inter facility referral systems; facilitate effective linkages between different levels and types of provider including hospitals. ICAP will continue to train and retrain health care providers at facility and community based levels to deliver various facets of chronic care to patients and their households in a continuous manner. ICAP envisages that at least 4118 providers will be trained in the reporting period.

Strengthening of the Health care Workforce: ICAP will support the development/enhancement of a well-performing workforce that is adequately trained, efficient and resourceful within available resources. ICAP will also continue to work; and dialogue with the respective state/local governments to identify mechanisms to ensure an equitable distribution of health care providers especially to the semi-urban and rural areas. At the provider level, ICAP will support increasing the competencies of providers to deliver services and acquire mentorship skills. The effectiveness of the State mentorship teams will be improved by building their capacity to conduct and facilitate trainings and promote cross training. ICAP will also respond to the demand of all the six states to build their skills to enable the states expand the clinical mentorship approach system wide. To achieve this, ICAP is working with both arms of government and its private not for profit partners to develop/adapt a clinical mentorship initiative that will focus on bolstering facility capacity to provide general quality health services. ICAP Nigeria has already begun this process using CSM approaches in COP09 when it strengthened skills and expertise of 60 State MOH/LG staff in Kaduna and Cross River states to provide mentorship and support facilities in high quality care delivery, as well as effective devolution of care to PHCs. In COP10, additional 120 State MOH/LG staff in Kogi, Akwa Ibom, Benue and Gombe states will be trained to carry out mentoring activities. The strategic approach involves simultaneous capacity building at the state and facility level, to government and non-government actors as an integral part of ICAP's transition strategy. ICAP Nigeria will continue to support capacity building efforts at the Federal level, and will coordinate with other IPs as needed to meet the goals of the FMOH and NACA. Specific activities include support for the development of National Guidelines on CSM and expertise building within the FMOH, and participation in the roll out plan /Technical Working Groups. ICAP will also share its regional expertise by participating and supporting the development of pre-service and in-service training on CSM and HIV C&T; ICAP will partner with selected universities to sponsor selected nurses from ICAP supported sites, for pre service trainings to build their

skills to task shift and provide the much needed human resource capacity especially at the sub-urban and rural areas. Such nurses, after completion of their trainings will pilot structured task-shifting activities. ICAP will further continue to work with both Federal and State Ministries of Health/ LGAs in the development of non-traditional cadres and task shifting plans (TBAs, PHEs, and CHEWs).

To make the work environment more conducive, ICAP will continue to develop and strengthen infrastructure systems in both comprehensive and urban PHCs to allow for their continued and more efficient use. Dilapidated state-supported stores, clinics, labs, TB sites, Laboratories, and PHCs will be repaired or renovated (which will include partitioning, wall plastering, worktops, tiling, plumbing, electrical works etc.) as the case may be. ICAP will further improve all ICAP supported work environments by providing resources such as computers, ACs, office furniture, required for improved service delivery. To efficiently and speedily carry out the foregoing, ICAP will use the services of state based in-service or retired facility repair consultants in all regions.

ICAP will support the implementation of QA/QI standards at the state/facility level; quality improvement teams will be established at the central, regional and facility levels. The goal of QA/QI teams is to ensure that agreed program standards are implemented and performance is consistently enhanced in all ICAP supported programs/sites with a view to ultimately making the program/site sustainable.

Support for a well-functioning health information system: ICAP will continue to support the establishment of a robust MIS that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. A foundational principle of this framework is data-driven continuous quality improvement at all levels. Thus, tools and their application are a crucial part of implementing the strategy. ICAP will continue to work with the states to implement identified strategic approaches including use of models and standards of care checklists to enhance competency and quality. ICAP will continue to build capacity of the provider, team, and site levels at different phases of site development, ranging from site start up to site maintenance/maturation level. Emphasis will be placed on strengthening the system to ensure that data collected at the site is shared and 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. ICAP will build capacity of State MOH/LG staff on M&E plan development, DQA, reporting and site supervision.

Furthermore, robust systems for tracking patients and monitoring adherence will be developed. ICAP will expand its hybrid of paper and e-based data system and will continue to work closely with ICAP NY, to adapt a patient level database. In COP09, minimal additional M&E staff including site data entry persons were hired in order to sufficiently address the greater level of M&E activities across all programs.

Regional and one Central M&E assistants are assisting the Regional M&E advisors and Central M&E team in the development and refinement of M&E materials. They provide support in the development and establishment of a systematic procedure for patient M&E including collecting, collating and reporting all data tracked by the ICAP Nigeria program. Finally, ICAP supported pharmacy staff will begin a pharmaco-vigilance initiative, collecting data that will assist with patient management, medication toxicity tracking, and adherence monitoring. These data will be correlated with routine M&E data for additional insights into the program.

Strengthening of the procurement, logistics and supply chain management system: A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
Infrastructure and logistics
REDACTED.

Staff of these state central stores will be retrained in current approaches to logistics and supply chain management using national curricula. In COP10, ICAP will also continue to supply Standard Operating Procedures (SOPs) and National Guidelines to guide quality ARV management across different thematic areas in an integrated approach.

Advocating for a good health financing system: ICAP will continue to advocate to states and LGAs to raise adequate funds for health, in ways that will ensure that people can use needed services, and are protected from impoverishment associated with having to pay for health services. ICAP will also continue to advocate to the six states and their LGAs to identify, recruit and post new health care providers to the rural and semi-urban areas with performance based incentives. In COP10, ICAP will continue to build on its advocacy which in COP09 resulted in Benue, Kaduna and Gombe states renovating facilities and procuring some of the reagents and supplies for use in the labs and pharmacies. REDACTED.

Harmonization and Leveraging resources: ICAP will work closely with other implementing partners and donors to facilitate and support donor coordination activities at the state level to ensure judicious use of resources, synergize activities based on areas of comparative advantages, and avoid duplications and wastages. ICAP will also facilitate donor/partner coordination for in selected states to support an integrated approach to health care delivery thereby strengthening the overall health system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	24,989	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
ICAP will promote biomedical prevention through the promotion of blood safety; targeting directly health care workers at ICAP supported facilities, blood recipients and blood donors at the facilities. Specifically, ICAP will emphasize training to build human capacity in blood safety services and create awareness on safe blood and blood product to end users through IEC; institutional capacity development for blood safety which includes training of personnel, institute safe blood collection procedures, provision of commodities, increase community awareness, and strategic linkages with other partners. ICAP will also collaborate with the National Blood Transfusion Services (NBTS) to promote blood safety.
Blood transfusion safety is a practical and feasible approach to averting new HIV infections. This entails supporting the training of clinicians, laboratory personnel and other health care workers on safe blood collection procedures, implementation of a hospital linkage with the NBTS while developing a pool of low risk voluntary, non-remunerated blood donors, and reducing unnecessary transfusion.

In COP09, ICAP expanded support for blood safety to a total of 30 hospital networks in six States (Kaduna, Gombe, Cross River, Benue, Akwa Ibom and Kogi). Working closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa (SBA), ICAP has trained 20 laboratory staff involved in blood transfusion services, enabling and supporting these in turn to provide training for at least 285 laboratory and allied health workers involved in blood transfusion services at their sites: a total of 240 individuals will be trained by the end of COP10.

Training: In COP 10, ICAP will continue to 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 will support refresher training for HCW in facilities to recruit repeat voluntary blood donors from the ranks of current family replacement donors.

Develop a pool of low risk voluntary, non-remunerated blood donors: ICAP will collaborate with NBTS in the development of a nationwide voluntary donor recruitment system. NBTS and ICAP will provide technical support for blood donation drives held at ICAP supported hospital facilities. ICAP will be instrumental in working with hospital management and staff at the comprehensive sites to develop buy-in for the NBTS blood services program, to create support for blood donor organizers, and to strengthen health facility and community focused blood drive activities.

To increase community involvement ICAP will support all 30 health facilities to work with the local Red Cross on community sensitization and blood drives. Additionally, local community based organizations and support groups as well as faith based organizations will be targeted 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 and to sensitize the hospitals and communities on the need for voluntary blood donation. ICAP will support the distribution of IEC/BCC materials obtained from NBTS and SBFA to promote the need for voluntary non-remunerated blood donation.

Safe blood collection procedures and screening: ICAP will work with all the 30 hospitals that do blood transfusions to ensure appropriate facility-level collection of blood. ICAP will continue to monitor the already developed NBTS/hospital blood exchange program at 5 blood centers that were supported in COP09 based on proximity to a zonal NBTS office, availability of blood banking facilities, support infrastructure and other resources supplied by ICAP. This linkage will continue to provide regular delivery of donated units of blood to NBTS for screening with ELISA technique in conjunction with a regular delivery of screened units of blood to the facility.

Directed and voluntary donors will be prescreened with the NBTS donor screening questionnaire and donors will be deferred as necessary based on their responses. Deferred donors will be offered HCT. It is anticipated that 2860 blood donors will be screened using the HCT testing algorithm, thereby utilizing the blood donor setting as another point of service for HCT during pre-donation. ICAP in collaboration with supported facilities will send unscreened blood units that these 5 hospitals have appropriately collected and stored 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. Therefore, approximately 2,600 units of blood will be collected and sent to the nearest NBTS centers for ELISA screening as outlined. In addition to collecting unscreened units, NBTS will deliver to these 5 blood centers screened units for blood in exchange for the unscreened units which will then be stored for 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 the 5 blood banking centers a total of 900 transfusions will take place. ICAP will work to ensure that 80% of blood transfusions that occur at these hospitals will use 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. ICAP will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide.

Reduce unnecessary blood transfusion: ICAP will work closely with facility management to strengthen existing blood transfusion committees to oversee blood use based on national algorithms and standards in the health facilities.

Quality assurance (QA)/Quality Improvement (QI) management systems

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 have been provided with copies of the National Blood Policy, operational guidelines for blood transfusion; ICAP will continue to provide sites with 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.

Monitoring and Evaluation
ICAP will support monitoring and evaluation activities and use data to develop or update strategic plans and identify strategies to ensure long-term sustainability. In the area of blood safety, ICAP will continue to support the 30 comprehensive secondary health facilities to improve safe blood practices and reduce medical transmission of HIV and other infections.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
These activities will contribute to the overall Emergency Plan for prevention of new infections by promoting blood safety; ICAP will also support the training of health care workers to provide quality safe blood services, and will increase the availability of regular voluntary non remunerated blood donors.

LINKS TO OTHER ACTIVITIES:
This activity is closely linked to activities in ART (XXXX), Palliative Care (XXXX), OVC (XXXX), HCT (XXXX), Lab (XXXX) and PMTCT (XXXX) to ensure that health workers under all these areas adhere to principles of blood safety and universal precautions. With linkage to Lab (XXXX), lab-based activities will support safe blood activities at all ICAP supported sites through training, supervision, equipment maintenance and supplies

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	46,854	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Injection Safety
In COP 10, ICAP will continue to promote biomedical prevention through the promotion of safe injections and proper disposal of infectious waste generated in all facilities it supports, targeting directly health care workers at ICAP in these facilities and surrounding communities. Specifically, ICAP will continue to train and retrain all health care providers (doctors, nurses, lab personnel, waste handlers) to build capacity in

safe injections and will continue to provide IEC materials geared towards behavioral change, and instituting safe injections. Additionally, waste management committees will be constituted/further supported where existing in all 30 comprehensives secondary facilities and surrounding PHCs to enforce proper disposal of waste. ICAP will further facilitate the regular availability of commodities, increase community awareness, and strategic linkages with other partners and initiatives like the Making Medical Injections Safer (MMIS) project. ICAP will also collaborate with the MMIS to support government in the distribution and implementation of National safety injection and healthcare waste management policy.

While injection is a necessary mode of providing treatment, contraception and immunization, contaminated injections add to the burden of illness. Reused syringes and needles, lack of sterilization, suboptimal collection and disposal of used needles as well as lack of training, standards of procedures lead to the exposure to HIV and other blood borne pathogens. In response and joint consultation with the Federal Ministry of Health (FMOH) and MMIS, ICAP has implemented the Safe Injection Global Network (SIGN) strategy, an infection prevention strategy to reduce HIV transmission through unsafe injections. In COP09, ICAP supported injection safety in the context of infection prevention and control services at 30 hospital networks in 6 states of Kaduna, Cross River and Benue, Gombe, Kogi and Akwa Ibom. Infection prevention practices were enhanced and universal precautions were introduced. By the end of COP 10, 150 health care providers will be trained on injection safety including general aspects of universal safety procedures and health care waste management, while advocacy and BCC activities on safe injection were conducted amongst health care workers to enable adoption of safer workplace behaviors.

In COP 10, ICAP will continue to focus and expand on these strategies to effect change in injection practices. These include: training to build the capacity of health care providers on safe injections, advocacy and behavior change communication (BCC) activities to promote safe injections, improvement of health care waste management plans, implementation of universal safety precautions, and provision of necessary commodities for safe injection and waste disposal.
Training to build human capacity and effect behavior change: Training will be based on the National Training manual adapted from WHO Do-No-Harm. Trainers trained in COP09 by MMIS have stepped down training to 1,450 health care workers. The training focused on safety standards of procedures on safe injections, waste management as well as behavior change to prevent unsafe and overuse of injections, observe consistent universal precautions, and appropriate health care waste management. Health care workers were trained as supervisors and were given the responsibility to provide supportive supervision to their peers in the area of safer injection practices and proper waste disposal. Trained supervisors will continue to be mentored by trained ICAP focal persons while also advocating to hospital managements to sustain the supply of safe injection commodities.
ICAP will also continue to promote and facilitate behavioral change among health workers through supportive supervision, 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. This will also 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.

Improve health care waste management: In COP10, ICAP will continue to focus on promoting effective waste management in 30 comprehensive secondary health facilities across the 6 states ICAP will implement these activities by partnering with a local non-governmental organization, HIV/AIDS Restoring Hope and Life (HARHL) Trust. This local NGO has 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.

Provide commodities: ICAP will continue to 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 will also support proper waste management by procuring waste disposal units as well as supply locally constructed incinerators in selected sites based on needs. ICAP will partner with local governments in ensuring proper waste disposal in PHC centers by training the HCW in these sites on proper waste handling and disposal. PHCs will be linked to secondary facilities with waste disposal units and an efficient transport system designed or augmented where available for timely shipment of infectious waste for proper disposal.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
These activities will contribute to the overall National 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. ICAP will also support effective waste disposal through the procuring of waste disposal units for selected health facilities.

LINKS TO OTHER ACTIVITIES:
This activity is closely linked to activities in ART (XXXX), Palliative Care (XXXX), OVC (XXXX), HCT (XXXX), Lab (XXXX) and PMTCT (XXXX) to ensure that health workers under all these areas adhere to principles of safe injection and universal precautions. With linkage to Lab (XXXX), lab-based activities will support Injection safety activities at all ICAP supported sites through training, supervision, equipment maintenance and supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	63,325	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
In COP09 ICAP programming has expanded support to a total of 30 hospital networks located in 6 states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna, Kogi). In COP 09 ICAP implemented a balanced portfolio of prevention activities which has also included abstinence, be faithful and 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. ICAP implemented these activities at both the facility and community levels utilizing a combination of multiple strategies including community outreach campaigns, interpersonal communication ,infection control activities, implementing PwP intervention at the facility level, STI management/treatment and workplace activities (specifically Greater Involvement of People with HIV/AIDS, or GIPA).

In COP10 ICAP will provide support to a total of 30 hospital networks and 24 CBOs. These facilities will served as the platform for ICAP minimum prevention package that provides individuals with messages on Abstinence, Be faithful ,correct and consistent condom use skills and STI management through strategic activities such as community outreaches, interpersonal communication (IPC) activities, counseling and youth focused programs. ICAP will continue to support abstinence (primary and secondary), mutual fidelity, risk reduction and safer sex promotion activities among 53,536 individuals. The targets will be people living with HIV/AIDS (PLWHA), in- and out of school youths, transport workers and people affected by AIDS. They will receive abstinence, be faithful and condom /other prevention messaging on a regular basis via activities such as community outreach campaigns, non curricula based school approach (i.e drama, interpersonal communication, infection control, STI management/treatment, and essential life skills training)

ICAP will reach these targeted communities with messages of delaying sexual debut or adopting secondary abstinence through IPC ,non–curricula school based approach and essential life skills training .ICAP will encourage PLWHAs and caregivers to engage in productive income generating activities by providing them with training on essential life skills and referring them to other partners. PLWHAs-Peer Health Educators will continue to be supported to help other PLWHAs acquire skills for positive living through PwP activities. .

Health and allied care providers will be further 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 (PEP) should exposure occur. Job aids and behavior communication materials on universal safety precautions and PEP will be provided to support prevention at health

facilities and care givers at the community.

BCC strategies/Material development and review
In COP10,ICAP will continue the provision of correct and appropriate behavior communication materials and job aids to support different target groups to adopt and maintain healthy lifestyles and reduce risky behaviors for primary and secondary prevention. These behavior communication materials and job aids will be reviewed during materials review workshops in partnership with community based organizations, PLWHAS, health care workers, care givers and MARPS whose contributions will be incorporated. BCC materials from all thematic areas will be pre-tested, produced and distributed for use by all ICAP-supported facilities and partners. ICAP will continue to support the Prevention with Positives (PwP) intervention with the provision of communication tools and aids to provide a comprehensive package of PwP activities in all supported facilities and linked communities. A total of 682 facility and community based health care providers, counselors and regional community network coordinators will have their capacities built on prevention counseling. Contents will include partner counseling and testing, disclosure, dual protection, linkage to existing family planning and child spacing services, personal hygiene, safe water use, and healthy lifestyle. These will strengthen PWP intervention at the facility and community levels. ICAP will support the provision of STI instruments and reagents (VDRLI, swabs and culture plates) STI drugs and human resources to assist the treatment and management of sexually transmitted infections. PWP intervention will be strengthened through integration with other areas such as OVC and HBC. Referral linkages between family planning and ART clinics will be strengthened across all ICAP supported sites. In COP10, ICAP will continue the distribution of at least 2,000,000 condoms through its 24 CBOs/NGOs and 30 comprehensive sites to enable HIV positive and high risk negative individuals to adopt dual protection choices. These condoms will be provided by Society for Family Health.

Human Capacity Development:
ICAP will build capacities of health care workers in prevention 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 and PABAs on risk reduction, skills development for practicing sexual abstinence and/or correct and consistent use of male or female condoms, and healthy life planning. Referral linkages for STI management will also be strengthened as a component of preventive services. Support groups, peer educators, local NGOs and CBOs in each hospital network will be equipped to conduct prevention activities for HIV positives persons, their partners and households.

In COP10,capacity building activities will also target both health care providers in ICAP supported sites as well as staff of CBOs/NGOS / FBOs with special focus on those accessing most at risk populations

(MARPs) i.e.PLWHA, youth, transport workers, MSM, commercial sex workers and injecting drug users (in states where they are found) and persons involved in trans-generational transactional sex. These care providers will be empower these groups with knowledge and skills to negotiate and adopt safer sex, reduce high risk activities and improve good health seeking behaviors. Supportive behavioral change activities will target all individuals accessing ICAP supported facilities, especially discordant couples and communities at large with a special focus on MARPs. As part of targeting MARPs, ICAP will continue to support youth focused activities such as CBO youth centers, HCT youth friendly centers and pediatrics adolescent clinics using youth friendly behavioral interventions such as prevention counseling, essential life skills which include refusal and negotiation skills, community role plays , debate and quiz competitions intending to empower young people to adopt healthier lifestyles. Quarterly focus group discussions will be conducted to get feedback from PLWHA, OVC and PABA on the impact of ICAP supported HIV treatment and care program in selected states.

ICAP will train a total of 682 health care workers (including 250 on AB messages and 432 on other prevention) at facility and community levels to deliver appropriate BCC messages during routine clinic visits using tools and job aids, and provide referrals to HIV infected individual to enter care and treatment services. Health care workers at the facility and community will have their skills enhanced to discuss prevention through Abstinence, Be faithful, correct and consistent condom use with non marital partners, correct STI treatment, partner notification ,safer sex negotiation and addressing barriers to accessing health care services such religious beliefs and cultural practices. This will be augmented by building the capacity of at least 24 local CBOs, NGOs and support groups, to conduct activities to promote identified BCC strategies across their communities.

Facility-based approach
In COP 10 all ICAP supported treatment sites will strengthen the integration prevention counseling and services for people living with HIV into family planning clinics as part of the PwP intervention. The proper management of sexually transmitted diseases will be supported through the timely identification and treatment of STIs, and partner notification and prevention counseling will be offered. Services such as prevention messages, promoting correct and consistent condom use will be promoted. ICAP will use available communication tools and aids to provide this comprehensive package of prevention for positives activities. Support groups will be assisted with patient education materials to build and support their skills on addressing prevention topics. ICAP will provide effective support for communication and behavioral change in partner notification practices through training and changing the delivery of care.

Community based approach
ICAP will continue to strengthen its partnerships with community based organizations and link to communities through peer health educators, mothers forum, community role plays and support groups.

Identified community, faith-based and non-governmental partners will be provided assistance to conduct community outreach activities including community dialogues, community rallies, quiz and debate competitions and other community mobilization approaches through innovative approaches to disseminate information and promote discussions around safe sex behaviors, risk reduction approaches, promote abstinence and partner reduction in selected audiences/target groups.

Prevention programs for MARPs will remain a priority in COP10. capacities of CBOs will be built to also address behavior change in the areas of abstinence and be faithful, condoms and other prevention, stigma, gender empowerment, male involvement in PMTCT, in HIV care and treatment and other related issues. CBOS will be supported to deliver prevention messages and skills to MARPS (Youths, MSM, IDU, CSW ,transport workers) in the community. In COP10, ICAP will ensure capacity of CBO partners and support groups are built for ownership purposes through development and distribution of BCC materials in all thematic areas to reflect local content. Capacity building of CBOs in leveraging resources from the communities and encouragement of CBOs to partner with other organizations to strengthen HIV/RH programs and for sustainability of the program. Build capacity of CBOs to identify, plan and implement activities that address policy issues with policy makers on issues like stigma and discrimination, gender inequity, support male involvement in HIV treatment and care, PMTCT and other RH issues.

Strengthen gender mainstreaming at community and facility levels.
In COP 10, ICAP will identify CBOs to implement specific gender main streaming interventions and buy-in via financial and educational support; these CBOs will identify target audiences (male/female) per activity/intervention. ICAP will identify state based teams that will review, adapt and adopt training modules and BCC materials to ensure that gender issues are adequately reflected. Cross- cutting and holistic approaches to program activities will be adopted. ICAP will develop checklist for possible areas of expansion of supported CBOs' activities and expand supported CBOs' program focus to reach wider range of activities. Approaches to be used to strengthen gender at community and facility levels include repeated community dialogues, communication skills training for women, CBOs and HCWs and risk assessments and targeted outreaches and testing.

Supporting Male Involvement
ICAP will advocate to facilities management to support male involvement by fast-tracking access to health care for men who visit facilities with their partners/families. Expand male-focused activities further than HCT to FGDs, safer sex practice sensitization, etc. CBOs will be supported to work with men influencers in communities to mobilize men to support HIV/AIDS and Reproductive health initiatives

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

REDACTED.

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, their partners, adolescents, 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 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 school youths, commercial sex workers, and persons involved in transactional/transgenerational sex will also be targeted for sexual prevention activities.

EMPHASIS AREAS
Areas of emphasis include human capacity development and local organization capacity building. Advocacy will be intensified to men in communities in ICAP supported sites, for support to their vulnerable partners and involvement in HIV treatment and care, HIV Counseling and testing; women will be empowered with knowledge and communication skills so as to make informed decisions. Support groups will occasionally be segregated by sex to enable participants freely speak of their issues and find solutions that are most appropriate for them. This activity will promote gender equity especially among vulnerable groups of women and youths. By facilitating the availability of client education programs, it will contribute to the reduction of stigma and discrimination among care providers towards HIV positives clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	661,983	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,763,436	

Narrative:

ACTIVITY UNCHANGED FROM FY2009

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
In COP10, ICAP will continue to work in the six states of Kaduna, Cross River, Benue, Kogi, Akwa Ibom and Gombe.
A total of 107 existing Government of Nigeria (GoN) mission and private health facilities will continue to receive support to provide PMTCT services and community outreach activities through 30 hospital networks and 77 PHCs.

ICAP will train health care workers (HCWs), support infrastructure, purchase equipment and supplies, monitor, evaluate and provide supportive supervision to the sites. Efforts will be made to facilitate the public health approach in taking PMTCT services to PHCs and community levels as essential steps towards universal access and the shared goal of eliminating peri natal transmission.. In COP10, ICAP will work to increase uptake of PMTCT services, including routine antenatal care and facility-based deliveries. ICAP will support PMTCT activities through: HCT for all pregnant women (ANC, labour and postpartum period); ARV interventions dispensed in ANC and maternity for HIV+ women; integrated group counseling into other health services attended by pregnant women and women of childbearing age; provision of services for well/or sick children (Immunization clinic), linkages to family planning and sexually transmitted infections (STIs) clinics; and promote integration of HAART in MCH and at PHCs using trained locum/mobile doctors, to provide 'one shop' services; and reduce delays in initiating HAART at comprehensive sites. 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"). Mothers-2-Mothers (M2M) support groups will be established and/or strengthened at comprehensive and high volume PHC sites to increase facility-based delivery and reduce the number of women lost to follow up. ICAP will support and train mentor mothers who will spearhead these M2M support groups at PMTCT sites. Mentor mothers will conduct peer counseling to newly diagnosed HIV+ pregnant women, adherence counseling to women on ARV prophylaxis or HAART, provide information on minimum package of care for exposed infants and support defaulter tracking for positive mother-baby pairs. The use of ART for PMTCT will follow the National PMTCT guidelines. ICAP will provide support for psychosocial and adherence issues and for mothers infant feeding choices through appropriate infant feeding counseling. HAART eligible women will be enrolled at the nearest comprehensive site by referral and linkages. 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 by logging samples through specimen transport systems supported with motorbikes. ICAP will provide support for CD4 capability to high volume PHCs . ICAP will expand the use of hand held haemoglobinometers to all the PHCs to monitor women who are on AZT. Exposed infants will be actively linked to pediatric care and treatment through under-5 cards issued in labor and delivery. Women who test negative will receive prevention counseling and appropriate support to remain so.

ICAP will emphasize group counseling and 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 will actively promote community-based PMTCT services through CBOs, to provide "doorstep" counseling services 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 (CTX). Other activities are enhanced pediatric care including CTX 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 HIV diagnosis to facilitate care to all of her affected children. ICAP will actively encourage male circumcision as a preventive measure especially in Kaduna and Gombe states.

Identification and follow-up of HIV-infected and exposed children living within the community will be a priority with CBOs/FBOs assisting with adherence issues and defaulter tracking. ICAP will continue to implement a basic minimum package of care services to exposed infants at PMTCT/HCT-only sites. This would ensure that exposed infants are linked into care and prevent loss to follow up. Minimum package include: simplified Exposed Infant registers for data capturing, prophylactic ARV syrups (NVP and AZT) within exposed infant/immunization clinic, growth monitoring, nutritional assessment/infant feeding counseling, child survival strategies counseling DBS at 6wks, HIV C&T services at immunization clinics and for women with unknown HIV status. To implement these services at the PHC level, ICAP will develop minimum training package adapted from the National pediatrics and PMTCT training manuals to train PHC staff. ICAP will advocate to the National Primary Health Care Agency on the inclusion of HIV/AIDS information on road to health charts to help identify HEIs.

ICAP and its sub-partners will train 715 HCWs, using GON curricula, to provide an enhanced package of quality MCH services to HIV+ women. The training will focus on prevention messaging (including balanced ABC messaging),on STI screening/treatment, cervical cancer screening, safer sex, malaria prophylaxis, minimum package of care for exposed infants including child survival strategies, use of ITNs and safe water. It is estimated that about 15% of babies born to HIV-positive women will become HIV infected through breastfeeding. To reduce this risk, ICAP will empower providers to give unbiased infant feeding counseling to mothers based on WHO/GoN recommendations (exclusive breastfeeding, use of BMS based on AFASS criteria). ICAP will support govt efforts through zonal training of trainers on HIV and infant feeding, infant feeding meetings and reprinting of finalized Infant National guidelines. Additional health care providers will be trained to educate and assist mothers make appropriate infant feeding options and discourage "mixed feeding" practices..

Home deliveries remain a very strong preference among many communities in Nigeria as 2/3rds of

pregnant women either deliver with birth attendants or in their homes (DHS: 2005, Piper CJ; 1997). In order to reduce the number of HIV positive mothers and their exposed infants lost after home deliveries, ICAP will support GoN to develop a National TBA curriculum to enhance their quality of service at the grass root level. ICAP will also support community sensitization, organization and capacity building of xxx TBAs across communities surrounding PMTCT sites in the six ICAP- supported states. TBAs will be trained on basic HIV prevention and infection control, safe motherhood, HIV counseling and testing information especially to pregnant women and their partners; and for referral support of newly delivered mothers and their babies for follow up care. Retired midwives and health care providers will be identified to monitor effective identification and referrals of pregnant women, newly delivered mothers and their exposed infants to nearby PMTCT sites for enrolment into care. TBAs will be involved in "Men Taking Action" activities to enhance community support.

ICAP will address the critical challenge of limited/lack of male partner involvement in PMTCT services and will strengthen male involvement through gender transformative activities. Through 'Men taking Action' MTA , ICAP will work with CBOs to increase service uptake, promote positive male norms and behaviors, especially as it relates to discordant couples, and help reduce stigma and discrimination through community based activities. These activities include community education and behavioral change communication (EBCC),"Mobile" outreach VCT at male-friendly HIV/AIDS events, use of trained community leaders/gate keepers to conduct EBCC and deliver accurate messages related to PMTCT and VCT to male partners of pregnant women attending ANC and to men in the general community. At the end of the sessions, men will be encouraged to undergo rapid HIV testing with HIV+ male partners' appropriate referrals for TB and CD4 screening to nearby health facilities, and linkage into care. ICAP will also encourage facility managers to make their MCH men friendly for HCT and utilizing mainly male counselors where feasible.

ICAP will work in close partnership with GoN on HIV early infant diagnosis (EID), offering HIV infant diagnosis testing in line with the National EID initiative from 6 weeks of age using DBS. HIV positive infants will be enrolled and linked to appropriate care and treatment. ICAP will support GON at training HCWs on EID at PHCs and in the finalization of EID training curriculum. A joint USG/GON/ICAP team will provide ongoing M&E and supportive supervision activities and contribute to the national PMTCT program's M&E efforts. ICAP is also earmarking USD125, 000 for procurement of goods and supplies through the SCMS mechanism

CONTRIBUTIONS TO OVERALL PROGRAM GOAL:
ICAP 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 secondary care level. ICAP will significantly contribute to an

increase in PMTCT services by supporting 107 existing secondary and primary health care facilities government, mission and private health facilities and also indirectly supporting GON ministries/programs in their rapid scale-up plans for PMTCT.

ICAP 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; support adaptation of IMAI Document for HCWs at the PHCs,printing of national PMTCT registers; support of regular coordination meetings in collaboration with other partners at all government levels. ICAP will also strengthen the programmatic skills of partner CBOs/FBOs in line with GON sustainability plans.

LINKS TO OTHER ACTIVITIES:
This activity is related to activities in ARV services, Basic Care and Support, OVC, counseling and testing, SI, Lab, and Sexual Prevention. 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. Pregnant women will be linked into FP services. Partner counseling/communication will be promoted through sexual prevention 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, TBAs, 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 also improved.

EMPHASIS AREAS:
Emphasis will be on training, increasing gender equity in HIV/AIDS programs, human capacity development and SI.
Equipping women with IGAs, communication skills and legal Aid counseling, will promote gender equity in HIV/AIDS programs and increase access to services by the vulnerable groups of women and children. Emphasis will also be on primary prevention of HIV infection and prevention of unintended pregnancies

among women living with HIV. HCT services will be integrated in RH/FP services while all PMTCT clients will be referred to access RH/FP services post-delivery. The health status of HIV+ women will be further enhanced by actively screening them for TB and cervical cancers. Recognizing the impact of male involvement on a woman's access to PMTCT and VCT services, ICAP will use MTA strategies to enhance partner testing, endorsement of infant feeding choices, and engagement in care.
From a public health view, tasks can be shifted from more specialized to less specialized HCWs. At comprehensive/ high volume PMTCT/HCT-only sites, "Mentor Mothers", will be trained to spearhead Mothers to Mothers (M2M) support groups. They will also be trained to participate in peer/adherence counseling, minimum package for HEIs and tracking of defaulting mother-infant pairs, thus further leveraging task-shifting. At the State government level, ToTs will build capacity of State and local government PMTCT Task Force and also provide an opportunity for task shifting and promote sustainability by engaging state personnel in clinical systems mentoring activities at sites.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', ICAP, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,620,463	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
In COP09, the ICAP continued to expand its laboratory network model across the six states of Kaduna, Benue, Cross River States, Gombe, Akwa Ibom and Kogi enabling 30 hospital networks to support HIV/AIDS care and treatment programs. ICAP's experience in COP09 will inform programmatic and infrastructure maintenance, health system strengthening, service integration and quality improvement plans in COP 10. In COP09, baseline laboratory assessments for additional sites revealed infrastructural deficiencies including lack of electricity and potable water, obsolete equipment and testing methods, severe staffing shortages and under-skilled staff. Internal and external lab quality system audit also

revealed the need for improved lab quality management system, service integration as well as limited sustainability plan.

Phased approach to lab development and maintenance
ICAP Laboratory support plan estab+lished 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 CD4 capability. 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 microscopy, urinalysis and blood cultures, Hepatitis B and C screening and liver function tests where feasible, REDACTED., as well as the introduction of protocols to collect and prepare dried blood spot (DBS) samples for use in early infant diagnosis (EID). All 30 comprehensive labs in the secondary facilities have completed the phase 1 package. ICAP will continue to support and expand services for the diagnosis of the following opportunistic infections: Malaria, TB, Hep.B and Hep C among others. ICAP will also continue to participate in the National EID scale up plan, sending DBS specimens to appropriate laboratories supported by other PEPFAR implementing partners. ICAP will provide support mechanisms following the close out of the Clinton Foundation support for sample collection materials and transportation of specimens/results and also key into any alternative DBS transport system adapted where it is not feasible/appropriate to provide transport. For quality purpose, ICAP lab advisors will also provide supportive supervision on DBS collection, to identify gaps and provide corrective measures. In COP 10, ICAP plans to continue to maintain all services provided in COP09, enhance the capacity of national and state for lab improvement and support while strengthening the lab quality management system in preparation for National/International accreditation

Human Capacity Development
In COP 10, ICAP will continue to fully fund training on diagnostic testing and immunologic monitoring, good laboratory practices (GLP), monitoring quality assurance and biosafety. It will continue to coordinate and fully fund formal didactic training sessions and share training resources to avoid duplication. ICAP will implement its lab system mentoring strategies in all comprehensive sites labs; strategies will include: training of ICAP lab advisors on QA monitoring and mentoring; orientation on new focus on quality and lab mentoring; strengthening on-site supervision and shoulder assessments by lab advisors; increasing mentoring time on site, train lab policy makers (MOH lab directors, state quality officers) to provide supportive mentoring; strengthen lab advisors participation in lab activities on clinic days (sample collection, processing, analysis, documentation and result dispatch).
On-the-job training will continue to be enhanced by job aids, standard operating procedures (SOPs) and

diagnostic algorithms as well provision of one-on-one on the job training for all lab staff to improve the quality of service. ICAP will train all available trainable lab personnel regardless of specialty or area of lab service provision, to address the challenges of lab personnel shortages at some of these facilities and encourage qualitative service integration. ICAP will continue to support task shifting by training of non lab personnel in rapid HIV testing with appropriate monitoring and supervision. ICAP will build the capacity of all RLA, lab quality officers and State quality officers on quality assurance.
ICAP will work closely with the PEPFAR/GON lab technical working group for the development of common lab equipment lists, procure appropriate equipment as back up or replacement for faulty or aged equipments in some of the labs that it supports.

Systems Support
As a way of strengthening other area of labs services outside of ART, ICAP will advocate with State Ministry of health, health service management board as well as individual hospital management board to renovate/repair areas of labs where other services are provided to meet the standard of the ART labs. In addition, ICAP will also advocate to these bodies to employ or redeploy lab personnel to high volume sites and some sites with acute shortage of lab staff.

In COP09, ICAP supported four high volume PHCs to provide minimal monitoring investigations using simple auto analyzers. ICAP will continue to support and maintain these PHC labs while also ensuring quality. ICAP will also continue to support mobile lab teams which had begun during COP09, to extend lab services to very remote/hard to reach communities and rural PHCs in the States it supports. ICAP will partner with local governments in repairing PHC labs as well as providing TA on equipping the labs with basic lab equipments (hematocrite centrifuges for PCV, microscopes for malaria parasites, urine and stool microscopy).

In COP09 ICAP supported the National TB program to improve on the quality of TB diagnosis by equipping four high volume TB smear microscopy sites with fluorescence microscopes. This has greatly increase TB case detection following the sensitivity of this technique. In COP10, ICAP plan to equip four additional TB smear microscopy sites with fluorescence microscopes and 70 train lab scientists/technicians on TB diagnosis using the fluorescence microscopy technique and provide reagents. These sites will be enrolled for the National TB microscopy EQA program to ensure the quality of fluorescence microscopy.

Health Waste Management
ICAP will ensure that all bio-medical waste generated from all its supported sites will be properly disposed of by supporting and installing waste disposal units in six comprehensive secondary health facilities,, provision of locally fabricated/constructed incinerators to TB smear microscopy sites, procuring

and regularly supplying sharp containers, bio-hazard bags. ICAP also procure protective equipment to lab staff including: lab coats, face masks, goggles, gloves, and laminar protective hoods; boots and gloves are also being procured for waste disposal handlers. ICAP will continue to work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported laboratory sites.

Quality Assurance/Quality Control processes
ICAP wil participate in the USG/GON EQA program and will support the active integration of recommendations/guidelines at its sites and state levels. ICAP will strengthen its Quality management system in all its supported sites. This will be achieved by first sensitizing all hospital management on the need to improve the lab quality system, encourage the formation of lab quality management teams in all hospitals who will provide organizational guidance for all quality components, train all service providers on quality assurance and train quality officers to conduct regular vertical audit. All ICAP regional lab advisors will be trained alongside their State quality counterparts to conduct regular vertical audit and follow up with non-compliance and corrective actions. ICAP will also strengthen the internal quality assurance program, work with service providers to review, adapt and distribute all quality related documents like quality manuals, general and specific SOPs not only for ART related services but for other tests conducted in all health facilities as part of its lab specific systems strengthening actions. All lab personnel will be supported and encourage to read, understand and adhere to SOPs by conducting regular on the job CME on the SOP subjects.

ICAP quality advisor and one regional lab advisor trained on preparation of serology panels will continue to prepare serology panels to be used for daily/weekly quality control for rapid HIV testing as well as kit lot/batch monitoring at sites .Facility based quality officers will be trained to serve as EQA focal persons and will be responsible for distributing closed serology panels to testing personnel at the PHCs level during their monthly supervisory visits to the PHCs zoned to their facilities.

Daily quality control will be run for CBC, Chemistry and CD4 and lab personnel will be trained to use LJ charts to monitor deviation.
Eight ICAP supported state facility labs participated in the German National CD4 EQA program in COP09. ICAP will continue to encourage more labs to participate in this and other EQA programs for quality improvement and assurance purposes. ICAP will key into the National EQA program organized by Axios with support from USG/GON/National reference laboratory. In COP10, ICAP plans to prepare 10 of its supported labs for National accreditation and two of these with any of the WHO approved accreditation body

ICAP will continue with regular assessment of the quality of rapid HIV testing done in remote PHCs and stand alone HCT 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 will continue to support PEP programs in all its sites by emphasizing the availability of this service in all its lab training.

ICAP laboratory program is currently supported by a regional lab advisor from HQ who provides regular TA to in country lab team. The in country team is comprised of one Associate Director for laboratory services,, one central lab advisor (supervises all lab activities from the central office), one central biomedical engineer, one lab QA advisor and and six regional lab advisors who provides onsite supervision, on the job training for facility lab personnel as well as ensuring regular supply of lab reagents and commodities as well as the quality of service provision. This lab team will continue to work closely with the Lab TWG and the national and state MOHs to ensure that at least 10 ICAP supported labs gains National accreditation through the lab regulatory body (MLSCN). ICAP lab team will continue to support and participate actively in the Lab quality assurance IPs meetings

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
In COP10, ICAP will use EP funds to support and maintain 30 hospital labs using the strategies described above. To facilitate the USG/GON health systems strengthening and sustainability plans., 352 laboratory staff will be trained on the provision of high-quality lab services. Trainings will be stepped down to laboratory technicians and assistants from the primary health centers. 70 lab technicians will be trained on ZN-staining/AFB identification to enhance TB diagnosis at the DOT sites. By ensuring appropriate training, supervision, equipment, maintenance and supplies, all 30 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 (XXXX), Palliative Care (XXXX), OVC (XXXX), VCT (XXXX), TB/HIV (XXXX) and PMTCT (XXXX). These services will directly support these activities by enabling 80,775 people access to HIV/AIDS testing and 3562 HIV positive adults, and 589 infants and children on treatment, and an additional 3360 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 115,710 HIV positives and 3,360 HIV positive mothers includes a projected total estimate of 561,323 tests consisting of 71,000 LFTs, 74,360 CBCs, 218,121 CD4 counts, 30,000 sputum exams, 8,108 PCRs for EID and 161,550 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:
REDACTED.
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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	1,047,509	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, ICAP's procurement of antiretroviral (ARV) drugs and OI medicines and distribution to 30 comprehensive health facility networks (inclusive of 107 and 70 TB DOTS service points) has led to increased access to antiretroviral (ARV) drugs and OI medicines and the delivery of quality, family focused comprehensive HIV care and treatment services in 6 states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna and Kogi states). In COP 10, ICAP will continue to work with the SCMS to provide support to ensure HIV commodity security. Beyond expanding access to ARVs and OI medicines, ICAP will provide the framework to ensure safer and more rational use of these medicines.

Expansion of the supply chain and logistics system:
In COP09, ICAP strengthened collaboration with the USG team for forecasting, quantification, pooled procurement and delivery of ARVs and other clinical supplies for all supported sites. ICAP also developed the capacity of site pharmacists, technicians and store officers in appropriate logistics management of ARVs, OI drugs and related commodities. In COP 10, ICAP will continue to collaborate with the USG team and the GON to achieve Nigeria's long term objectives under the HIV National response. ICAP will continue to procure ARV and OI drugs (through the UNICEF supply division, SCMS and direct procurements). Procurements will be needs based and will include detailed forecasting, quantification and procurement plans for PMTCT, pediatric and adult care, treatment including PEP. Product selection will continue to be based on existing national treatment guidelines using drugs with FDA approval or tentative approval which are National Agency for Food and Drug Administration and Control (NAFDAC) registered or have received a waiver. ICAP will strengthen logistics support to sites to facilitate prompt, efficient and effective distribution of ARV and OI drugs and other commodities to sites using the procured ICAP truck and vehicles in addition to third party logistics companies e.g. FEDEX. To

support the provision of ARV services in hard to reach areas, ICAP will continue to strengthen existing referral channels, support network coordinating mechanisms and strengthen the decentralization of logistics systems to lower level facilities.

Systems strengthening:
REDACTED.

In COP 09, ICAP laid the framework to strengthen state logistics systems. As part of this plan, ICAP has identified the use of state medical stores for HIV drugs and commodities to ease distribution challenges and build capacity of state facilities in supply chain management. Store managers of these stores received training in logistics management of ARV, OI drugs and related commodities. For sustainability and maintenance of logistics and timely supply, ICAP will continue to use these state medical stores in COP10 and further strengthen their supply chain management skills. REDACTED.Staff of these state medical stores will be trained and retrained in current approaches to logistics and supply chain management. ICAP will also strengthen the state logistics system through continued partnership with the states and private organizations to provide logistics support to supported sites.

In COP 09, ICAP strengthened site inventory control and logistics systems by the introduction of revised LMIS tools. In COP 10, ICAP will continue to strengthen the LMIS and inventory control systems with emphasis on automation of inventory control and LMIS systems.

REDACTED.

Additionally, ICAP will continue to provide first and second line ARV drugs and promote adherence by increasing access to ARV fixed dose combinations (FDCs) for pediatric and adult clients. ICAP will strengthen the delivery of pharmaceutical care services to clients by the use of pharmaceutical care tools at service delivery points and will strengthen ARV Adverse Drug Reaction monitoring and reporting at sites to improve patient care. ICAP will also establish linkages with community pharmacies to expand community based care, provide referrals and palliative care.

ICAP will continue to provide technical assistance and build the capacity of health care workers in the delivery of quality pharmaceutical care to PLWHAs, logistics management of ARV and OI drugs and related commodities, record keeping etc through trainings, on site mentoring and supportive supervision. ICAP will continue to use a state-endorsed pharmacy technician in-service training course and support the participation of site pharmacy staff in the pharmacy council endorsed trainings. Pharmacists at every site will continue to participate in multidisciplinary team ART training activities.

Harmonization of Procurement Mechanisms: ICAP will continue to leverage on 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 will continue to work closely in conjunction with other implementing partners, the GON and the Global Fund to harmonize and institute a nationwide supply chain and logistics management system that will not only cater for ART drugs but will increase efficiency and effectiveness of distribution of other commodities and supplies especially procured by governments at all levels. Key areas in need of further integration with the GON program such as medical records systems, personnel, monitoring and evaluation, and supply chain management systems will continue to be strengthened during the COP10 year.

Quality Assurance and Systems Monitoring: ICAP has integrated quality assurance, monitoring and evaluation systems into its existing logistics system. ICAP's procurement and store managers provide technical assistance across sites. REDACTED. ICAP will continue to work in conjunction with NAFDAC where required and after consultation with GON and USG, to arrange for the destruction of all expired drugs and other commodities recovered from all the facilities as necessary. In addition, ICAP will also support the NAFDAC pharmacovigilance program at sites and increase ARV ADR monitoring and reporting from sites.

Leveraging resources: The cost per patient may increase in COP10 as more patients on the first line will be moved to tenofovir based regimens due to the need the de-emphasize stavudine usage; and as more patients will require second line regimens. ICAP will seek to minimize such cost increases by continuing to utilize generic drugs and leverage cost savings through joint procurement mechanisms through the SCMS. It is envisaged that as more generic ARV drugs obtain FDA approval or tentative approval as well as NAFDAC registration or waiver, they will replace more expensive versions. ICAP will also continue to partner with the Clinton Foundation and the GON/Global Fund to utilize opportunities to reduce the cost of approved drugs. ICAP will continue to participate in and support the harmonization process led by the GON in line with one national program at all levels for sustainability. To promote sustainability of state ART programs, ICAP will provide technical assistance and capacity building to its supported states on forecasting and quantification and procurement planning of ARV and OI drugs and related commodities. ICAP will also partner with existing National programs for the provision of commodities for PLWHAs e.g. the Roll Back Malaria Program for anti malarial drugs. In addition, ICAP will continue to 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 will strengthen existing referral channels and support network coordinating mechanisms.

Columbia has allocated XXXXXX 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 COP10, ICAP 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. By the end of COP10, 35,702 people will be receiving ART at ICAP-supported sites, thus contributing to the national goal of treating 350,000 patients by Sept 30, 2010.In COP10, 4,151 individuals (3,562 adults and 590 children) will newly initiate ART.

LINKS TO OTHER ACTIVITIES:
This activity also relates to activities in ART (XXXX), Palliative Care (XXXX), OVC (XXX), HCT (XXXX), PMTCT (XXXX) and TB/HIV (XXX) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED:
Health care workers especially pharmacists, doctors and nurses, logisticians, pharmacy technicians and store keepers will acquire skills to manage ARV drugs appropriately along the supply chain.

EMPHASIS AREAS:
Emphasis areas include human capacity development and gender equity. Due to the staffing challenges at the sites, ICAP will continue to encourage the use of volunteer pharmacists from private pharmacies especially on clinic days at supported sites; encourage the use of Post NYSC and consultant pharmacists in the more rural areas where the volunteers are not available. ICAP will continue to support the use of pharmacists in already established sites as mentors to PHCs, decentralized and outreach sites. These pharmacists will be trained using existing national training curricula. Drug forecasts will continue to be driven by disaggregated data provided by the ICAP Monitoring &Evaluation unit and equal access to ARV and OI drugs for males, females and other vulnerable groups such as children will be ensured.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	405,428	

Narrative:

ACTIVITY UNCHANGED FROM FY2009
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, ICAP provided TB/HIV services at 30 comprehensive hospital networks and initiated linkages with 70 DOTS sites in six states namely Cross River, Benue, Kaduna, Gombe, Akwa Ibom and Kogi States.

In COP10, TB/HIV integration activities will be strengthened at existing hospitals and DOTS clinics to provide enhanced TB services at 30 HIV comprehensive care and treatment sites in the 6 states, and HIV services at 70 DOTS sites. Working closely with the national and state level TB/HIV technical working groups, National TB Leprosy Control Program (NTBLCP) and state/LGA TB control programs, ICAP will provide services to TB/HIV co-infected patients through point of service laboratory support, development of SOPs/guidelines, and strengthening of TB screening, referrals and linkages both within DOTS sites and between community-level health care facilities and DOTS sites. ICAP, with other implementing partners, will strengthen the existing PEPFAR-Nigeria LGA coverage strategy in Kaduna, ensuring the provision of quality TB/HIV services in at least one health facility in every local government area (LGA). This will enable supported states to sustain universal access to TB/HIV services in states designated 'LGA Coverage States'.

ICAP approach to TB/HIV collaborative activities will focus on the "three I's": Intensified TB case finding among PLWHAs, Izoniazid Preventive Therapy (IPT) and TB infection control.

Intensified TB case finding
ICAP will intensify TB case detection amongst HIV infected patients (both adults and children) by screening for TB at various Point-Of-Service (such as VCT, PMTCT, OPD and wards); conduct TB screening of contacts of smear positive index cases; use of fluorescent microscopy and support the radiological diagnosis of TB. ICAP will strengthen TB/HIV referrals by utilizing LGATBLS, TB/HIV focal persons and Peer Health Educators for escort services within and between facilities as appropriate. In collaboration with states TBCP, provide TB microscopy and treatment services in 30 comprehensive sites in 6 ICAP supported states. Non HIV positive members of CBOs will be encouraged to act as TB treatment supporters. ICAP will support standardized TB screening and case finding in 19,181 HIV infected patients using structured symptom checklists and the National algorithm. SOPs and IEC materials will be developed on intensified case findings. Refreshers trainings will be conducted for relevant health care workers.

IPT
All TB/HIV co-infected patients will be provided with cotrimoxazole (CTX) prophylaxis and linked to other palliative care services and Prevention with Positive messaging (including balanced ABC messaging as appropriate, STI and FP services). Adherence support and counseling will continue to be strengthened through facility counselors and Peer Health Educators at both facility and community level.
ICAP 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 4,070 HIV positive patients. DOTS facilities will be supported to provide HCT to at least 2383 clients, of which it is expected that 650

will be diagnosed with HIV. TB patients will be encouraged to bring contacts for early TB case-finding, and HCT preventive therapy (IPT). 50 HIV+ patients will be provided with IPT services in line with the GoN guidelines.

Five ICAP TB/HIV advisors and six state TB program counterparts will be provided with formal TB/HIV training to enhance their productivity. A total of 60 ICAP staff and facility-based medical officers will undergo refresher training on x-ray diagnostic skills. A total of 60 ICAP 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. Refresher HCT trainings will be provided for TB care providers to ensure quality of counseling and testing. 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 183 individual trainees will be directly retrained in collaboration with NTBLCP. In addition to current practices, ICAP will implement the national guidelines for External Quality Assessment.

Infection control
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 TB infection control materials, 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 supported sites. There will be also onsite trainings of triage nurses on fast tracking to enable identified co-infected patients receive care as soon as possible and reduce risk of nosocomial transmission of infections. Peer Health Educators (PHE) will be trained and retrained to include and reinforce positive prevention messages including cough etiquette in health talks. IEC materials and job aids will be developed /adapted and distributed to reinforce behavior change messages. ICAP 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 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 70 sites to enhance provider-initiated HIV counseling and opt-out testing for TB patients and suspects 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 will also support the

state TB programs to put in place 3 BSL 2 culture units by upgrading a selected lab; sputum collection and sample logging under cold chain for suspected MDR TB patients will be performed for culture and drug sensitivity test at designated referral centers. Strong referral services will be provided to link MDR TB cases for hospitalization during intensive phase. ICAP will support upgrading of 2 selected clinics, procurement of second line anti TB drugs for management of MDR TB patients on continuation phase. ICAP will procure respirators for health workers working in MDR TB sputum collection. Laboratory and TB/HIV central advisor and relevant regional TB/HIV advisor will undertake a study tour to a well established MDR TB center in south Africa to learn from best MDR TB services practices. ICAP will continue to strengthen TB/HIV integration activities at supported sites. TB/HIV advisors will facilitate sites' activities in collaboration with state/LGA TB focal persons.

REDACTED. To ensure continuous availability of drugs and commodities in supported sites, ICAP will strengthen the logistics management of the states and LGAs in areas of operation.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:
ICAP will contribute to the overall program goal of enhancing integration of TB/HIV activities by enabling at least 4070 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 120 health care workers will receive TB orientation refresher training. ICAP 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 will help provide basic tools and equipment to reactivate non-functional DOTS sites in focus states. ICAP 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 (xxxx), Palliative Care (xxxx), Orphans and Vulnerable Children (xxxx), Voluntary Counseling and Testing (xxxx) and PMTCT (xxxx), AB (xxxx) and sexual prevention (xxxx). 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 in COP10 will facilitate linkage of clients to other support services such as micro credit and nutritional support.

POPULATIONS BEING TARGETED:
ICAP will support activities to encourage all patients in related communities living with TB to bring family

members and household contacts to the clinic, particularly children (six years and younger), to enhance screening, early diagnosis and prompt treatment for positive cases. In collaboration with NTBLCP and other TB supporting partners, ICAP will establish TB/HIV services for clients in prisons located within the ICAP supported LGAs, and facilitate linkages to care and treatment clinics. Health care workers in both public and private sectors will be retrained 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 retraining 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10994	**Mechanism Name: State Amb Self Help Fund**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10994		
Mechanism Name:	State Amb Self Help Fund		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12467	**Mechanism Name: Salesian Missions**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Salesian Mission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 89,021	
Funding Source	**Funding Amount**
GHCS (State)	89,021

Sub Partner Name(s)

(No data provided.)

Overview Narrative

I. Introduction

Salesian Missions in partnership with Salesians of Don Bosco in Nigeria is being implementing the CDC funded -Life Choices Voluntary Counseling and Testing Project as of July 2009.The Life Choices Nigeria – VCCT Project aims to increase the number of people that know their HIV status. The project will

achieve this by increasing access to VCT services, by counseling and testing 7,500 youth and adults in five years and by improving quality of service delivery in the already existent VCT set-ups on a yearly basis. This project is being implemented in Akure -Don Bosco Health Center in Ondo State within a period of five years. The project will also work toward decreasing fear and stigma of HIV/AIDS at grass-roots level which will increase the willingness of people to be tested.
The project will use part of the experienced staff from Salesian Akure Health Center as well as has newly employed new staff that will bring new expertise to the team. The project will also use the vast network systems built previously by the Salesian Health Center. In the end of the project cycle sustainability will be ensured by continuing these services with funding from alternative sources in order to continue serving the local community needs.

II. Project Objectives and Strategy
The capacity and resources of Life Choices-Nigeria will enable the rapid integration of VCCT services into the current program and health center activities, since VCCT referrals have already been a part of the program. In COP10, however, the Life Choices will expand access for most-at-risk population by making services more readily available through mobile VCT services, and follow-up through support groups, further education, and/or treatment referrals.

REDACTED. .In COP10 the following objectives are expected to met :

Objectives 1: Expanded facility based VCT services and one Mobile VCT services;
Objective 2: Test 1,500 youth & Adults for HIV;
Objective 3. Refer 1,500 clients to care, treatment and prevention interventions;
Objective 4: Organize 5 VCT sensitization workshops with community.

In order to build the capacity of Life Choices-Nigeria to carry out mobile VCCT services, Salesian Missions will provide assistance with activities covering procurement, technical expertise transfer, recruitment and training to service providers and other clinic staff, and best practices material adaptations.

Approach to increasing access to mobile VCT services: Life Choices-Nigeria will expand access to VCT services by: (a) integrating VCT into th; (b) offer health centering high schools and churches in the Ondo State with access to mobile VCT services; (c) improving the quality of youth friendly VCT services at existing VCT sites through training and mentoring of service providers and other clinic staff; (c) increase community mobilization within schools and churches via peer educators, educators, parents and community leaders; and (e) offering psychological support and counseling for onward care and support

services to clients diagnosed HIV positive. Life Choices- Nigeria will also build the capacity of the local providers and clinic staff to provide quality youth-friendly VCCT services, including pre-test and post-test counseling of HIV+ and HIV- clients (this is b). Furthermore, the partnering organizations plan to use existing national VCCT and other treatment, care, and support guidelines for training and capacity building in the Ondo State.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	4,718

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**12467**		
Mechanism Name:	**Salesian Missions**		
Prime Partner Name:	**Salesian Mission**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	39,021	

Narrative:

In COP09 Salesian Missions Life Choices-Nigeria project supported HIV counseling and testing (HCT) at 1 site in Akure.
In COP10, Salesian Missions will continue to support activities focusing on youth and adults in Akure. In COP10, Life Choices will continue to provide targeted HIV counseling and testing services in Don Bosco Health center. At least 1,500 youth and adults will receive counseling & testing and receive their results. Therefore, Salesian Missions Life Choices-Nigeria will expand access to VCT services by: (a) integrating VCT services; (b) offering high schools and churches in the Ondo State with access to mobile VCT services; (c) improving the quality of youth friendly VCT services at existing VCT sites through

training and mentoring of service providers and other clinic staff; (c) increase community mobilization within schools and churches via peer educators, educators, parents and community leaders; and (e) offering psychological support and counseling for onward care and support services to clients diagnosed HIV positive. Life Choices- Nigeria will also build the capacity of the local providers and clinic staff to provide quality youth-friendly VCCT services, including pre-test and post-test counseling of HIV+ and HIV- clients (this is b).

Human Capacity Development
In COP10 Salesian Missions Life Choices-Nigeria will train 5 new clinic staff . In addition 10 clinic staff will get a refresher training on couple counseling and lab quality assurance. The project will continue to work to promote the following key tenets of quality management through capacity-building activities: understanding of client's needs and expectations; measurement and monitoring of results and outcomes. Life Choices-Nigeria will establish streamlined, interactive approaches for assessing, monitoring, learning and improving management of organizational performance, resources, policies and personnel. In addition, Life Choices-Nigeria will strengthen capacity of local service providers and clinic staff to develop strategies for improving the continuum for care for PLWHA and to ensure that health care facilities become more youth friendly in the delivery of their services.

Community Linkages and Communication
Life Choices-Nigeria will promote a behavior change framework that will be grounded in an understanding of an individual context – cultural, political, economic, etc – and that individual risk behavior is influenced by a variety of factors, or determinants that may be classified into categories such as opportunity, ability, and motivation. Therefore, program interventions have to be designed to influence these factors in ways that are appropriate to each context. Synergies will also be looked at to strengthen the referral system for special-risk groups and maximizing access to and the quality of VCCT, or prevention or care services (opportunity/availability/access) while simultaneously conducting strategic behavior change communication interventions could motivate people to 1) access the services, 2) demand more (and better) services and 3) change or maintain their behavior.
Furthermore, the project will organize 5 VCT sensitization workshops with the community. This strategy is based on the concept that people do not change with information, but change when others around them change, and the fact that peer education is supported by behavior theories, the program also provides community mobilizations activities geared towards the youth, parents/caregivers, teachers and community members. The aim of this program is to motivate the community and increase their knowledge and skills and to create an environment that is conductive to healthy behavior practices.

Contributions to Overall Program Area:
This activity will contribute to the overall COP10 maintenance plans by providing access to HCT services

to at least 1,500 youth and adults who will receive their test results. HIV positive clients will be referred for access to care and treatment, including ART when needed. Fifteen individuals, including health care providers and laboratory staff at facility and community levels, will be trained and retrained to provide services.

Populations being targeted
The project aims to provide youth friendly volunteer counseling and testing to youth and young couples 15-24+ years as well as adults and discordant couples.

Emphasis Areas
Emphasis areas include awareness and mobilization campaigns, youth friendly services, referral and Support of HIV+ clients and counselor and health care staff training. During COP10 Life Choices-Nigeria will organize awareness and mobilization campaigns prior to the implementation of mobile VCCT visit. These campaigns will incorporate culturally and age-appropriate HIV/AIDS prevention communication. The project will also place an emphasis on youth friendly service delivery. All youth will receive strong messages about the benefits of abstaining, to be faithful to one negative partner and information about the consistent use as well as the limitations of condoms. All youth will be referred to prevention, care and treatment programs. Youth who are diagnosed as HIV positive will be monitored closely to ensure their psychosocial well-being and follow-up to ensure they receive proper care and treatment. The project will also build on its current referral networks for HIV CT clients. Project counselors and health professionals will be trained to refer HIV+ additional prevention, care and treatment programs. The project will also engage in a full range of capacity building activities focused on organizational management, resources, and monitoring and evaluation. Training will be crucial for developing capacity of local HIV VCCT, prevention and care organizations, regardless of which particular area is being strengthened or which capacity building technique is being implemented. Life Choices will utilize and adapt existing tools for capacity building of civil society organizations. The adaptation of tool will focus on appropriateness for us in the improvement collaborative approach and the technical accuracy of HIV related information to ensure that staff is equipped with the most up-to-date HIV related information, and the critical role of referral for diagnostic and clinical services, particularly for those at high risk.

This activity will contribute to the overall COP10 maintenance plans by providing access to HCT services to at least 1,500 youth and adults who will receive their test results. HIV positive clients will be referred for access to care and treatment, including ART when needed. Fifteen individuals, including health care providers and laboratory staff at facility and community levels, will be trained and retrained to provide services.

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	

Narrative:

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12831	Mechanism Name: African Field Epidemiology Network

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AFENET	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,602,191	
Funding Source	**Funding Amount**
GHCS (State)	4,602,191

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	4,152,191

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12831**

Mechanism Name:	African Field Epidemiology Network		
Prime Partner Name:	AFENET		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	4,152,191	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	450,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12969	**Mechanism Name: USAID LMS Plan Health**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: MSH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,336,000	
Funding Source	**Funding Amount**
GHCS (State)	5,336,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

LMS PICABU is a Leaders Associate award follow-on that is to start by May 1, 2010 to May 1, 2015. It is to be a five year project in capacity building program that wiln assist to to maintain and increase

momentum in the development of national capacity, leadership, ownership and sustainability for the national HIV/AIDS response and the health sector system strengthening in Nigeria. The program will work towards development of a conitunum of indeginous organization including CSOs, professional medical associations and relevant government of Nigeria training institutions and a cadre of professionals to deliver technical assistance, training, mentoring and coaching that are responsive to the needs of the country and peculiarity in the health system challenges. LMS PICABU is Leaders Management and Sustainability Program- PEPFAR Integrated Capacity Buiding Program. The LMS Nigeria Capacity Building Project will continue to provide health systems strengthening to Nigerian Government Agencies which set HIV/AIDS policies, guidelines and standards. Technical support will continue to the HIV/AIDS Division (HAD) and the National Tuberculosis and Leprosy Control Program (NTBLCP) of the Federal Ministry of Health.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12969**		
Mechanism Name:	**USAID LMS Plan Health**		
Prime Partner Name:	**MSH**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	5,000,000	
Narrative:			
LMS will continue to build the capacity of various cadres of Nigerian health professionals through its PEPFAR Health Professional Fellowship Program. The Fellowship program will continue to develop innovative ways of delivering training on HIV/AIDS, professional skills and leadership and management. In order to achieve this goal, the activities listed below shall be carried out:			

• Assist in reopening of the Collaborative Centers for the Management training of Health Professionals (doctors, nurses) by work with the HR Branch to review and update training curriculum and training faculties (infrastructure and equipment).
• Provide adequate assistance to ensure that the levels of Standard Operational Procedures (SOPs) in the collaborative centers are maintained at the highest level.
• Provide assistance in printing and distribution of the training modules for the collaborative centers
• Provide assistance in the continuation of nursing fellowships for pre-service training
• Capacity building activities for HRH Managers from both the National and state levels and with USG implementing partners as a means of assisting in development and implementation of policies and practices that will address training, supervision, and retention of health care workers
• Strengthen the HR policies and practices such as recruitment, retention and distribution of HWs at the Federal and SMoH and other line ministries to support the establishment of national health system
• To support the development of a national and state HRD plan for HIV/AIDS, TB, OVC, M&E and other related areas

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	61,000	

Narrative:

LMS will continue to build the capacity Federal, State health ministries and IPs in areas of prevention with specific reference to PwP, COP and sexual prevention by targeting youths, general population and People living with HIV/AIDS. Activities to carry shall be as follows:

• Provide TA and support the development or improvement and implementation of a curricula for the PwP at the facility and community level
• Provide adequate assistance to ensure a proper linkages between the PwP curricula for the facility and community activities
• Provide TA on improving upon the existing training manuals for COP activities
• Provide TA for Federal, State ministries and IPs on the printing and distribution of training manuals related to PwP, COP and Sexual prevention
• Provide assistance in printing and distribution of the training modules for the PwP and COP activities
• Capacity building activities for Federal, State health ministries and IPs for proper implementation of the prevention minimum package
• Capacity building for Federal and state health ministries and IPs in health data management and Quality assurance

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	275,000	

Narrative:

Activities under HVTB shall be as follows:

• TA to improve the NTBLCP organizational structure and management capacity
• Work with TB partners to support the implementation of the TB HRH plan developed in COP09
• Strengthen the M&E, supervision and referral systems
• Provide assistance to strengthen the logistics systems
• Provide TA and support to the Nigeria STOP TB Partnership to implement international standard of care for TB control building and promote civil society involvement.
Support TB and TB/HIV health fellowship for HCWs in collaboration with the Nigeria STOP TB partnership
• Implementation of data systems for management decision making

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12982	**Mechanism Name: Federal Ministry of Health RFA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12982**
Mechanism Name:	**Federal Ministry of Health RFA**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13021	Mechanism Name: USAID TBCARE
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: KNCV (DUTCH TUBERCULOSIS FOUNDATION)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,512,201	
Funding Source	**Funding Amount**
GHCS (State)	1,512,201

Sub Partner Name(s)

Damien Foundation	Family Health International	German Leprosy Relief
Netnerland Leprosy Relief	The Leprosy Mission Nigeria	World Health Organzation

Overview Narrative

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
TB and HIV constitute major public health problems in Nigeria, a country with a population of about of about 140 million people (2006 census). Nigeria presently ranked 4th among the 22 high TB burden countries in the world and first in Africa with an estimated incidence of 311 of all forms of TB per 100, 000 populations per year and prevalence of 521 per 100, 000 populations per year (WHO Global TB Report 2009). The National Programme currently implements the WHO recommended Stop TB strategy, a total of 90,311 TB cases were notified in 2008, representing a case notification rate of about 61/100,000 population.

The high National HIV prevalence (4.6% in 2008 National HIV sentinel survey) further complicates the burden of TB, the prevalence of HIV/AIDS among TB patients increased from 2.1% in 1991 to 19.1% in 2003 (National HIV sentinel survey), and now estimated to be 27% (WHO Global TB Report 2009) which indicates that the TB situation will continue to be HIV-driven. The estimated incidence of all forms of TB among HIV patients is 83/100,000 population translating to the fact that about 123,000 TB-HIV co-infected patients occurs annually in the country (WHO Global TB Report 2009).

The deadly interaction of TB and HIV affects millions of people in Nigeria, threatens public health, and stretches the already weak infrastructure of the health sector. HIV is the most powerful known risk factor for reactivation of latent tuberculosis infection to active disease. HIV also increases the risk of recurrent tuberculosis; the rise in tuberculosis cases in PLWHA poses an increased risk of tuberculosis to the wider community. TB on the other hand is the leading cause of morbidity and mortality among People Living with HIV/AIDS. About 62% (56,053) of the notified TB cases in 2008 were tested for HIV (2008 NTBLCP

report), 15,301 (27.3%) of whom were HIV positive. The access to HCT among TB patients is still far below the universal access target hence the need for further expansion and sustenance of TB/HIV services.

The emergence of multi-drug resistant TB (MDR-TB) and extremely drug resistant (XDR-TB) further create threat which if not properly controlled may erode all the gains made over the years in TB and HIV control. MDR-TB accelerate the morbidity and mortality among HIV/MDR-TB co-infected patients faster that ordinary TB, the difficulties in achieving cure among MDR-TB cases and the burden to hospital services as well as the affected households makes MDR-TB a health issue that must be given priority attention especially among PLWHAs.

There are very few data for multi-drug resistant TB (MDR-TB) in Nigeria; WHO estimates of MDR-TB prevalence for 2009 is 1.8% among new smear positive cases and 9.4% among retreatment TB cases (WHO Global TB Report 2009). A total of 80 MDR-TB cases were notified from 3 laboratories (NIMR, UCH, and Zankli) from 2006 to 2008. The ongoing DRS may further create an extra pool of about 250 MDR-TB patients which will require second line drugs some of whom may also be HIV positive. Additional cases are also expected as the capacity in-country to diagnose MDR-TB increases. Currently there are no second line anti-TB drugs in the Programme for treating MDR-TB; the GLC few weeks ago gave an approval for the NTBLCP to access second line drugs for the initial cohort of 80 patients at a concessionary price(about 99% reduction price compare with those in the open market). It is becoming more and more imperative for the programme to provide 2nd line anti-TB drugs for treating the expected MDR-TB cases among PLWHAs and the general population in view of the public health importance and human right issues and to provide effective Logistic management system for second line anti-TB drugs

Goal and Objectives of COP 2010 grants:
In view of the above, the planned activities for COP 2010 are therefore linked to the goal of reducing the burden of TB/MDR-TB and HIV in dually affected populations and the three objectives of the National strategic framework for the implementation of TB/HIV collaborative activities which are to:
1. Establish mechanisms for coordination at all levels,
2. Reduce the burden of TB/MDR-TB in HIV patients and
3. Reduce the burden of HIV among TB/MDR-TB patients.

The key intervention areas for COP 2010 will be to:
1. Strengthen capacity at National, State, LGA and facility levels to effectively coordinate and manage TB/HIV collaborative activities
2. Scale up of patients centered TB/HIV collaborative activities and ensuring continuous support for existing services.

3. Strengthen MDR TB Control and Management.
4. Strengthen implementation of TB infection control measures

The summaries of key activities that will be supported by this grant are highlighted below under each strategic direction:

1. Strengthen capacity at National, State and LGA levels to effectively coordinate and manage TB/HIV collaborative activities.
Funds from COP 06 - 09 through TB CAP/WHO was used in establishing and ensuring functionality of TB/HIV working groups at National level and in 23 states, the COP 08 and 09 grants was also used in collaboration with Scientifico di Tradate, Italy to develop the skills of the national facilitators from NTBLCP and NASCP in building capacity for TB/HIV management and leadership in Nigeria. The COP 010 will therefore be used to provide continuous support for the quarterly meetings of the TB/HIV working groups at National and in 23 states and also at health facility level. Capacity of programme staff from NTBLCP, NASCP and the state on TB/HIV leadership and management will also be enhanced.

2. Scale up of patient centered TB/HIV collaborative activities to 42 additional DOTS centers in 21 LGAs and ensuring continuous support for the existing TB/HIV services in 23 states.
The COP 010 will be used to support FMOH in scaling up services to 42 additional DOTS centers from 21 LGAs in line with the NTBLCP & NASCP scale up plan and in close collaboration with the International Federation of anti-Leprosy Associations (ILEP) members and other collaborating partners. The goal of this activity is to increase access to TB/HIV services in the 23 states currently receiving support from FMOH with PEPFAR grants through WHO/TB CAP in the implementation of TB/HIV collaborative activities while maintaining activities in the existing centers. Provider initiated HIV testing and counseling services will be established in 42 additional DOTS centers. 84 general health workers from these facilities will be trained to provide health care provider initiated testing and counseling for TB suspects and patients, the workers will also have the capacity to diagnose HIV in TB suspects, treat HIV positive persons with active TB, provide CPT and referral to ART clinics and care and support services. The national HCT training curriculum will be used for CT training. In addition 42 laboratory staff from the identified 21 TB microscopy centers will be trained on how to carry out HIV testing in line with the national HIV testing algorithm and provide supervision back up for GHWs involved in multi point HCT service deliveries at DOTS centers. Capacity of the State TBL Control officers and State HIV/AIDS Programme Coordinator (SAPC) will also be strengthened to support TB/HIV services. WHO and FMOH staff at National and zonal levels will be supported to provide technical assistance to national, state and local government in mentoring, supervision and coordination of TBHIV activities at all levels. In collaboration with the FMOH, joint monitoring and supervision will be conducted from all levels and FY 2010 funds will also be utilized as required for on-going revision, printing and dissemination of national TBHIV reporting

and recording forms to track progress towards the set targets.

3. Strengthening the control and Management of MDR TB
The COP09 grant was used to support the review, finalization and printing of SOPs for management and control of MDR TB patients. REDACTED. The APA 5 funds will also be supporting the training of personnel from MDR-TB treatment centers on effective MDR-TB Management and continue functioning of the National MDR-TB committee. The availability of second line anti TB drugs in the National programme for use at these MDR-TB treatment facilities is still a major gap; the COP 2010 will therefore be used in filling this gap by supporting availability and also effective Logistic management system for second line anti-TB drugs. The standard regimen currently approved by the National guidelines (6 Km-Cs-Lev-Pto-Z/18 Lev-Cs-Pto-Z) entails treatment of MDR-TB for 24 months, the first 6 months of which patents will be in the hospital, resources will be provided to support logistic management for second line drugs.

4. Strengthen implementation of TB Infection control Measures.
Ensuring appropriate Infection control measures in health facilities is one of the major challenges in the scaling up of TB/HIV services nationwide, these activities becomes vital in view of the emerging threat of MDR-TB, the increasing burden (rates of morbidity and mortality) of TB among co-infected patients. WHO in collaboration with other implementing partners will support the FMOH to scale up implementation of appropriate TB infection control measures in health facilities especially those with ARVs and TB services. The TB-IC will be used as an entry point for strengthening other infection control measures in the facility. The activities to be supported include:

? Dissemination of the national guidelines and SOPs on TB infection control.
? Organize Training of National (National focal person for TB-IC), State, WHO/TB CAP and other partners' staff from TB and HIV/AIDS control Programme on TB infection control.
? Conduct of Facility assessment in 12 sites with ART/HIV and DOTS services.
? Development of Infection control plan in 12 health facilities with ART and DOTS services
? Capacity building for facility staff from the 12 Health facilities on TB Infection control measures and the developed plan.
? Support formation and regular meetings of TB-IC committees in the 12 health facilities.
REDACTED.
REDACTED.
? Quarterly Supervision and monitoring of TB/Infection control activities. This will be integrated into the existing supervisory structures. TB-IC IEC materials (e.g. on cough hygiene will be developed).

Target Populations:
The target populations for the COP 2010 activities include:
? HIV positive persons receiving treatment, care and support and HIV positive persons with active TB.
? HIV patients who hitherto had no access to TB screening and care.
? TB suspects and patients from TB/DOTS centers who represent a high-risk population for HIV/AIDS (TB is the commonest Opportunistic Infection (OI) among PLWHA in the country).
? MDR-TB patients co-infected with HIV.
? MDR-TB patients with HIV status unknown.
? Through implementation of good TB-IC practice, the Health facility staff, visitors and patients in health facilities are also part of the target groups for some of the planned activities.

Geographical coverage:
The COP 010 will be used to support implementation of TB/HIV collaborative activities in 42 DOTS facilities from 21 LGAs in 7 states from the existing 23 states (Ogun, Osun, Ondo, Ekiti, Adamawa, Taraba, Niger, Nassarawa, Plateau, Kogi, Benue, Kwara, A-Ibom, Rivers, Enugu, Ebonyi, Imo, Abia, Sokoto, Katsina, Kebbi, Zamfara and Bayelsa) and also provide support for the existing TB/HIV service services in the 23 states.

Monitoring and evaluation plans:
The review, printing and dissemination of the National TB/HIV reporting and recording formats will be supported with funds from COP 2010; this is to enhance availability of these formats and to ensure quality data capturing at all levels. The M&E plan of this support is in line with the National M&E plan. Monitoring and supportive supervision activities will be enhanced at all levels through support for:
? Updating of monitoring and supervisory tools where necessary.
? Monthly supervision of health facilities providing TB/HIV services by the LGA supervisors.
? Quarterly supervision LGA and health facilities by the State TB and HIV/AIDS Programme managers (STBLCO &SACP).
? Quarterly supervision to states by the Zonal NPOs.
? Joint Quarterly supervision by FMOH, WHO and partners to states.
? Leveraging of resources from partners such as GFATM Round 5 TB grants for Quarterly meetings at the state and Zonal levels to collate analyze and provide feed back.

Contributions to Overall Program Area:
The COP 2010 activities will contribute to the goals of the Government of Nigeria towards reaching the Stop TB targets, MDG targets and the Emergency Plan targets of providing HIV care. 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. This activity also offers both

TB and HIV patients a longer life free of the morbidity and mortality caused by TB and HIV interactions, thus allowing dually infected patients to contribute positively to the economic development of the country thereby contributing to the poverty alleviation Programme of the Government.

Contribution to health system strengthening:
Planned activities supported with COP 2010 will contribute to strengthening quality of services provided at health facilities and capacity of service providers in providing such services. The support for facilities to implement appropriate TB-IC measures will be used as an entry point for strengthening other necessary general infection control measures for other conditions. The COP 2010 is also supporting procurement of equipments such as Microscopes which can be leverage in the facility for diagnosis of other disease conditions such as malaria.

Links to other USG resources and /or other donor support:
This activity is linked to ART, palliative care and community based care and support services which are funded with PEPFAR funds through other implementers. This activity is also linked to ART services supported with the Round 5 GFATM HIV/AIDS grants.
This activity will also leverage nutritional support in areas where organizations such as MTN foundation are providing such support. This activity is also linked to the strategic direction of the National TB and Leprosy Control Program (NTBLCP).

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Human Resources for Health	459,000

Key Issues

TB

Budget Code Information

Mechanism ID:	**13021**
Mechanism Name:	**USAID TBCARE**
Prime Partner Name:	**KNCV (DUTCH TUBERCULOSIS FOUNDATION)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,512,201	

Narrative:

The planned activities for COP 2010 by WHO are linked to the goal of reducing the burden of TB/MDR-TB and HIV among dually affected populations and the three objectives of the National TB/HIV strategic framework for implementation of TB/HIV collaborative activities which are:
? Establishing and strengthening mechanisms for coordination at all levels.
? Reducing the burden of TB/MDR-TB in HIV patients and
? Reducing the burden of HIV among TB/MDR-TB patients.

Emphasis are also place on the issue of TB infection control measures while scaling up services to prevent transmission of TB and MDR-TB and also on enhancing linkage of MDR-TB/HIV co-infected patients to second line anti-TB drugs.

The WHO/TB CAP will use COP 2010 to support the Federal Ministry of health (NTBLCP and NASCP) in the following key intervention areas in addition to ensuring continuous support for existing activities instituted with COP06 – COP 09 through WHO and TB CAP:
1. Strengthen capacity at National, State, LGA and facility levels to effectively coordinate and manage TB/HIV collaborative activities
2. Scaling up implementation of patients centered TB/HIV collaborative activities and ensuring continuous support for the existing centers in 23 states.
3. Strengthen MDR TB Control and Management.

The implementation of these key intervention areas will be in line with the existing National strategic framework for TB/HIV collaborative activities and will be guided by the following principles:
? National/State ownership and leadership of the strategies:
? Partnership and collaboration with communities and other stakeholders at all stages of Programme development and implementation to increase acceptability of interventions, expand access to services, and broker additional human resources for Programme implementation.
? Equitable access to patients centered TB/HIV/AIDS interventions.

The Key activities that will be supported by this grant are discussed below under each strategic intervention:

1. Strengthen capacity at National, State and LGA levels to effectively coordinate and manage TB/HIV collaborative activities.

The FMOH and SMOH were supported with funds from COP 06 - 09 through TB CAP/WHO in establishing and ensuring functionality of TB/HIV working groups at National level and in 23 states (Ogun, Osun, Ondo, Ekiti, Adamawa, Bayelsa, Taraba, Niger, Nassarawa, Plateau, Kogi, Benue, Kwara, A-Ibom, Rivers, Enugu, Ebonyi, Imo, Abia, Sokoto, Katsina, Kebbi, Zamfara). This groups among other achievements, has help in strengthen coordination of partners involved in the implementation of TB/HIV collaborative activities at National and state level. The COP 08 and 09 grants was also used in collaboration with Scientifico di Tradate, Italy to develop the skills of the national facilitators from NTBLCP and NASCP in building capacity for TB/HIV management and leadership in Nigeria. The COP 010 will be used to support the following activities under this strategic intervention:

? Quarterly meetings of the National TB/HIV working group.
? Quarterly meetings of State TB/HIV working groups in 23 states (Ogun, Osun, Ondo, Ekiti, Adamawa, Bayelsa, Taraba, Niger, Nassarawa, Plateau, Kogi, Benue, Kwara, A-Ibom, Rivers, Enugu, Ebonyi, Imo and Abia).
? Formation and monthly meetings of facility based TB/HIV coordinating committees.
? Capacity building for State TBL Control Officers, State TBL supervisors and State HIV/AIDS Programme Managers from 12 states on TB/HIV Leadership and management using the existing pool of facilitators.
? Capacity building for 2 newly recruited programme staffs each from NTBLCP and NASCP on TB/HIV leadership and management using the existing pool of facilitators.

2. Scale up of patient centered TB/HIV collaborative activities to 42 additional DOTS centers in 21 LGAs and ensuring continuous support for the existing centers in 23 states.

There are 2,742 DOTS centers as at end of 2008, about 18% (500) of which are currently providing TB/HIV services, the COP 010 will be used to support FMOH in scaling up services to 42 additional DOTS centers from 21 LGAs in 7 states (from the 23 supported states) in line with the NTBLCP & NASCP scale up plan and in close collaboration with the International Federation of anti-Leprosy Associations (ILEP) members and other collaborative partners. The goal of this activity is to increase access to TB/HIV services in the 23 states currently receiving support from FMOH with PEPFAR grants through WHO in the implementation of TB/HIV collaborative activities while maintaining activities in the existing centers. The COP 2010 will be used to support the following activities under this strategic intervention

? Selection of 42 DOTS facilities to provide HCT services for TB suspects and patients from 21 LGAs
? Training 84 GHWs (2 GHWs per facility from 42 facilities) on provision of health care provider initiated

testing and counseling for TB suspects and patients. The workers at the end of this training will have the capacity to recommend HCT to all TB suspects and patients, diagnose HIV in TB suspects, treat HIV positive persons with active TB, provide CPT and referral to ART clinics and care and support services. The national HCT training curriculum will be used for CT training.
? Selection of 42 AFB laboratory staff from identified 21 AFB microscopy centers.
? Training of 42 AFB laboratory staff (2 Lab staff per lab from 21 laboratories in 21 LGAs) will be trained on how to carry out HIV testing in line with the national HIV testing algorithm and provide supervision back up for GHWs involved in multi point HCT service deliveries at DOTS centers. The national strategy for HIV counseling and testing that will be implemented in these sites adopts a total and comprehensive approach to client management.
? Production and dissemination of IEC materials to raise awareness about the availability of the TB/HIV services in the facilities and communities to increase service utilization.
? Re-orientation of State TBL Programme managers and the SAPC from 23 states on provision, monitoring and supervision of TB/HIV collaborative activities. This will enhance quality of services provided, improve supportive supervision and quality of data generated and reported by states.
? Quarterly joint monitoring and supervision of TBHIV activities at all levels, in collaboration with the FMOH, joint monitoring and supervision will be conducted from all levels
? Monthly supervision by LGAs supervisors of TB/HIV activities at facility level.
? Revision, printing and dissemination of national TBHIV reporting and recording forms to strengthen collection, collation and analysis of required data and indicators thus ensuring quality programme tracking of progress towards the set targets, objectives and goal.
? Leveraging/procurement of Cotrimoxazole for CPT among PLWHAs at DOTS centers.
? Leveraging/procurement of HIV test kits for rapid HIV testing of TB suspects and patients in line with National algorithm.
? Procurement of consumables for HIV testing
? Support salaries of WHO-TB-CAP staff at National level to provide technical assistance to national, state and local government in mentoring, supervision and monitoring of TB/HIV collaborative activities.
? Support participation of National, State and WHO/TB CAP staff at international conferences and
? Piloting of Patient centered TB/HIV services in 12 LGAs in 6 states for effective roll out of 6months RH containing regiment.

3. Strengthen control and Management of MDR TB
REDACTED. In order to address this challenge, the WHO/TB CAP with COP09 grant supported the review, finalization and printing of SOPs, Guidelines and operational plans for management and control of MDR TB in Nigeria. REDACTED. The APA 5 funds will also be supporting the training of personnel from MDR-TB treatment centers on effective MDR-TB Management and continue functioning of the National MDR-TB committee. The availability of second line anti TB drugs in the National programme for

use at these MDR-TB treatment facilities is still a major gap; the WHO in collaboration with other partners supported the FMOH in securing an approval for the procurement of 2nd line anti-TB drugs from GLC. COP 2010 will therefore be used in filling this gap by supporting effective Logistic management system for second line anti-TB drugs. The standard regimen currently approved by the National guidelines (6 Km-Cs-Lev-Pto-Z/18 Lev-Cs-Pto-Z) entails treatment of MDR-TB for 24 months, the first 6 months of which patents will be in the hospital, resources will be leverage from FMOH and partners to provide social support for MDR-TB patients. The COP 2010 will therefore be used to support the following activities:

? Quantitative assessment of drug requirements, management of procurement, distribution, assurance of drug quality and ensuring rational drug use of second line drugs in-country.
? Setting up an inventory management system to ensure a safety stock and optimal stock movement, and to provide an accurate source of information for drug demand forecasting
? Provision of Air-conditions to ensure appropriate storage of second line drugs as some of the second line drugs may require to be preserved at ambient or controlled temperature (25°C, air conditioned room) or in Refrigerator.
? Training of pharmacists and pharmacy technicians from MDR-TB treatment facilities on pharmacy best practice for second line drugs.
? Production of laminated drug charts for second line anti-TB drugs.
? Production of laminated charts on adverse effects of MDR-TB/ARVs co-treatment and their management.

4. Strengthen implementation of TB Infection control Measures.
The practice of appropriate TB Infection control (TB-IC) measures is key to reducing the burden of TB and MDR-TB among PLWHAs. Studies of recent have shown that nosocomial transmission of TB and MDR-TB is on the increase especially in congregate settings such as HIV service delivery centers where good infection control measures are not observed, the result of this has been fatal in some societies often resulting to a more severe Extremely Resistance TB(XDR-TB). The implementation of good TB-IC measures is becoming more important in view of the emerging threat of MDR-TB even among PLWHAs and the increasing burden (rates of morbidity and mortality) of TB/MDR-TB among co-infected patients in Nigeria. WHO in collaboration with other implementing partners will support the FMOH to scale up implementation of appropriate TB infection control measures in health facilities especially those with ARVs and TB services. The TB-IC will be used as an entry point for strengthening other infection control measures in the facility. The activities to be supported include:

? Dissemination of the national guidelines and SOPs on TB infection control.
? Organize Training of National (National focal person for TB-IC), State, WHO/TB CAP and other

partners' staff from TB and HIV/AIDS control Programme on TB infection control. ? Conduct of Facility assessment in 12 sites with ART/HIV and DOTS services. ? Development of Infection control plan in 12 health facilities with ART and DOTS services ? Capacity building for facility staff from the 12 Health facilities on TB Infection control measures and the developed plan. ? Support formation and regular meetings of TB-IC committees in the 12 health facilities. REDACTED. REDACTED. ? Quarterly Supervision and monitoring of TB/Infection control activities. This will be integrated into the existing supervisory structures. TB-IC IEC materials (e.g. on cough hygiene will be developed).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13023	**Mechanism Name: Medical Waste Management System Development**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13023**		
Mechanism Name:	**Medical Waste Management System Development**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13056	**Mechanism Name: National EQA Support Mechanism**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13056**		
Mechanism Name:	**National EQA Support Mechanism**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13080	**Mechanism Name: USAID MEMS 2**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: MEMS 2	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 800,000	
Funding Source	**Funding Amount**
GHCS (State)	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DQAEval is a five year project designed to implement a comprehensive performance planning, monitoring, evaluation and reporting system to measure the performance of USAID/Nigeria's development activities. This system will enable USAID/Nigeria to fulfill its performance monitoring, evaluation, reporting and dissemination requirements as mandated in the ADS and other Agency policies and procedures. The system will also meet PEPFAR reporting requirements as defined by the Office of the Global AIDS Coordinator (OGAC) including the new generation indicators.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13080**		
Mechanism Name:	**USAID MEMS 2**		
Prime Partner Name:	**MEMS 2**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	800,000	
Narrative:			
The Contractor will provide the following services:			

Performance Monitoring - The contractor shall work with the PEPFAR team to build and continuously review the Performance Management systems of implementing partners to ensure compliance with Agency guidelines. This contractor will coordinate gathering, analysis and where required, dissemination of data that demonstrate results being achieved by Mission programs. It will keep track of key data produced by GON counterparts, donors, academic institutions, regional and national data sources thereby promoting synergy and preventing duplication of efforts.

Evaluation - The contractor shall work with PEPFAR Team to set up an annual evaluation schedule for their activities; advise AOTRs/COTRs and implementing partners on the development of Statements of Work for Contract / Assistance instruments as they develop their monitoring and evaluation plans; ensure inclusion of key and appropriate evaluation questions; recommend methods to ensure effective and timely use of evaluations to facilitate corrective actions, and most importantly disseminate lessons learned.

Information Dissemination and Capacity Building for M&E - The Contractor shall assess quantitative progress towards achievements of program results; conduct workshops and seminars on monitoring and evaluation; prepare press releases, brochures and other written documentations to disseminate results; collate and widely disseminate data on composite indicators and indices used by PEPFAR implementing partners, including other donors and Government of Nigeria and provide capacity building workshops for USAID/Nigeria, implementing partners and government counterparts to improve knowledge of monitoring and evaluation.

Strengthen Performance Management and Evaluation Capacity of Nigerian Partner Institution - The contractor shall establish partnerships with a select group of Nigerian institutions that can provide capacity building in such areas as survey field operations, planning, programming, data entry and analysis, all geared towards improving and supporting the capacity of Nigerian research and data gathering institutions to conduct high-quality evaluative research. Additional Purchased Services (surveys, analyses, evaluations and assessments) - The contractor will work collaboratively with the PEPFAR team to identify key pieces of analytic and/or survey work that will contribute to the team's decision making process, resolve development questions, guide resource allocation, enhance program impact and provide success stories, best practices and lessons learned.

This Contract will be managed by the USAID/Nigeria Program Office. USAID HIV/AIDS-TB team will have an activity manager assigned within the team that will work closely with the HIV/AIDS Team Leader and the COTR.

Links to other activities – Using the SI fund, DQAEval will provide comprehensive performance planning, monitoring and evaluation and reporting systems to the HIV/AIDS-TB team. Populations targeted – the project will target the HIV/AIDS-TB team, implementing partners and state level M&E.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13087	**Mechanism Name: USAID FS Project SEARCH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FS PROJECT SEARCH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,825,000	
Funding Source	**Funding Amount**
GHCS (State)	2,825,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13087 Mechanism Name: USAID FS Project SEARCH Prime Partner Name: FS PROJECT SEARCH			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	2,825,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13108	**Mechanism Name: Local Partner Follow On**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	REDACTED.
Education	REDACTED.
Food and Nutrition: Commodities	REDACTED.
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED.
Gender: Reducing Violence and Coercion	REDACTED.
Human Resources for Health	REDACTED.
Water	REDACTED.

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13108**		
Mechanism Name:	**Local Partner Follow On**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HMBL	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13139	**Mechanism Name: USAID IYCN**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 650,000	
Funding Source	**Funding Amount**
GHCS (State)	650,000

Sub Partner Name(s)

CARE	The Manoff Group	University Research Corporation, LLC

Overview Narrative

The Infant and Young Child Nutrition (IYCN) Project is USAID's flagship project to improve infant and young
child growth and nutritional status, HIV-free survival of infants and young children, and maternal nutrition. Building on 25 years of USAID leadership in maternal, infant, and young child nutrition, IYCN focuses on prevention of malnutrition through proven interventions that are effective during pregnancy through the first
two years of life. The project is a globally funded five-year cooperative agreement led by PATH, in collaboration

with CARE, the Manoff Group, and University Research Co., LLC (URC).

The goal of this COP 10 activity is to integrate, expand, and monitor safe infant feeding practices and nutrition
care and counseling as essential parts of PMTCT, MCH and community-based services focused on pregnant a
nd lactating women, infants and young children of HIV+ mothers, and orphans and vulnerable children (OVC)
under five years. WHO Recommendations for HIV and Infant Feeding is undergoing a revision in 2009. Thus,
IYCN is poised to provide technical support for the adaptation and implementation of country policies and guidelines
that is focused on new options for women who breastfeed to significantly lower the risk of transmission. This includes
safe feeding (exclusive breastfeeding or replacement feeding) during the first six months postpartum, and appropriate
complementary feeding of infants and young children between six and 23 months to maximize HIV-free survival. In addition,
IYCN will work with PEPFAR OVC partners to integrate and strengthen the nutrition content of their programs and promote
a complementary food or supplement to improve the diets of infants and young children under two years.

IYCN's assistance will build on its experience in Nigeria, Zambia, Côte d'Ivoire, and Kenya to develop and update policies,
programs, BCC materials, job aids, training curriculum and supportive supervision tools. To improve the environment for
nutrition and HIV services, IYCN with the FMOH and partners will disseminate final national nutrition and HIV policies and
guidelines to the state, district and LGA levels of the FCT and another state to be selected. IYCN will also support
community-based programs to promote and support nutrition of OVC's under five years, as well as reinforce PMTCT adherence,
and increase referrals to other health and community support services.

IYCN's partner, URC, will assist with quality improvement activities by facilitating a team approach, working with PMTCT and OVC
partners, the FMOH Nutrition and PMTCT Divisions and the Federal Ministry of Women Affairs to

establish minimum standards
for nutrition services at PMTCT sites and OVC services. After establishing consensus on these standards, IYCN will adopt an
incremental approach promoting innovation and accountability for quality improvement as an internal process at PMTCT facilities.

IYCN's activities will be linked to existing wrap-around services such as micronutrient supplementation, hygiene and
sanitation, family planning/reproductive health, and household food security initiatives. IYCN will assist the FMOH to
demonstrate the full roll-out of activities in two states and the project will apply lessons learned to continue the scale-up
to other districts and states in future years.

For all of its activities, IYCN will closely collaborate with the appropriate MOH and partner staff to increase their capacity
to collect and use routine data for monitoring to promote continuous improvement. IYCN will introduce simple tools which
minimize the burden of human resources and promote sustainable monitoring systems. This will include a set of user-friendly
supervision tools that can be used at the facility level to monitor provider performance, identify and address inefficiencies in
service delivery, and assess the quality of care provided to mothers. In addition, IYCN will introduce a complementary set of
community-level monitoring tools for supervision of community-based workers and community-level nutrition activities. This
approach supports and encourages linkages between health facilities and communities through the monitoring of a two-way
referral system.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	541,645
Human Resources for Health	108,355

Key Issues

Addressing male norms and behaviors

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID:	13139		
Mechanism Name:	USAID IYCN		
Prime Partner Name:	Program for Appropriate Technology in Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	650,000	

Narrative:

IYCN will work with the FMOH Nutrition Division to provide technical assistance to PEPFAR OVC partners,
the Federal Ministry of Women Affairs (FMWA) and others to assist them to integrate nutrition education and
counseling as part of their OVC programs. Often programs that target OVC focus on support for school-aged
and older children. The nutritional needs of infants and young children under five years who are HIV affected are
often missed. In addition, adolescent girls suffer from high rates of anemia and need iron supplementation and to
eat an iron-rich diet during this stage in their development. These young children and adolescent girls are particularly
vulnerable to undernutrition. IYCN will develop appropriate counseling guide for 6-23months and adolescent OVC
nutrition as well as provide specialized training for Caretakers and other support groups of such children and
adolescents to practice and provide optimal care and feeding of these children.

IYCN will engage a local consultant to conduct a rapid assessment of current services for OVC in the two focus

states (FCT and Lagos or Kano States). The assessment will include a review the existing literature, including
project reports, local and international publications on OVC and nutrition and dietary practices, and interviews of key
program managers and implementing partners, in order to: understand the OVC nutrition landscape in Nigeria,
specifically within the two targeted states; understand available services; describe OVC infant and young child and
adolescent girl nutrition beliefs and practices; and identify gaps in information that can be examined through rapid
formative research. Using the results from the assessment, IYCN will engage in a participatory process with
stakeholders from PEPFAR OVC partners, NGOs, community-based organizations, and government to develop a
behavior change and communications (BCC) strategy. This process will result in clear messages about infant and
young child feeding and nutrition of adolescent girls that can be communicated consistently across OVC programs.
It will also help develop appropriate tools such as service provider job aids and take-home materials for OVC,
OVC caretakers, support groups and community in general.

To mitigate the impact of HIV/AIDS on the nutritional status of exposed infants, IYCN will design a two-way referral
system to identify malnourished at-risk OVC. The referral system will link caretakers to and from nutrition, child health
and well baby clinics for therapeutic and supplementary feeding and from clinical services to community outreach or
other community programs for monitoring and follow up.

IYCN will collaborate with the MARKETS project and its partners to provide young OVCs with quality dietary support.
The MARKETS Project works with famers on key crops: rice, cow peas, sesame, sorghum, and cassava and with
manufacturers of cereals to provide food supplements for OVCs and their host families to improve the food security of
20,000 OVC. IYCN will work with the MARKETS Project to support the identification and promotion of an

acceptable complementary food that is based on locally available foods that can provide optimum nutrition to OVC age six to 23 months. IYCN will explore the use of a micronutrient powder or a local food-based nutrient-dense supplement (based on experience and in-depth food research conducted in Zambia but can be adapted to Nigeria) that could be added to the food to improve its nutritional composition. The MARKETS Project has implementing partners (local NGOs) that work in the community, training caregivers how to prepare food for OVC. IYCN will assist them with infant and young child feeding BCC and education materials that are in line with the government guidelines that would enable their partners to better support and educate families with OVC. Their staff will also be invited to participate in the training of trainers in maternal and infant and young child nutrition in the context of HIV being conducted through the MOH. Indicator: Number of health workers who successfully completed an in-service training programs

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13150	**Mechanism Name: DPH-CPHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13150**		
Mechanism Name:	**DPH-CPHL**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13155	**Mechanism Name: HEALTHQUAL International**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement

Prime Partner Name: NYSDOH AIDS INSTITUTE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHCS (State)	250,000

Sub Partner Name(s)

Metrica, Inc.		

Overview Narrative

USG PEPFAR-Nigeria in collaboration with the Federal Ministry of Health and the Health Research, Inc./New York AIDS Institute plan to continue the implementation of a quality improvement program patterned after the HIVQUAL program operative in the New York State Department of Health AIDS Institute. This will be referred to as the HIVQUAL-N.

With the current scale up of treatment and care services in Nigeria both in terms of states reached and scale down from tertiary to secondary and primary health centres there has arisen the need to ensure that established desired quality of services are provided to all within the continuum of care.

The quality improvement (QI) concept which is currently receiving Global attention and currently in use in other PEPFAR countries will build capacity to support clinical data collection and analysis, linking activity to quality improvement. It will serve as a flexible and user friendly information system and the adapted software will be responsive to local clinical guidelines and can expand to meet multiple program requirements including other diseases and conditions.

Additionally the program will also build capacity for improving care at the established points of care through QI methods which encourage provider initiated performance measurement and response with a QI plan.

Sustainability issues will also be addressed as early ownership of the program and the culture of provider initiated quality improvement will be promoted. Utilizing peer reviews and zonal/National platforms for comparison of quality of services offered across service delivery points, will allow for evidence based modifications to Care and treatment services in Nigeria.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13155**
Mechanism Name:	**HEALTHQUAL International**
Prime Partner Name:	**NYSDOH AIDS INSTITUTE**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	250,000	

Narrative:

USG PEPFAR-Nigeria in collaboration with the Federal Ministry of Health and the Health Research, Inc./New York AIDS Institute plan to continue the implementation of a quality improvement program patterned after the HIVQUAL program operative in the New York State Department of Health AIDS Institute. This will be referred to as the HIVQUAL-N.

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13174	**Mechanism Name: CDC TBHIV TBD**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID: 13174 Mechanism Name: CDC TBHIV TBD Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13182	**Mechanism Name: USAID OVC Follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	13182		
Mechanism Name:	USAID OVC Follow-on		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13190	**Mechanism Name: Institute of Human Virology, Nigeria - Community-in-Action**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: IHVN	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,510,039	
Funding Source	**Funding Amount**
GHCS (State)	4,510,039

Sub Partner Name(s)

National Primary Health Care Development Agency (NPHCDA)	Primary Health Care Centres	Solina Health Ltd
University of Maryland		

Overview Narrative

During COP 10 the AIDS Care and Treatment in Nigeria (ACTION) Project of UMD/IHVN addresses significant challenges in quality of care and treatment by strengthening linkages between institutional programs and community-based services at 139 sites in 23 states where it has activated comprehensive HIV/AIDS services. This linkage targets strengthening retention of adult patients in treatment and care, improving uptake of services for women engaged in the PMTCT cascade, strengthening post natal follow up of HIV exposed children to provide timely HIV diagnosis and treatment for the pediatric age group, and upgrading linkages between TB services and HIV treatment and care in close alignment with the framework of the Nigerian National Strategic Plan. The path to securing a sustainable Nigerian response that ensures a lasting legacy impact of the PEPFAR investment requires that UMD/IHVN continue to be an agent for change by stressing evidence-based quality improvement. Vital to this is strengthening of systems for accessing reliable patient level and more sophisticated program indicator data through site-based strategic information collection approaches that are aligned with PEPFAR and GON framework. The UMD/IHVN COP 10 paradigm focuses on strengthening capacity at existing sites rather than continued expansion to new sites by drilling down with in the hub and spoke model to integrate primary health care centers and community-based service delivery into the network. Meeting the human resource challenge requires an increased emphasis on task shifting and the application of quality indicators to guide training to remediate deficiencies in knowledge that adversely effect quality. The hub and spoke model employs local centers of excellence linked to IHV-N's regional offices to guide dissemination of quality services at all levels of the health care delivery system. Vital to the success of this model is the ongoing investment in strengthening laboratory services at sites through rigorous quality assessment and improvement. The ACTION program is anchored at 5 Regional Offices staffed by a highly trained multidisciplinary Nigerian team based in the following geopolicial zones: North-West (Kano), North-Central/North-East (Jos), South-East/South-South (Benin), Federal Capital Territory (FCT - Abuja) and South-West region (Lagos) that is coordinated by the IHV-N Central Administrative Office in Abuja. The services are located in 23 states and in each of these states, there are Project Offices integrated within

the facilities and administration of the sites being supported.
Care and Treatment ACTION targets clinical service to 115,326 HIV+ adults and support services to an additional 214,273 persons affected by AIDS (PABAs) and ARV services to 74,037 adults and 7257 children utilizing the Hub and Spoke model. In COP10 ACTION stresses strengthening of spoke, particularly community-based venues employing hub sites as centers of excellence to promote decentralization. Novel strategies such as strengthening care team accountability for patient retention, augmenting community linkages between hub and spoke sites, promoting patient down load of stable patients from overpopulated sites to convenient community-based venues, and promotion of mobile services.. In COP10 ACTION will provide care for 14,000 Orphans and Vulnerable Children within 32 Network Communities. While Care and Support will be carried out at 139 sites, with 70 of them offering pediatric care. OVC services will be consistent with the National OVC Standard of Practice and OVC National Plan of Action. ACTION has focused its OVC services on linkage between medical points of care and community based OVC providers, providing three core services with emphasis on education, nutrition, and improving quality of care in collaboration with over 25 CBOs/NGOs/FBOs. through an institutional and a community based service that includes provision of LLITN, Water Guard and a scale up of therapeutic nutritional supplement ACTION Meal developed in COP09. Using expert staff from established POS as resource persons, site staff participate in central or regional trainings on ARV care, adherence counseling, and/or pharmacy SOPs and QIP in Adult and Pediatric ART Programs. The special challenges of pediatric management are being addressed through enhanced didactic and experiential training. An additional challenge is the emergence of a growing number of patients with drug resistance who are in need of second line therapy. The training plan for COP10 to support training of 30 Master Trainers from established ARV sites who will work with ACTION. ACTION will monitor and evaluate the services to ensure quality by expanding the modified HIVQUAL tools used in a pilot by the GON . In COP09 HIVQUAL was implemented in 20 sites. In COP10, all Care and Treatment sites will be involved in a biannual HIVQUAL exercise. The Gwagwalada Clinical Training Center established in COP09 serves as a model for demonstrating best practices to trainees from local sites employing an observational and experiential approach coupled to didactic training including specialized training in the management of treatment failure. ACTION will continue to participate actively in National Care and Treatment Guideline Committees. All sites are supported to employ treatment support specialists, who are PLWHA.
ARV Drugs In COP10 ARV drugs will be procured in line with USG Guidance whereby all First Line ARVs will be procured centrally for all IPs so that ARV treatment can be provided to adults and children under treatment. To transition to self sufficiency challenges of supply chain management must be met by empowering capacity for forecasting and procurement of ARV drugs a process to be jointly carried out by ACTION and SCMS in concert with site-based staff. Training of site pharmacists and pharmacist technicians on pharmaceutical care and pharmacovigilance will be carried out by ACTION. ACTION will pilot the involvement of Community pharmacies as patient drug counseling and pick up sites in the

mobile care strategy network in COP 10 to strengthen the GON ART decentralization policy..
Laboratory Services ACTION laboratory services support ARV, Basic Care and Support (BC&S), OVC, TB/HIV, PMTCT, and HCT programs by building lab infrastructure and training staff to accurately diagnose, stage and monitor patients. ACTION monitors laboratories through its QA/QC activities to ensure high quality results while working with the USG/GON to ensure 84 labs within its network are accredited both locally and internationally in COP10. ACTION will continue to be at the forefront of supporting the FMOH Early Infant Diagnosis (EID) scale up by ensuring national coverage of viral load testing for adults and children through its 11 regional Virology Labs. Specialized laboratory infrastructures such as the BSL3 TB Culture Lab in the NTBLTC Zaria and the HIV Genotype Facility in Asokoro require ongoing engagement as the technology transfer of such facilities is a complex process that depends upon the expertise of IHV technical advisors working closely with CDC and GON staff. ACTION will continue to support the FMOH EID QA activity through its support to the Plateau State Virology Research Center PLASVIREC as a Reference Lab. ACTION has developed PCR capability at the NTBLTC and has piloted the PCR based HAINS Assay to support in country capacity for monitoring TB drug resistance. ACTION will continue to coordinate with GON through Global Fund supported initiatives in the roll out of improved TB detection and culture capacity.
Strategic Information ACTION will strengthen Strategic Information (SI) under the "One M&E Framework" component of the National Strategic Framework. In COP10 it is expected that ACTION will continue to support SI activities in 139 sites in 23 states,. A key goal of this activity is to strengthen the capacity to capture patient level data that requires improved data collection and quality control at the site level. ACTION is integrating such data collection as part of the care team process at sites. 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). Capacity at LACA will also be strengthened through trainings and TA. State level data for the NNRIMS is reported by the SACA to the National Agency for the Control of AIDS (NACA). ACTION is working in collaboration with the USG/GON in the implementation and piloting of the Logistics and Health Program Management Information Portal (LHPMIP) – this uses VOXIVA technology. The SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria.
Prevention: ACTION in COP10 contributes to the PEPFAR goal of preventing new infections in alignment with the NSP through dissemination of HIV counseling and testing (HCT) targeting most at risk populations and pregnant women in the context of PMTCT, prevention messaging and services targeting sexual transmission and biomedical strategies targeting the blood supply and occupational safety. The COP 10 scale back of HCT, a tool vital to effective prevention through informing the client of their HIV status, challenges program effectiveness and requires alignment with GON-sponsored HCT programs where possible.
PMTCT – 139 sites are supported to provide PMTCT services with a target of reaching 142,000 pregnant women of whom 5822 HIV positive women and their babies will access ARV prophylaxis. HCT is

delivered using the opt out approach that encourages partner testing. To address the large fall off in accessing ART prophylaxis, infant feeding counseling and follow up mother-child pair linkage to services, ACTION applies a "Family-Centered" approach for strengthening linkages to existing community health programs for family planning/reproductive health services and well baby/immunization clinic programs. This model derives from a demonstration project carried out by IHVN that determined the preference of women for selecting a community over facility-based venue for delivery of their baby. To accommodate this preference ACTION has piloted a modified version of the PMTCT National Curriculum for traditional birth attendants (TBA), which focuses on HCT and referral of HIV-positive women. To reduce barriers to facility-based treatment access, mobile clinic outreach is integrated at the community level to bring PMTCT services to women. Manpower shortfalls are addressed by engaging PLWHA who successfully engaged in all PMTCT services to anchor a "Mothers to Mothers" peer education and retention support strategy in each site. Ten regional laboratory centers for DNA PCR, established by ACTION as part of the National network of EID Testing Centers apply dry blood spot testing to determine infection status.
Sexual Prevention - ACTION COP 10 sexual prevention activities target services to 10,310 youth and young adults through Abstinence/Be Faithful (AB) activities and 46,364 individuals through condoms and other prevention (C&OP) activities. Sexual prevention activities targets youth/young adults aged 15-24 years with particular emphasis on young women between 15 and 18 based on data from IHV-N that documents high rates of new infections among this target population. Thus the AB comprehensive package, extended to focused communities in six states (Plateau, FCT, Benue, Kaduna, Kano and Edo) targets faith-based and school-aged populations who are less likely to have experienced sexual debut. This intervention continues partnership with the Federal Ministry of Education, and the 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. C&OP more suitably targets most-at-risk persons (MARPs; 23,182 males and 23,182 Females) by support of 60 community based condom outlets in locations frequented by MARPs, such as bars, brothels and truck stops. C&OP services are provided in hospital based outlets co-located at HCT/ART clinics with special focus on discordant family relationship, a strategy that complements prevention with positives (PwP) services supported under basic care and support programming. ACTION employs mobile services in five regional offices to reach MARPs in high risk venues where transactional and intergenerational sex are common in collaboration with 12 CBOs.
Biomedical - ACTION contributes to the 3.12.12 goals of PEPFAR in the area of prevention of new infections in collaboration with JSI by supporting prevention activities of Infection Control Committees at all sites targeting safe injection and appropriate waste disposal. Extension to the network of care involves step down and refresher trainings at network sites and sustainability by empowerment of sites to "own" commodity logisitics. In the area of Blood Safety, in alignment with a nationally coordinated program to ensure a safe and adequate blood supply ACTION supports hospital blood banks at 32 of its implementation sites to utilize screened blood from NBTS Zonal Centers for their transfusion needs

facilitated through the provision of laboratory consumables and supplies, supportive supervision, and on-site refresher training including QA/QC will be supported.. REDACTED. To strengthen HIV TB linkages ACTION collaborates with indigenous NGOs to extend HCT at an additional 110 TB DOTS POS reaching 25,000 persons under the TB/HIV program area.
Health System Strengthening ACTION will support the efforts of the Nigerian FMOH and nursing and midwifery educational sectors in strengthening the skills of nurses and midwives for the national response to the HIV/AIDS epidemic in line with the Health Sector National Strategic Framework for HIV/AIDS.
Continuous Capacity Building will be a feature of all Program Areas so that sufficient capacity is built to ensure sustainability in the coming years.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	118,917
Education	118,917
Food and Nutrition: Commodities	1,074,382
Food and Nutrition: Policy, Tools, and Service Delivery	71,625
Gender: Reducing Violence and Coercion	57,854
Human Resources for Health	100,000
Water	71,625

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**13190**
Mechanism Name:	**Institute of Human Virology, Nigeria - Community-in-Action**
Prime Partner Name:	**IHVN**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	371,990	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	460,054	

Narrative:

ACTIVITY DESCRIPTION:
ACTION will continue to support the efforts of the Nigerian FMOH, Nursing, Midwifery and Community Health Practitioners educational sectors in strengthening the skills of nurses, midwives and community health practitioners 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, Midwives and Community Health Practitioners constitute the highest number of health care workers in Nigeria at urban and rural settings and spend the highest number of hours with patients.

In the past couple years; some efforts have been made through HSS to address the weak nursing knowledge in HIV care that exists country wide. As the number of patients accessing ART services continues to increase especially in tertiary and secondary sites, doctors are overworked and patient access to care is sub-optimal. The increasing need to decentralize ART services to rural areas through PHCs and introduce task shifting roles for ART refills and follow up have placed additional demand to rapidly ensure these frontline HCWs provided the skills and knowledge necessary to triage, assess, monitor and follow up patients on ART while maintaining quality of care. If adequately trained and empowered to utilize learned skills, nurses, midwives and CHO could render more appropriate care for PLWHAs and contribute meaningfully to mitigating the impact of HIV/AIDS, improve patient access, as well as help sustain efforts supported by the Emergency Plan.

This activity is aimed at continuing to support a HIV care nurse and community training program at the practice and education levels 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 Center 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 case management and nurse refill of ART & follow up for stable patients. This 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, PLWHA treatment support specialists 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, linkage to other services and home-base care. This team will actively participate in practicum and preceptor roles during the training. Evaluation of this model and expanded training of other sites in an evidence-defined care model will help shape policy to operationalize the IMAI/IMC concept.

The standardized curriculum developed and piloted in COP07 & COP08 was crafted to focus on comprehensive but 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 assessment & triage, 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 at facility and community levels, 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.
Also in COP07 & 08, ACTION together with MSH trained 55 Nurse-leaders. ACTION also rolled out TOT using this standardized nursing curriculum training a total number of 48 master trainers/continuing education nurses from state MOH, NPHCDA, tertiary and secondary and primary health facilities to enhance HIV training and retraining. A total of 34 nursing, midwifery and community health practitioner tutors were also trained as trainers. The HIV/AIDS nursing training curriculum was adapted by the Council for incorporation into standard education of nursing & midwifery students country-wide. ACTION produced copies of the curriculum for these trainings and dissemination. In addition, nursing school administrators were 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.

Under COP09, ACTION focused on continuing to strengthen the capacity of nursing, midwifery community health practitioner schools countrywide to improve the knowledge base of future graduating nurses and midwives in the area of HIV prevention and comprehensive care of PLWHAs and PABAs. ACTION supported 2 regional step down trainings for a total of 60 educators from a least 5 schools of nursing/midwifery & CHOs who were identified by the respective licensing organizations at 2 nursing schools in ACTION regions utilizing the master trainers from COP08. ACTION also provided TA to AIDSRelief and conducted similar TOT for 14 program nurses and 13 nursing & midwifery tutors from faith based institutions. Training Department will continue to assess, monitor quality and follow up of these trainees

In COP10, ACTION will support USG & GON strategies to increase the number of HCW graduating from pre service education systems. ACTION will support 3 regional step-down trainings for 90 educators to be identified by the registration boards. ACTION will additionally provide mentoring for schools with the aim to saturate all nursing, midwifery and community health practitioner schools. ACTION will intensify advocacy and engagement of Medical & Dental Council, Nursing & Midwifery Council, Community Health Practitioner and Pharmacy Boards to take ownership for ongoing curriculum oversight & updates as well as rapidly inculcate strategies into pre-service education that will support task shifting, quality HIV care including pharmaco-vigilance, team process, leadership skills etc. ACTION will continue to provide TA and mentoring to FMOH, SMOH & NPHCDA, Implementing Partners and local service/labour organizations to ensure ongoing use and dissemination of the standardized curriculum and use expert Trainers for continuing education in practice/post service settings.

ACTION in COP08/09 has initiated discussions with the National Post Graduate Medical College for the development of a Masters Degree in HIV Medicine for doctors. In COP10 ACTION will organize a stakeholders 5 day meeting utilizing its in-house and external facilitator to conclude the development of the curriculum. This will then be piloted using one of ACTION affiliated universities.

ACTION currently supports ARV services at a total of 139 sites structured under a hub and spoke network model. Hub sites are affiliated with smaller secondary hospital sites and 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 COP10 to provide ARV in a more accessible location. Most of these sites are staffed by nurses. ACTION anticipates that at least 16 of the primary health centers will be developed as "nurse managed" ART sites with oversight from the affiliated hubs. These are ideal settings for student rotations. ACTION support for nurse HIV and AIDS training will not be limited to ACTION supported sites or states, as the program is designed to provide supports across PEPFAR and beyond.

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, 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,677,995	

Narrative:

(2010) ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Early infant diagnosis (EID) is referenced and reader is referred to Pediatric Care and Treatment narrative. Increased focus on Community Based Interventions to improve coverage

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 COP10 125,000 pregnant women will receive PMTCT counseling & testing and receive their results. A total of 139 PMTCT sites established by the end of COP09 will be maintained in COP10. 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. In COP09, ACTION paid particular attention in Nasarawa state as the Lead IP to support the development and implementation of the PMTCT LGA (local government area) coverage strategy that ensures there is at least one PMTCT point of service in each LGA. In COP10 ACTION-supported PMTCT services will be focused at quality improvement in ANC sentinel sites including the primary health center level and will increase coverage through the

establishment of community-based PMTCT interventions, within the networks of ACTION care& treatment services.

In this networks, PMTCT stand alone points 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 standard operating procedures (SOPs), monthly PMTCT network meetings, and incorporation of team approaches to care in all training and site monitoring. Through this SOP, HIV-positive 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 model of care and ARV linkages. In addition to receiving PMTCT services, each HIV-positive pregnant woman will be referred to OVC services in order to facilitate care for all of her affected children. ACTION has worked with sites in COP09 to identify and train site staff with full responsibility for Network Coordination. These staff will be provided with Technical support by ACTION to ensure care is linked and to reduce to the barest minimum loss of clients along the PMTCT Cacade

Opt-out testing and counseling with same day test results will be provided to all women presenting for ANC and untested women presenting for labor and delivery. The same approach will be adopted for mobile PMTCT services to women in hard to reach communities. 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 PMTCT services or through referral to on-site HCT centers where available. A step down training of couple counseling and prevention with positives (PwP) package (combination prevention package) will be utilized in all sites. This will provide an opportunity to interrupt heterosexual transmission, especially in discordant couples and will facilitate partner involvement in care, treatment and support. 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 5,822 HIV-positive pregnant women will be identified and provided with a complete course of ARV prophylaxis (based on ACTION's current program prevalence of 4.5% and loss to follow up). HIV-positive 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 Nigerian PMTCT guidelines 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-positive women will be linked post-partum to an HIV/ART 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 childcare and to contribute to the family economic capacity. To address this, mobile clinic outreach as described in the adult care and treatment narrative will be integrated at the community level to bring PMTCT services to women who otherwise will opt-out of care and treatment.

HIV-positive women will be counseled pre- and post-natally regarding exclusive breast feeding with early cessation or exclusive breast milk substitute (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 including safe weaning for exposed infants as well as water guard, bed nets and other home based care items. HIV-positive women will be linked to support groups in the facility and their communities, which will provide both education and ongoing support around infant feeding choices, early infant diagnosis (EID), ART, adherence and PwP. PLWHA are currently employed at ACTION-supported ARV points of service as treatment support specialists. In COP09, the use of dedicated treatment support specialists (mentor mothers) for PMTCT in the clinic was implemented based upon the successful "Mothers to Mothers" model in Southern and East Africa. This model will be expanded to all PMTCT sites. This will ensure that HIV-positive women remain in care throughout pregnancy and receive appropriate services for herself and her infant. This concept was used in the establishment of community-based PMTCT programs in COP09.

In accordance with Nigerian National PMTCT guidelines, Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks. Cotrimoxazole suspension will be provided to all exposed infants pending a negative virologic diagnosis. Ten regional laboratory centers for DNA PCR have been established by ACTION. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. In COP09, ACTION actively participated in the national early infant diagnosis initiative by providing DNA PCR testing of dried blood spots (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 linkages 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. As part of ensuring sustainability of PMTCT in Nigeria, ACTION will continue to provide Technical Support to Federal, State and Local Government personnel in appropriate support supervision so that the National scale up will have the appropriate ownership and funding by the various levels of government. In each state ACTION will carry out its activities along with responsible Officers in the state.

ACTION will re-train HCWs from each of the PMTCT sites in COP10 including community-based health workers in the provision of PMTCT services and infant feeding counseling. The revised and updated national PMTCT training curriculum and the infant feeding curriculum will be utilized. Under COP08, 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-positive women. ACTION piloted this with 20 TBA in COP07 , 50 in COP08 and additional 100 in COP09, targeting TBAs based on a community needs assessment that has been carried out in COP08 identifying points of deliveries for women in the community. Site-based step down trainings will be carried out in conjunction with the Ministry of Health (MOH) utilizing Master Trainers that were trained on infant feeding in COP08. There will be a minimum of 10 trainees per site for a total of 300. Thus, the total direct training target is 400. ACTION will continue to collaborate with the government of Nigeria (GON) and the Clinton Foundation to increasing access to early diagnostic services for infants. This activity is described under Pediatric Care and Treatment.

In addition to routine monitoring and evaluation activities, ACTION will contribute to a Multicountry PHE that will evaluate best practices and document best program models for increasing the number of HIV-positive 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 125,000 pregnant women, and provide ARV prophylaxis to 5,822 mother and infants pairs. This will contribute to Nigeria's goal of increasing PMTCT coverage by 80% by 2010 and the EP goal of supporting this effort.

LINKS TO OTHER ACTIVITIES:
This activity is linked to adult and pediatric care and treatment, OVC, laboratory infrastructure, condoms & other prevention, AB, and SI where ACTION will continue to provide TA for the National PMTCT MIS. PwP messages will be integrated within PMTCT care for HIV-positive women. The basic package of care provided to all HIV-positive patients will be available to HIV-positive 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 and other implementing partners in the support of PMTCT services at some sites & states, 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-positive pregnant women for ARV

prophylaxis, infant feeding counseling and family planning. The exposed infants will be offered prophylaxis and early infant diagnosis services. Family members will have access to prevention, care and support services.

EMPHASIS AREAS
The key emphasis area is training and quality care, 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 the establishment of community-based PMTCT with 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. This activity also addresses gender since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming.

In COP10, under 'PEPFAR Nigeria's accelerated PMTCT plan', IHVN, will strengthen its support to PMTCT service delivery by implementing activities that further improve the coverage and quality of PMTCT services. These activities will be directed towards increasing utilization of PMTCT services at existing service outlets through demand creation in collaboration with community resources and ensuring the upgrade of existing supported PHCs offering stand alone HIV counseling and testing to render at least minimal package of PMTCT services. In order to leverage resources, priority will be given to PHCs located in the selected focal states with presence of other donor agencies and in local government areas already earmarked for HSS support through GFATM. Where new sites are envisioned, those that are used for national ANC sero-sentinel surveys but yet to commence PMTCT services as well as PHCs located in communities with high HIV prevalence rates above the National average will be given priority.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13213	**Mechanism Name: USAID NCAP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Deloitte Consulting Limited	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,202,944	
Funding Source	**Funding Amount**
GHCS (State)	2,202,944

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13213**		
Mechanism Name:	**USAID NCAP**		
Prime Partner Name:	**Deloitte Consulting Limited**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	57,944	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	2,145,000	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13216	**Mechanism Name: HHS/CDC NUC/Universities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13216		
Mechanism Name:	HHS/CDC NUC/Universities		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13235	**Mechanism Name: Strengthening Integrated Delivery of HIV/AIDS Services/PHC Investment and Infrastructure Improvement**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13235** **Strengthening Integrated Delivery of HIV/AIDS Services/PHC Investment and Infrastructure Improvement** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13242	**Mechanism Name: National Primary Health Care Development Agency RFA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13242**		
Mechanism Name:	**National Primary Health Care Development Agency RFA**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13248	**Mechanism Name: CDC Comprehensive Services Follow On**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	REDACTED.
Education	REDACTED.
Food and Nutrition: Commodities	REDACTED.
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED.
Gender: Reducing Violence and Coercion	REDACTED.
Human Resources for Health	REDACTED.
Water	REDACTED.

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)

Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13248**
Mechanism Name:	**CDC Comprehensive Services Follow On**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13265	**Mechanism Name: USAID FS AIDSTAR Injection Safety**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: FS AIDSTAR	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,890,000	
Funding Source	**Funding Amount**
GHCS (State)	1,890,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**13265**		
Mechanism Name:	**USAID FS AIDSTAR Injection Safety**		
Prime Partner Name:	**FS AIDSTAR**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	1,890,000	
Narrative:			
Under the AIDSTAR IQC, the TBD partner (The Partner) had implemented Injection Safety (IS) programs in five states (Anambra, Edo, Cross River, Lagos, Kano) and the Federal Capital Territory (FCT) since			

2004 and individual USG and GON health facilities across another fourteen states (Bauchi, Benue, Nassarawa, Niger, Plateau, Kwara, Ogun, Borno, Delta, Enugu, Kaduna, Katsina, Kebbi and Oyo States) during the FY08. By the end of COP 08, The Partner would have trained total number of 25,226 health care workers and 10,743 waste handlers. In COP09, The Partner will be conducting injection safety activities primarily in the 5 focal states and FCT. Technical assistance will be provided to other PEPFAR IP supported sites through training of trainers, health workers, store keepers and waste handlers trainings including refresher trainings at initial sites and supportive supervision. In COP 09, IP will expand to 30 new sites in a total of 4 States.

The Partner will continue to implement the four major technical areas: human and institutional capacity building; behavioral change of healthcare personnel to promote safe injection practices and the communities to promote oral medication where possible; ensure availability of equipment and supplies; and appropriate healthcare waste management at the 789 previously supported health facilities. In addition The Partner will extend its activities to an approximated 30 public health facilities through ad hoc partnership with corresponding IPs and or Government of Nigeria. In COP09 the Partner will provide IS training to a total of 5,000 individuals using FMOH adapted WHOAFRO/JSI training curriculum. A training of trainers on supportive supervision will be provided for all IP injection safety staff to enable them consolidate the gains of the training and ensure behavioral change at implementing sites. All IP will be encouraged to advocate for and support infection prevention and committees at facility levels.

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. The partner will also promote safe injection practices, and oral medication to reduce unnecessary demand for injections at community level through Community Based Organizations (CBOs) interventions and the mass media in collaboration with INTERNEWS/ENHANSE. Collaborative BCC and advocacy work will continue with national and local institutions/organizations such as NAFDAC, the National Orientation Agency (NOA) and local/community and religious organizations. NAFDAC is supporting injection safety through; media messaging to discourage the populace from demanding injections from their health providers, advocacy to pharmaceutical industries producing injectables in Nigeria to support local production of safety boxes and promoting nationwide use of auto disabled syringes. Community outreach activities are expected to foster community engagement on issues of health with emphasis on injection safety issues as it affects communities in Nigeria. In COP08, the Partner trained field staff of the NOA to deliver appropriate injection safety messaging to the grassroots. This activity will continue in COP09. The Partner will work to maintain grassroots coalitions and encourage those coalitions to advocate on issues of injection safety with focus on the reduction of the demand for unnecessary injections, ensuring the safety of all necessary injections and proper healthcare waste management to the relevant health authorities and

government.

The Partner will continue to work towards commodity security. The Partner procures IS commodities such as injection devices and safety boxes through her sub-contractor; PATH (Program for Appropriate Technology). Commodities are stored at the Government Central Medical Store in Oshodi (Lagos) and distributed by USAID accredited courier distribution company SDV to the focal GON Stores. The Partner has a tracking system to collect data on consumption and stock levels along the supply chain.

The Partner will support healthcare waste management through provision of seed waste segregation commodities, building infectious waste pits and encouraging the building of incinerators for appropriate final disposal options in accordance with WHO standards such as encapsulation in rural areas. REDACTED. The Partner would 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, adapt the national adopted HCWM Plan, policy and guideline at the lowest service delivery points. The Partner will procure safe IS commodities through SCMS for the USG partners in FY09. All IPs are encouraged to plan for sustainability of the program in their sites.

The Partner will continue to work with the Federal Ministry of Health (FMOH) and other major stakeholders (such as the Nursing and Midwifery Council of Nigeria and Medical and Dental Council of Nigeria). The Partner also works with 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, injection safety training is part of the continuous medical education taking place at supported sites mentioned above (old or new). Training package for new entrance health workers into the healthcare system has been developed. The package is used to capture newly employed health care workers after completion of site trainings.

The National Policy on Injection safety and Health care Waste Management will continue to be disseminated widely in COP09. The Partner will perform quarterly monitoring of all sites including the GON and USG supported sites using the previously used tools. State MOH and other PEPFAR IPs will participate at state level meetings to give feedback for service delivery quality improvement.
The MMIS project operated in five focal states (Kano, Edo, Cross Rivers, FCT, Anambra and Lagos) with a view of saturation of those states with injection safety activities, while also supporting other states where PEPFAR treatment facilities were located. The range of activities included; Capacity building, HCWM, Procurement and behavior change.
Based on the current funding available for injection safety, one major shift from the MMIS project would be a dramatic decrease in procurement of auto disable syringes. To bridge this commodity gap the new award will have to put in a considerable amount of effort towards the implementation of the policy by

NAFDAC that would move syringe use in country from standard disposable to auto disable. Another gap in the MMIS project which will be filled with the new award is the inclusion of phlebotomy services, which will include the revision of the National injection safety manual to include safe phlebotomy and some seed stock for demonstrations. The new component will also be looking at safe male circumcision practices in its community component.
In summary;
• Injection safety training will continue to be offered to treatment partner sites as well as other selected states with a view of saturation in some of them;
• Phlebotomy services will be offered with provision of seed stock;
• Safe male circumcision will be incorporate into the behavior change community component of injection safety;
• level of effort will be increased to advocate for NAFDAC to implement the shift from standard disposable to auto disposable syringes.

CONTRIBUTION TO OVERALL PROGRAM AREA.
As the Partner plans to extend coverage to some sites supported by other USG IPs; this integrated HIV/AIDS programming will improve collaboration amongst partners, will maximize the impact and will contribute to the prevention of 1,145,545 new HIV infections by 2010 and contribute towards the PEPFAR global achievement of the 2,7,10. This will also improve the equity in access to HIV prevention services to the communities most in need; both rural and urban by reducing the risk of transmission to the community as well as to health care workers. These activities would contribute substantively to NACA's National HIV Prevention Plan implementation; develop strong links between THE PARTNER services and other service provides such as PEPFAR IPs, National Primary Health care Development Agency (NPHCDA), UNICEF, the World Bank and WHO, other organizations working on HIV/AIDS issues, IS and healthcare waste management. Improved safety in the work environment and universal precaution among health providers will lead to higher quality of health services and reduction in stigma/discrimination towards PLWHA.

LINKS TO OTHER ACTIVITIES
This activity also relates to activities in HIV Counseling and Testing, Laboratory, Palliative Care, TB/HIV, ART Services 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 of which will improve the safety for workers involved in these other programmatic activities.

POPULATIONS BEING TARGETED

Targeted population include healthcare workers at focal health facilities; doctors, nurses, pharmacists, laboratory scientists, phlebotomists, community health officers, environmental health officers, store keepers and waste handlers. Religious and community leaders, community-based organizations are also targeted within the communities. In addition, heads of service and administrators need to be aware of the policies put in place to control 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 indirectly target the general population on the community outreach program, who will be provided with information on safer injection practices, which are designed to prevent transmission of HIV and promote oral medications.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and discrimination also occur in healthcare settings, and this has been reported in Nigeria. As HIV/AIDS treatment and care programs have been expanded, the training of all levels of healthcare providers on 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.

EMPHASIS AREAS

Through these activities, major emphasis is placed on training of staff and institutional capacity development. This program will provide the basis for a workplace program through professional medical associations that will ensure that all treatment and laboratory specimens are handled safely, with minimal risk to healthcare providers. Minor emphasis includes policy and guidelines, information, education and communication, commodities procurement and quality assurance, quality improvement and support supervision.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The significant change in THE PARTNER activity from COP08 to COP09 is the expansion strategy within selected sites as directed by USG and GON with inclusion of phlebotomy activities; this will entail coverage of IS at sites supported by other USG Implementing Partners (IPs) in addition to sites supported by JSI/THE PARTNER only, such as Government of Nigeria (GON), faith based and other private health facilities. THE PARTNER' support to USG IPs will be lead in IS training and coordination of all USG sites while supply of safe injection commodities and waste management will cover only non USG sites after training completion (USG sites will be required to purchase through SCMS; safe IS commodities) THE PARTNER will also support the setting up of support supervision system at sites level.

Indicators • 4.0 Number of service outlets provided with training in injection safety 30 • 4.1 Number of individuals trained in medical injection safety 5000

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13267	**Mechanism Name: Integrated Training for Decentralization**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED.

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13267**		
Mechanism Name:	**Integrated Training for Decentralization**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13273	**Mechanism Name: USAID FS Capacity Plus**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FS CAPACITY PLUS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,400,000	
Funding Source	**Funding Amount**
GHCS (State)	1,400,000

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13273**
Mechanism Name:	**USAID FS Capacity Plus**
Prime Partner Name:	**FS CAPACITY PLUS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,400,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13276	**Mechanism Name: CDC RFA PLHIV**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13276**
Mechanism Name:	**CDC RFA PLHIV**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13291	**Mechanism Name: PHC Investment and Infrastructure Improvement**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13291**
Mechanism Name:	**PHC Investment and Infrastructure Improvement**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13299	**Mechanism Name: Zonal Reference Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13299 Mechanism Name: Zonal Reference Lab Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13321	**Mechanism Name: Lab Network TBD**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13321**
Mechanism Name:	**Lab Network TBD**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13330	**Mechanism Name: Strenghtening TBHIV collaborative activities in Nigeria - WHO**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**13330**		
Mechanism Name:	**Strenghtening TBHIV collaborative activities in Nigeria - WHO**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13336	**Mechanism Name: National Reference Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13336 **Mechanism Name:** National Reference Lab **Prime Partner Name:** TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13371	**Mechanism Name: USAID FS Health Care Improvement Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

CARE	Manoff Group, Inc	

Overview Narrative

The Nigerian Federal Ministry of Women's Affairs and Social Development (FMWASD) in coordination with PEPFAR/ Nigeria, has been engaged in the Initiative to improve quality for orphans and vulnerable children (OVC) services during the past years and has began efforts to improve quality through the development of an OVC National Plan of Action and National Guidelines and Standards of Practice for OVC. The Ministry has taken a leadership role in engaging its partners towards increased effective and efficient OVC programs within the country.

In July 2009, at the request of PEPFAR/Nigeria, the USAID-Health Care Improvement (HCI) project provided technical assistance to FMWASD and its implementing partners towards developing standards to define quality care for OVC programs. This initiative was grounded in the FMWSD priority to clearly define what is "meant by serving a child and family" in pursuit of improved coordination and harmonization across implementing partners. Thus with the Ministry leadership, PEPFAR funded partners and UNICEF gathered during a five-day workshop to develop DRAFT quality standards for OVC programs. In addition to the Draft service standards, stakeholders committed themselves to the process of quality improvement for OVC Programming. Based on these results, USAID-HCI proposes to provide the following technical

assistance to:

Objectives:

Support the country-leadership role in improving quality care for OVC Programs to mitigate the impact of HIV/AIDS on most vulnerable families and children.
Strengthen integration of OVC Standards of Care within a national strategy response.
Strengthen local partners and international partners' abilities to organize for improvement.
Create a community of shared learning across all OVC stakeholders.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13371**		
Mechanism Name:	**USAID FS Health Care Improvement Project**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	600,000	

Narrative:

Specific activities:

1. Support the country-leadership role in improving quality care for OVC Programs to mitigate the impact of HIV/AIDS on most vulnerable families and children.

One of the priorities of PEPFAR programming is to strengthen country-driven approach. The FMWASD has already taken the leadership in engaging all stakeholders towards improving quality as demonstrated during the efforts to develop draft-standards. It is thus essential to continue to provide support to the

Ministry to continue its quality improvement efforts for OVC Programs. HCI proposes to identify a quality improvement advisor, embedded in the Ministry who can lead and coordinate efforts across all partners. The QI efforts will also reflect the PEPFAR priorities of ensuring that USG investments are programmed within a national strategy, in close collaboration with other donors, to ensure institutionalization and sustainability of the process.
Provide technical support (such as the secretariat) towards the establishment of a QI Task Force, chaired by the Ministry and regrouping major representatives of IPs and donors. By establishing a National QI Task Force, the Ministry will ensure the commitment and buy-in of its partners as the QI Task Force will develop clearly goals and objectives and work plan for the year.

2. Strengthen integration of OVC Standards of Care within a national strategy response
Provide technical support to complete the Draft Quality of Care Standards by vetting the DRAFT standards (July 2009 version) with other line Ministries (Ministry of Education, the Ministry of Labor, Ministry of Youth and Sports, Ministry of Agriculture, as identified by the QI Task Force) and local partners at the point of service delivery (local NGOs and CBOs) and other partners engaged in development programs and strategies to address children's needs. (experts in nutrition, HIV care and treatment, maternal health, child survival, early childhood development partners as example). The vetting process is an important step in the standards development process to 1) strengthen coordination and integration across Nigeria's institutions; 2) assure integration of best practices at the point of service delivery and ensure that standards reflect the context of the country; 3) strengthen and ensure the sustainability of the response to HIV/AIDS as institutions and local partners are involved in the improvement process all along.
Client-centered care is one of the key principles of quality care. HCI in collaboration with the QI Task Force will provide guidance in how best to include children's and family/guardians' voices. Based on experiences from other countries, where HCI has provided TA towards improvement of quality care, HCI will propose to organize several youth workshops (10-14yrs; 15-17yrs) and focus group discussions in different regions to capture as much as possible the realities and needs of different segments of children based on gender, location (regions, urban/rural), education, living arrangements (child-headed households for example). The process of seeking youth involvement will be led by the Ministry through a consultative process with the QI Task Force.
Once evidence is gathered on DRAFT standards, the QI Task Force with support from HCI will organize a review of the DRAFT standards to integrate findings and best organizational practices to improve quality of services. It would be expected that the set of Draft Standards are thus endorsed as a national policy guiding document.

3. Strengthen local partners and international partners' abilities to organize for improvement.
Once DRAFT standards are completed, HCI will provide TA to local implementing partners (at the point

of service delivery) to gather evidence on the feasibility of the standards and if applying standards actually make a measurable difference in organizational practices. Evidence will be collected to document if applying standards lead to improved sustainable OVC Programming strategies such as increased community participation, increased retention of service providers/community-based volunteers/or workers; increased public and private partnership and commitment of resources; increased access to services, etc. In collaboration with the QI Task Force, HCI will provide TA to develop a set of quality indicators to document how applying standards and organizing for improvement actually improve the quality of care processes (strategies).
In addition to tracking evidence that applying standards is making difference in processes of care, HCI, in close collaboration with the Ministry and other partners tasked to improve monitoring and evaluation of OVC programs, will provide support to local NGOs and INGOs to measure if applying standards actually make a measurable difference in children's well-being.
To gather such evidence, HCI will provide support to local organizations to organize for improvement by applying the principles of science of improvement: 1) process analysis; 2) team work; 3) client-centered; 4) decision making grounded in data. In close collaboration with the Ministry and PEPFAR, the gathering of evidence will be organized through the improvement collaborative approach in two regions in Nigeria. The two regions are to be identified by the QI Task Force. One of the regions will be around Abuja (as the QI Advisor at the Ministry can provide support), and HCI proposes that the second region be where URC has already a project of improving quality of care to leverage resources and expertise. However, identifying regions and partners to be included in the "piloting of standards" will be done by the FMWASD and in close consultations with the QI Task Force.

Improvement Collaborative Overview
An improvement collaborative is an organized improvement effort of shared learning about how to improve an area of care by people providing the actual services. The goal of an improvement collaborative is to rapidly develop and test changes that allow programs to overcome obstacles toward consistent application of standards, by bringing together a number of teams to work on rapidly achieving significant improvements in processes, quality, and efficiency of those services.
Representatives of local government, local NGOs and their partners (CBOs and volunteers) are organized into QI teams to analyze what the standards describe as quality services and reflect on their current practices with respect to the essential actions as described in the standards. The teams form the core of a collaborative. Teams meet individually on a regular basis to analyze, plan and test changes to improve services. Changes, grounded in data, that actually make a difference in quality of programs are shared regularly across representatives of the QI Teams through learning sessions.

Create a community of shared learning across all OVC stakeholders
The QI Advisor (embedded in the Ministry) will lead, organize and coordinate all QI efforts across the

Ministries, donors and IPs. Thus at a national level, communication across partners involved in improvement of programs will be strengthened. It is expected that the QI Task Force will meet regularly (once a month at least) to lead the QI efforts. One of the organization principles for an improvement collaborative is for partners involved in improvement to share changes in organizational practices that lead to measurable results (improved strategies and improved children's outcomes). HCI will support the organization of regular learning sessions (every three months) within the two regions where representatives of the collaborative (Regional MWASD representatives, representatives of line ministries and IPs) will share changes that have led to their improved ability to operationalize the standards and improve children's well-being. At the end of the "piloting" of standards, a national workshop will be organized to review evidence gathered about the standards and best operational practices. In addition to the piloting efforts, HCI will continue to explore with the Ministry best mechanisms to strengthen communication and sharing across IPs, such possibilities might include regional Implementing Partners Group meetings led by the Regional Representatives of FMWASD.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13377	**Mechanism Name: National Health Insurance Scheme RFA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13377**		
Mechanism Name:	**National Health Insurance Scheme RFA**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13390	**Mechanism Name: FMOH Lab**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13390**		
Mechanism Name:	**FMOH Lab**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13407	Mechanism Name: USAID FS UNICEF
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FS UNICEF	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 208,028	
Funding Source	**Funding Amount**
GHCS (State)	208,028

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13407		
Mechanism Name:	USAID FS UNICEF		
Prime Partner Name:	FS UNICEF		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	208,028	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13412	**Mechanism Name: CDC RFA OVC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13412**
Mechanism Name:	**CDC RFA OVC**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13423	**Mechanism Name: DOD TBHIV TBD**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID: 13423 Mechanism Name: DOD TBHIV TBD Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13428	**Mechanism Name: Strengthening Integrated Delivery of HIV/AIDS Services / Integrated Training for Decentralization**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED.

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13428** **Strengthening Integrated Delivery of HIV/AIDS Services / Integrated Training for Decentralization** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13432	**Mechanism Name: Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

The Health Systems 20/20 cooperative agreement, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED.
Economic Strengthening	REDACTED.
Education	REDACTED.
Food and Nutrition: Commodities	REDACTED.
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED.
Gender: Reducing Violence and Coercion	REDACTED.
Human Resources for Health	REDACTED.
Water	REDACTED.

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13432**
Mechanism Name:	**Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	Redacted	Redacted

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

1. Assess the role of non-state actors in HIV/AIDS prevention and mitigation
In Nigeria, similar to other low income countries, the role of non-state actors in HIV/AIDS prevention, treatment, care, support and control is expected to be substantial. Among others, these stakeholders include NGOs, CSOs and FBOs. It is important for policy to assess the role of non-state actors, how many resources are they mobilizing, from what sources, as well as for what purpose. Further, in which HIV/AIDS services are non-state actors' resources allocated and used. The study will also track the number of people that are benefiting from each of the NGO interventions and services, and estimation of the unit costs will also be conducted. Based on evidence generated from the survey, recommendation will be made to improve contribution of non-state actors in HIV/AIDS as well as to facilitate consultation and dialogue on improving policy and operational environment. A comprehensive report of the study will be produced and disseminated/presented for relevant stakeholders.
• Method/Strategies: Survey of a sample of FBOs and NGOs working in HIV/AIDS and their facilities
• Deliverables: Sample NGOs and FBOs Survey report; Presentation of survey findings and facilitation of discussion
Budget: $300,000

2. Assessing the role of non-health sector government ministries and agencies and mainstreaming of HIV/AIDS
HIV/AIDS is multisectoral by nature and in addition to the National AIDS Control Agency and the Federal Ministry of Health,
other departments and government agencies are expected to mainstream and play their roles in HIV/AIDS prevention and control.
Assessment of key relevant Ministries (including Defense, Education, Transport, Mining, Energy, Police,

Prison, etc.) will be conducted
and their roles in HIV/AIDS will be assessed. In this process, sectoral policies, strategic and annual work plans and budgets of selected
Ministries and agencies as well as their performance and financial report will be assessed to understand the level of mainstreaming of
HIV/AIDS.
• Method/Strategies: Survey of selected federal and state level non-health sector ministries;
Review of government expenditure and audit reports
• Deliverables: • Ministries and Agencies survey report; Presentation of survey reports and facilitation of discussion to strengthen
mainstreaming of HIV/AIDS
Budget: $60,000

3. Cost-effectiveness of ART Service Delivery in Nigeria
As the resource implications of expanding anti-retroviral therapy (ART) are likely to be large, there is a need to explore its
cost-effectiveness. Also, there is a need to tie the cost-effectiveness information on ART to different modes of delivery, i.e.,
through lower level health facilities vs. higher level facilities. This may inform the procedure or appropriateness of a plan to
decentralize ART or other HIV-related curative/care services in the future. So far, there is no such information available from
Nigeria, where such services remain highly centralized.
Objective
To assess the cost-effectiveness of ART service delivery across a sample of disparate delivery settings (secondary facility,
and an expanded primary care facility) in Nigeria.

Methods
Estimate the unit cost of HIV-related care from the 2009/10 fiscal year expenditure of three different health care facilities
in Nigeria, across tertiary, secondary, and primary levels. The study will include both direct and overhead costs. The study
will utilize service records for the cohorts of patients accessing ARV Treatment. Service costs will be included from the
point of identification of an HIV+ individual as 'eligible' to the continuing period of treatment up to a potential of seven years

on treatment (or other maximum number for the cohorts in the facilities). The health effect of incremental years of life
gained (YLG) will be estimated for patients receiving ART compared with those not receiving such treatment.
Cost-effectiveness for the average patient in each of facilities will be estimated as the dollars per incremental YLG,
and compared. For capturing the uncertainties inherent in the model, the study will apply appropriate techniques,
ranging from Markov Modeling to Monte Carlo methods, as appropriate.
Budget: $250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

1. Public Expenditure Tracking Survey in Nigeria (3 states)
Description: This activity is continuing from Year 3 of the Health Systems 20/20 Project. The Health Systems Assessment
tool was successfully applied in Nigeria during FY 2008-9. Nigeria's assessment results indicated an acute weakness in
resource tracking for health across state and LGA levels, with a lot of missing information on resource pass-through and
utilization, as well as findings on inadequacy of resource availability at frontline service delivery points. Health Systems 20/20 proposes to conduct a Public Expenditure Tracking Survey (PETS) in three high-priority states, using the basic methodology developed by the World Bank over several years and since then used in various countries for health, education, and other social sectors. A prior PETS in Nigeria (World Bank, 2002) tracked extensive leakages in the allocation of health-related budgets, especially for salaries, in two states (Kogi and Lagos). The proposed HS 20/20 survey, aimed at a sample of health facilities in each of the three priority states, will track the link between health related resource flows and outcomes. The proposed activity will complement the activity to conduct a Public Expenditure Review in four PATHS-2 states in Nigeria (a DFID supported project). The states chosen by HS 20/20 for PETS will be separate and in addition to the
four PATHS-2 states. Joint development of tools will reduce costs to USAID, while the joint product across seven states will
produce a richer source of public expenditure related information for policymakers. The PETS is intended to address issues
such as the following at the facility level:

• Spending inconsistent with allocation (leakage?)
• Inconsistency of records between different levels (leakage?)
• Patterns of actual allocation of resources across districts and facilities (equity and efficiency?)
• Delays in financial transfers or distribution of material
• Ghost workers and absenteeism based on salary payments
• Collection of user fees inconsistent with projected demand (leakage?)
Budget: $400,000

2. System Wide Effects of HIV/AIDS Programming - Opportunities for Vertical-Horizontal Integration/Improvement
Description: HS 20/20 was requested by NACA to assist in a review of Nigeria's experience with GFATM grants over the
past several years, focusing on the effects on the wider health system, and especially on the discovery of opportunities
for enhanced vertical-horizontal integration. This request was matched by interest in the USG mission in Nigeria towards
identifying similar opportunities for integration and improvement of PEPFAR-related activities with the wider health system
in Nigeria. The System Wide Effects methodology – developed under the PHRPlus project – is well-suited to answer these
questions. HS 20/20 proposes to apply the methodology, with a 'backward' looking focus to understand the experience
with the GFATM grants; and a 'forward' looking focus to identify opportunities for better integration of both GFATM and
PEPFAR programming with the wider health system. For both backward and forward-looking parts, HS 20/20 will focus on:
• Effects upon the policy environment and opportunities therein
• Effects upon the public-private mix and opportunities for greater PPM
• Effects upon human resources, and how to mitigate them or achieve better integration
• Effects upon pharmaceuticals and commodities, how to mitigate them or achieve better integration

HS 20/20 will implement SWEF in Nigeria with a quantitative facility survey (of health centers
and clinics managers and with health workers) and a qualitative survey consisting of in-depth
interviews with key informants who were policymakers, program heads and implementers from
government offices (national and regional), health facilities, non-governmental organizations
(NGO,) donors, the Nigeria Country Coordinating Mechanism (CCM), and key program experts.
Budget: $225,000

3. Priority Interventions from the Nigeria HSA: Developing Decision-Support Software to Enhance the Use of the DHIS in Nigeria
Description: This activity is continuing from Year 3 of the Project. The Health Systems Assessment tool was successfully applied
in Nigeria during FY 2008-9. A crucial piece of conducting a Health Systems Assessment is the ability to respond to urgent priorities
identified. Nigeria's assessment results indicated an acute weakness in the quality, availability and utilization of HMIS data for facility
management and performance. As part of a targeted intervention, HS 20/20 was requested to strengthen capacity of federal and state
institutions to use HMIS data in order to improve planning and management, services and programs in three states with highest needs,
and the federal level. Nigeria has begun implementing the open-source 'District Health Information System' (DHIS) in a phased manner,
with included HIV/AIDS modules. The proposed activity will focus on building a suite of "Data aggregating / Data Analysis" tools which
will take as inputs the HIV/AIDS data from the DHIS and produce decision-support evidence for higher level policymakers at the state
and federal level (NACA). The work will include the following steps:
1) identifying policymaking users for the DHIS data on HIV/AIDS in the three states and federal level (NACA),
2) developing decision support software to facilitate the aggregation, analysis and utilization of facility level HIV/AIDS DHIS data by
state & federal level managers
3) pilot testing and implementing the new software system in the three states and federal level (NACA),
4) conducting training and capacity building of state and federal level (NACA) users of the policymaking data based on DHIS,
5) preliminary impact analysis of the improved decision-support system for the DHIS.
Budget: $350,000

4. Developing & Implementing a State Level HRIS in Nigeria in Three Priority States
Description: Human resources for health are a critical component of any health system. Strengthening management of HRH allows
countries to adequately deploy, manage and reward staff. Computerized human resource information systems are an essential tool for
capturing HR data on personnel profiles, access to training, and information on past and current

positions/deployments etc. When used
properly, an HRIS is an excellent tool for HR planning and management. In Nigeria, HS 20/20 was requested to assist in HRIS development.
his activity will complement state-level HRIS investments in capacity-building that the PATHS-2 project (a DFID supported initiative) is
implementing in its four focal states. The states chosen by HS 20/20 will be in addition to the four PATHS-2 states. The joint development
of initial 'needs' assessment instruments and coordination of HRIS activities will reduce costs for USAID. In sum, HS 20/20 proposes to
implement the HRIS in 3 priority states. The activity will have the following phases:
• Phase 1. Assessment of existing HRIS and customization of HRIS solution to state needs (Month 1-Month 4). The HS 20/20 team will
work with national and state level stakeholders to build consensus on the scope, sequencing, and design and customization of the HRIS.
The team will analyze the current system, develop a preliminary sketch of the state level HRIS, map data flows, identify strengths and
weaknesses and liaise with key stakeholders involved in HRIS management (state civil service, LGA, SMOH etc). The results of these
state assessments will provide information to guide the customization of the HRIS. A requirements engineering process will be carried
out in conjunction with an infrastructure assessment to inform an investment plan. An M&E plan will also be developed during this phase.
• Phase 2. Pilot test, adapt and roll-out HRIS (Month 5 – Month 12). Phase 2 will involve piloting the system in selected states, addressing
software issues, developing training curricula and guides, developing standard operating procedures and beginning roll-out of the HRIS
• Phase 3. Provide ongoing support and extend roll-out to additional states (Month 12 -18) Phase 3 will involve establishing a support
infrastructure, extending the HRIS to additional states, training state level managers on data use and M&E of activity implementation.
• Phase 4. Document experience and lessons learned (Month 18-20) HS 20/20 Project will document the Nigeria state level experience with
HRIS development, identify key lessons learned and disseminate the information in national and international forums.
Budget: $375,000

5. Training of Trainers and Mentored Roll-out of Training on Financial Management for Health System

Managers (Pilot)
Description: For health managers at the state and LGA levels in Nigeria to have adequate training in stewarding the financial resources
available to them for programmatic spending is of the highest priority. Health system managers with task-oriented training in this
respect will be better able to ensure on-budget delivery of services, better tracking of resource spending, and generally provide for
more efficient and transparent public health systems. The HS 20/20 project was requested to assist in training 'trainers' (also mentors)
who will provide one-on-one coaching and mentoring to a certain number of key health managers in some pilot LGAs and states. The
trainers/mentor will be retired Nigerian civil servants or senior business managers who are respected as a manager and change agent.
He/she will be further trained by the project to be an effective mentor. Trainers/mentors will address the unique needs of each staff member,
empowering all staff to perform financial management optimally. The Mentors will be supported by project staff and other short term
technical assistance from HS 20/20. Training curricula/materials will be based on existing materials widely used in sub-Saharan Africa,
adapted to the Nigerian context.
• Phase 1. Adapt existing health-related financial management curricula for Train-the-trainers - to the Nigerian context.
• Phase 2. Training of a cohort of selected trainers/mentors in Abuja (one week training)
• Phase 3. Orientation of health managers who will receive training in pilot LGAs and state-level health offices.
• Phase 4. Roll-out of mentors/trainers to the pilot LGAs and state-level health offices; with monitoring from HS 20/20 for up to 8 months.
Review of the experience with the LGAs and state-level health managers, focusing on improvements in financial management.
Budget: $250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13444	**Mechanism Name: USAID CUBS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: MSH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,000,000	
Funding Source	**Funding Amount**
GHCS (State)	3,000,000

Sub Partner Name(s)

Africare		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

Mechanism ID:	**13444**		
Mechanism Name:	**USAID CUBS**		
Prime Partner Name:	**MSH**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	3,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13490	**Mechanism Name: CDC HAD FMOH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13490 Mechanism Name: CDC HAD FMOH Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13493	**Mechanism Name: CDC TBD PMTCT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13493**
Mechanism Name:	**CDC TBD PMTCT**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13498	Mechanism Name: USAID Central Contraceptive Procurement
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Central Contraceptive Procurement	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 413,519	
Funding Source	**Funding Amount**
GHCS (State)	413,519

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the central contraceptive procurement(CCP) is to provide an efficient mechanism for consolidated USAID purchases of contraceptives, including condoms, based on transfer of all funds from USAID accounts that support contraceptive procurement to a single central procurement account at the begining of each operational year. CCP also administers the commodity Fund, which serves HIV/AIDS prevention activities worldwide. The CCP project also provides a mechanism for independent testing of the condoms purchased by USAID or donated to USAID programs.

In COP'10 two PEPFAR implementing partners funded through USAID(GHAIN and LMS ProACT) will be sourcing their male condoms requirements through this mechanism, this will enable them provide HIV prevention programs that promote changes in sexual behaviors other than abstinence or be faithful(OP), these efforts will contribute to USAID/Nigeria's strategic objective (SO) 14- reduced impact of HIV/AIDS in selected states, and feeds into one of the four intermediate results(IRS) under SO 14: Increased use of quality HIV/AID and TB prevention services and intervention.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13498		
Mechanism Name:	USAID Central Contraceptive Procurement		
Prime Partner Name:	Central Contraceptive Procurement		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	413,519	

Narrative:

The central contraceptive project was establised to provide an efficient central contraceptive procurement mechanism for all USAID programs that responds to the request for contraceptives(including male condoms). Funds are transferred annually to this project through field support and from each USAID accounts that support contraceptive procurement. GH/PRH directs the use of these funds through a series of procurement contracts to provide contraceptive supplies for USAID programs worldwide.This project consolidates the procurement actions, but leaves responsibility for the estimation of condoms needs in the USAID offices that support the use of this commodity. In COP 10 USAID Nigeria will be pooling the procurements of male condoms for GHAIN and LMS ProACT projects respectively (funded through USAID), 9 million pieces of condoms will be procured, of this number, GHAIN will be receiving 8.5 million pieces of condoms and LMS ProACT 0.5 million pieces of condoms respectively. REDACTED.

The CCP project will be responsible for the procurement, shipping , clearing and delivery to a central location in Abuja-Nigeria for the partners, under a door-to-door transportation plan, through a frieght forwarder that will be contracted by the CCP.
Warehousing, Distribution, Inventory monitoring, logistics information management system (LMIS) for these condoms will be managed by the implementing partners(IPS).The IPS will ensure that these high quality condoms are delivered to the targeted clients which include the most at risk populations (MARPS), like the commercial sex workers (CSW), others who exchanage sex for money and/or other goods, those with multiple or concurrent sexual partners, men who have sex with men(MSM), transport sector workers and other occcupational migrant workers (OMW), these services will be provided according to the national policies, guidelines and standards. IPs will be providing this services through service outlets supported by their projects and through implementation agencies (IAs) in some instances, they IPs will build the capicity of the service providers and IAs to ensure that the clients are reached with prevention messages and condoms in line with set standards.

REDACTED.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13512	**Mechanism Name: USAID Links**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children UK	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,611,972	
Funding Source	**Funding Amount**
GHCS (State)	1,611,972

Sub Partner Name(s)

AONN	Association for Reproductive and Family Health	Christian Association of Nigeria
FOMWAN	Ja'ma'atil Nasril Islam (JNI)	NEPWHAN
Nigerian Red Cross Society		

Overview Narrative

Links for Children is a five-year project to improve services and support to OVC in four states: Kaduna, Kwara, Niger and Bauchi. The project will expand access to treatment services, and care and support for 23,120 orphans and vulnerable children; and training on care and support for 4,320 caregivers and 384 Child Protection Committee members. In COP 2010, project activities will focus on care and support for 1,200 OVC and training of 480 caregivers and 192 CPC members in two states, Kaduna and Bauchi, while establishing a presence in Kwara and Niger. This project will focus on one technical area of support: Support to OVC.

Key Project Outcome Indicators at end of COP 2010: 1) ARFH and 24 CSO partners (6 in each state) have completed an organizational assessment and development plan; 2) Initial baseline information will

be compiled on all 3 project objectives. 3) 1,200 children will receive support in areas of education, economic, psychosocial, or protection; and 480 caregivers and 192 CPC members will receive training. 4) One training for state government agencies will be conducted in two states.

This Budget Code will include one cross-cutting program under Economic Strengthening, which will comprise the facilitation of Village Savings and Loan Groups for caregivers and HIV-affected households. This component will begin in Year 2, so is not included in the COP 2010 plan.

Save the Children will provide overall programmatic and administrative management, establishing a sub-grant with ARFH to implement activites in Bauchi and expanding to additional states in subsequent years. A Project Steering Committee (PSC) will give guidance on overall strategic direction and organizational arrangements.

There will be Project Manager and two Deputy Project Managers, one managing the SC state teams, and the other managing the ARHF state teams. An OVC Advisor will ensure overall technical quality; a Monitoring and Evaluation Advisor will manage all M&E systems; an Organisational Development Advisor will handle organizational assessments and development plans for ARFH and the CSO partners; and a Village Savings and Loan Advisor (starting in 2011) will coordinate this component. Technical Support includes a Health & HIV Advisors from SC and ARFH. An SC Grants Coordinator supports the management of project funds. An ARFH Finance Manager will manage the ARFH sub-grant.

The Project's State teams will be led by a State Team Leader. Four Project Officers in each State will guide the CSO facilitators and 3 support staff will support the offices.

The Performance Monitoring and Evaluation systems will assure a balance between systems that are sophisticated enough to help determine the success of the project and its impact on children, and systems that are user-friendly enough for the communities and individuals that are using them. The project is developing tools to capture valid and reliable data which can be used by community volunteers and CSO facilitators with basic literacy skills. A key component will be the Child Status Index (CSI), which will be used to assess the progress of children and families over time. Other tools developed for OVC programs in the Nigeria context and through SC's global experience will be used to complement the CSI. The project will also provide extensive training staff, partners, and communities in use of the M&E systems.

The Child Protection Committees-CPCs will serve as the basic team of service providers, along with CSO facilitators and project staff. The CPCs conduct a household survey in the community, during which each household is visited and assessed using the CSI tool. The household registers compiled from this survey

serve as the "Baseline Assessment" for the household and community on which progress is measured. For each family documented on the register, a simple "case file" will be created and updated on a quarterly basis after home visits. The information from updated case files and household registers will be used to prepare progress reports for each community, and summarized for each state.

At the household and community level, caregivers and other household members will receive training to build skills in caring for their children appropriately in the context of what is already considered socio-culturally appropriate. Local leaders form an integral part of the committee formation and are asked to support all subsequent events. The community grants provided for the CPCs are implemented through a matching system, under which the CPCs are asked to raise portions of the grant's value. They are also linked with local government structures through advocacy visits.

Links for Children will match SC's expertise in using child-focused approaches with ARFH's expertise in providing sexual and reproductive health services to young people. Using a structured organizational development plan, ARFH will be able to meet the requirements to become a prime recipient of PEPFAR funding at the project's end. In the first year, ARFH will receive a sub-grant from SC to manage project activities in Bauchi. This will expand in Year 2 to include a second state, along with plans for subsequent transfer of additional states in the remaining years.

At state level, Save the Children has worked in partnership with 4 organizations since 2006: JNI, CAN, FOMWAN, and NRCS. The project will add two organizations with more experience in HIV/AIDS and OVC: AONN and NEPWHAN. Save the Children will not provide a specific sub-grant to each of these organizations; but the project will directly fund the field activities planned by the CSOs and CPCs. An organizational assessment and OD plan will be done for each CSO partner. By the project's end, at least two CSOs in each state will have successfully obtained funding to implement HIV & OVC projects, independent of this project. The project will also engage relevant government agencies in each state to further develop their OVC action plans through training, advocacy, and technical support.

At the community level, the CPC model demonstrates concrete results to the entire community of involving women and girls in problem-solving conversations and decision making processes. The process of bringing men, women, boys, and girls together to discuss issues of power, privilege, diversity, and exclusion in situations affecting their daily lives, helps address issues of gender roles and norms in a realistic, structured, and sustainable manner. In the area of economic empowerment, Village Savings and Loan activities have multiplier effects across individual, household, and community levels. Opportunities for participants include services to enhance small scale investments and asset building. All services provided in this project will ensure that age-appropriate and gender-appropriate interventions are provided, in particular focusing on improving access to services for older children in areas of sexual and

reproductive health, HIV and STI prevention, and other life skills.

Legal protection for OVC will include such activities as birth registration and working with legal organizations addressing such issues as inheritance and property rights. CPCs will identify those households where children are required to work in hazardous labour to support their families; and work with the families to enable their children to attend school, while exploring alternative means for supporting the family. The project will work with communities to develop locally managed response systems that can link with the formal legal systems, but which also build trust and confidence for victims to report incidents in a supportive and confidential environment.

Extensive training is provided to all project staff, CSO facilitators, and CPCs, which includes a wide range of topics: child development, child protection and participation; gender equity, roles, and expectations; diversity and exclusion; power, privilege, and discrimination; HIV/AIDS and other health/nutrition issues; M&E and reporting; and basic family assessment and psychosocial support. This will equip the staff and volunteers with skills to provide (or refer) age and gender-appropriate support and services for each child in each household, depending on the individual situation.

Each CSO facilitator works with the communities and CPCs through a mentoring system in which they are matched with project staff for purposes of mentoring and role modelling. Over time, the CSOs take on more responsibility for support to communities, while staff assume a monitoring and oversight role. CPC members do not receive any remuneration for the work that they do, as they are elected representatives of the community. CSO facilitators receive small monthly stipends to cover their local transport costs and other incidentals. By the end of the project, at least two CSOs in each state will have obtained small grants to support their work with CPCs and OVCs in the local communities independent of this project.

The project will use a community engagement model of Child Protection Committees that has proven effective in mobilizing communities in a sustained and relevant manner, and which has demonstrated significant success in Nigeria for reaching OVC and HIV-affected families. By supporting these groups, which also comprise children, to engage directly with families affected by HIV, the project will increase the number of OVC and families able to access testing, PMTCT, treatment, prevention, and care and support services. Through home visits, information will be provided on other key health and nutrition areas, such as maximizing the nutritional potential of local foods; breastfeeding and infant feeding practices; basic sanitation, water storage, and cleanliness practices; and other basic preventive health practices, such as malaria prevention, routine immunization, ORS solution for diarrhoea, etc.

A child-focused approach with child participation is fundamental to all work undertaken by Save the Children. SC has developed child participation models that have proven to be very effective, most

recently in the development of the National Plan of Action for OVC. Child participation is built into the structure of this project, starting from the community level, where the Child Protection Committees are comprised of equal groups of men, women, boys, and girls.

The CPCs will work with other local structures to develop solutions for children and families that provide support through large-scale interventions. In Kwara and Kaduna States, the project will take advantage of SC's involvement in ESSPIN, a 6 year DFID-funded Education Program, to work with school authorities and School-Based Management Committees, to develop broad-based sustainable solutions to improve the access of large numbers of vulnerable children to basic education services

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13512**
Mechanism Name:	**USAID Links**
Prime Partner Name:	**Save the Children UK**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,611,972	

Narrative:

Links for Children is a five-year project to improve services and support to OVC in four states: Kaduna, Kwara, Niger and Bauchi. The project will expand access to treatment services, and care and support for 23,120 orphans and vulnerable children; and training on care and support for 4,320 caregivers and 384 Child Protection Committee members. In COP 2010, project activities will focus on care and support for 1,200 OVC and training of 480 caregivers and 192 CPC members in two states, Kaduna and Bauchi, while establishing a presence in Kwara and Niger. This project will focus on one technical area of support: Support to OVC.

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This Budget Code will include one cross-cutting program under Economic Strengthening, which will comprise the facilitation of Village Savings and Loan Groups for caregivers and HIV-affected households. This component will begin in Year 2, so is not included in the COP 2010 plan.

Save the Children will provide overall programmatic and administrative management, establishing a sub-grant with ARFH to implement activites in Bauchi and expanding to additional states in subsequent years. A Project Steering Committee (PSC) will give guidance on overall strategic direction and organizational arrangements.

There will be Project Manager and two Deputy Project Managers, one managing the SC state teams, and the other managing the ARHF state teams. An OVC Advisor will ensure overall technical quality; a Monitoring and Evaluation Advisor will manage all M&E systems; an Organisational Development Advisor will handle organizational assessments and development plans for ARFH and the CSO partners; and a Village Savings and Loan Advisor (starting in 2011) will coordinate this component. Technical Support includes a Health & HIV Advisors from SC and ARFH. An SC Grants Coordinator supports the management of project funds. An ARFH Finance Manager will manage the ARFH sub-grant.

The Project's State teams will be led by a State Team Leader. Four Project Officers in each State will guide the CSO facilitators and 3 support staff will support the offices.

The Performance Monitoring and Evaluation systems will assure a balance between systems that are sophisticated enough to help determine the success of the project and its impact on children, and systems that are user-friendly enough for the communities and individuals that are using them. The project is developing tools to capture valid and reliable data which can be used by community volunteers and CSO facilitators with basic literacy skills. A key component will be the Child Status Index (CSI), which will be used to assess the progress of children and families over time. Other tools developed for OVC programs in the Nigeria context and through SC's global experience will be used to complement the CSI. The project will also provide extensive training staff, partners, and communities in use of the M&E systems.

The Child Protection Committees-CPCs will serve as the basic team of service providers, along with CSO facilitators and project staff. The CPCs conduct a household survey in the community, during which each household is visited and assessed using the CSI tool. The household registers compiled from this survey serve as the "Baseline Assessment" for the household and community on which progress is measured. For each family documented on the register, a simple "case file" will be created and updated on a quarterly basis after home visits. The information from updated case files and household registers will be used to prepare progress reports for each community, and summarized for each state.

At the household and community level, caregivers and other household members will receive training to build skills in caring for their children appropriately in the context of what is already considered socio-culturally appropriate. Local leaders form an integral part of the committee formation and are asked to support all subsequent events. The community grants provided for the CPCs are implemented through a matching system, under which the CPCs are asked to raise portions of the grant's value. They are also linked with local government structures through advocacy visits.

Links for Children will match SC's expertise in using child-focused approaches with ARFH's expertise in providing sexual and reproductive health services to young people. Using a structured organizational development plan, ARFH will be able to meet the requirements to become a prime recipient of PEPFAR funding at the project's end. In the first year, ARFH will receive a sub-grant from SC to manage project activities in Bauchi. This will expand in Year 2 to include a second state, along with plans for subsequent transfer of additional states in the remaining years.

At state level, Save the Children has worked in partnership with 4 organizations since 2006: JNI, CAN, FOMWAN, and NRCS. The project will add two organizations with more experience in HIV/AIDS and OVC: AONN and NEPWHAN. Save the Children will not provide a specific sub-grant to each of these organizations; but the project will directly fund the field activities planned by the CSOs and CPCs. An organizational assessment and OD plan will be done for each CSO partner. By the project's end, at least two CSOs in each state will have successfully obtained funding to implement HIV & OVC projects, independent of this project. The project will also engage relevant government agencies in each state to further develop their OVC action plans through training, advocacy, and technical support.

At the community level, the CPC model demonstrates concrete results to the entire community of involving women and girls in problem-solving conversations and decision making processes. The process of bringing men, women, boys, and girls together to discuss issues of power, privilege, diversity, and exclusion in situations affecting their daily lives, helps address issues of gender roles and norms in a realistic, structured, and sustainable manner. In the area of economic empowerment, Village Savings and Loan activities have multiplier effects across individual, household, and community levels.

Opportunities for participants include services to enhance small scale investments and asset building. All services provided in this project will ensure that age-appropriate and gender-appropriate interventions are provided, in particular focusing on improving access to services for older children in areas of sexual and reproductive health, HIV and STI prevention, and other life skills.

Legal protection for OVC will include such activities as birth registration and working with legal organizations addressing such issues as inheritance and property rights. CPCs will identify those households where children are required to work in hazardous labour to support their families; and work with the families to enable their children to attend school, while exploring alternative means for supporting the family. The project will work with communities to develop locally managed response systems that can link with the formal legal systems, but which also build trust and confidence for victims to report incidents in a supportive and confidential environment.

Extensive training is provided to all project staff, CSO facilitators, and CPCs, which includes a wide range of topics: child development, child protection and participation; gender equity, roles, and expectations; diversity and exclusion; power, privilege, and discrimination; HIV/AIDS and other health/nutrition issues; M&E and reporting; and basic family assessment and psychosocial support. This will equip the staff and volunteers with skills to provide (or refer) age and gender-appropriate support and services for each child in each household, depending on the individual situation.

Each CSO facilitator works with the communities and CPCs through a mentoring system in which they are matched with project staff for purposes of mentoring and role modelling. Over time, the CSOs take on more responsibility for support to communities, while staff assume a monitoring and oversight role. CPC members do not receive any remuneration for the work that they do, as they are elected representatives of the community. CSO facilitators receive small monthly stipends to cover their local transport costs and other incidentals. By the end of the project, at least two CSOs in each state will have obtained small grants to support their work with CPCs and OVCs in the local communities independent of this project.

The project will use a community engagement model of Child Protection Committees that has proven effective in mobilizing communities in a sustained and relevant manner, and which has demonstrated significant success in Nigeria for reaching OVC and HIV-affected families. By supporting these groups, which also comprise children, to engage directly with families affected by HIV, the project will increase the number of OVC and families able to access testing, PMTCT, treatment, prevention, and care and support services. Through home visits, information will be provided on other key health and nutrition areas, such as maximizing the nutritional potential of local foods; breastfeeding and infant feeding practices; basic sanitation, water storage, and cleanliness practices; and other basic preventive health practices, such as malaria prevention, routine immunization, ORS solution for diarrhoea, etc.

A child-focused approach with child participation is fundamental to all work undertaken by Save the Children. SC has developed child participation models that have proven to be very effective, most recently in the development of the National Plan of Action for OVC. Child participation is built into the structure of this project, starting from the community level, where the Child Protection Committees are comprised of equal groups of men, women, boys, and girls.

The CPCs will work with other local structures to develop solutions for children and families that provide support through large-scale interventions. In Kwara and Kaduna States, the project will take advantage of SC's involvement in ESSPIN, a 6 year DFID-funded Education Program, to work with school authorities and School-Based Management Committees, to develop broad-based sustainable solutions to improve the access of large numbers of vulnerable children to basic education services

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13515	**Mechanism Name: MARPS TBD**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13515**		
Mechanism Name:	**MARPS TBD**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13522	**Mechanism Name: Coca-Cola Foundation**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: COCA-COLA FOUNDATION	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13522**		
Mechanism Name:	**Coca-Cola Foundation**		
Prime Partner Name:	**COCA-COLA FOUNDATION**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13524	Mechanism Name: Prevention Follow On
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13524**		
Mechanism Name:	**Prevention Follow On**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13532	**Mechanism Name: USAID Data Warehouse**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Microsoft	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13532 Mechanism Name: USAID Data Warehouse Prime Partner Name: Microsoft			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13540	**Mechanism Name: HHS/CDC Operations Research**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13540		
Mechanism Name:	HHS/CDC Operations Research		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				535,389		535,389
ICASS				687,976		687,976
Management Meetings/Professional Developement				926,015		926,015
Non-ICASS Administrative Costs				1,881,433		1,881,433
Staff Program Travel				1,727,292		1,727,292
USG Staff Salaries and Benefits				3,616,259		3,616,259
Total	**0**	**0**	**0**	**9,374,364**	**0**	**9,374,364**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		535,389
ICASS		GHCS (State)		687,976
Management Meetings/Professional Developement		GHCS (State)		926,015
Non-ICASS Administrative Costs		GHCS (State)		1,881,433

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				145,550		145,550
Computers/IT Services				300,000		300,000
ICASS				600,000		600,000
Institutional Contractors				450,000		450,000
Management Meetings/Professional Developement				200,000		200,000
Non-ICASS Administrative Costs				3,510,000		3,510,000
Staff Program Travel				300,000		300,000
USG				REDACTED.		REDACTED.

Renovation						
USG Staff Salaries and Benefits				2,100,000		2,100,000
Total	**0**	**0**	**0**	**7,905,550**	**0**	**7,905,550**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		145,550
Computers/IT Services		GHCS (State)		300,000
ICASS		GHCS (State)		600,000
Management Meetings/Professional Developement		GHCS (State)		200,000
Non-ICASS Administrative Costs		GHCS (State)		3,510,000
USG Renovation		GHCS (State)		REDACTED.

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				600,000		600,000
Computers/IT Services				973,579		973,579
ICASS				2,077,400		2,077,400
Management Meetings/Profes				500,000		500,000

sional Developement						
Non-ICASS Administrative Costs				6,229,997		6,229,997
Staff Program Travel				2,702,401		2,702,401
USG Renovation				REDACTED.		REDACTED.
USG Staff Salaries and Benefits			3,056,000	3,373,447		6,429,447
Total	**0**	**0**	**3,056,000**	**17,206,824**	**0**	**20,262,824**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		600,000
Computers/IT Services		GHCS (State)		973,579
ICASS		GHCS (State)		2,077,400
Management Meetings/Professional Developement		GHCS (State)		500,000
Non-ICASS Administrative Costs		GHCS (State)		6,229,997
USG Renovation		GHCS (State)		REDACTED.

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category

						Total
USG Staff Salaries and Benefits				80,000		80,000
Total	**0**	**0**	**0**	**80,000**	**0**	**80,000**

U.S. Department of State Other Costs Details