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UNITED NATIONS DEVELOPMENT PROGRAMME
GOVERNMENT of Nigeria

Project/Programme Title:

Strategic Planning and Implementation to address HIV and AIDS in Nigeria

Date: December 2007

Brief Description

One of the main challenges facing LGAs is inadequate capacity for planning and budgeting which often results in poor delivery of social services. Civil Society Organization(CSOs) exist to assist the very poor to access social services in Local Government Authorities(LGAs), however, such organizations also face substantial capacity constraints which hinder effective delivery of services. The project therefore aims to strengthen institutional and technical capacity, reinforce coordination systems and mechanisms of LGAs and CSOs, critical for improving skills, competencies and coordination for enhanced planning, budgeting and service delivery, so as to mitigate the spread of HIV and AIDS at the State and LGA levels.

COMPONENT 1:

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Country: _Nigeria

UNDAF Outcome(s)/Indicator(s):

- 1) Institutional capacity enhanced for planning, implementing and managing multisectoral strategies at both national and sub national levels to limit the spread of HIV and AIDS and mitigate its social and economic impact of poor people and women.
- 2) _increase in number of PLWHA receiving services form service delivery centres by at least 20%.

(Link to UNDAF outcome. If no UNDAF, leave blank)

Expected Outcome(s)/Indicator (s):

States and LGAs have HIV and AIDS mainstreamed into their poverty reduction strategy documents (SEEDS and LEEDS)

(CPAP outcomes linked to the MYFF goal and service line)

Expected Output(s)/Annual Targets:

- 1) State and LGA officials trained on participatory preparation of Seeds and Leeds and on mainstreaming of HIV and AIDS into their SEEDS and LEEDS
- 2) SACAS and LGAs trained on costing and results based budgeting and state strategic plans produced
- 3) Systems, structures and tools developed to facilitate effective planning, coordination and monitoring
- 4) CSOs trained to deliver basic prevention, treatment, care and support services
- 5) HIV-related service delivery centres and institutions trained and equipped
- 6) Project Monitored and Evaluated

Implementing partner:

State Planning
Commissions (SPC)

Responsible parties:



State Action Committees on
AIDS (SACA), Local
Government Action Committees
on AIDS (LACA)

Programme Period: July 2008 – Dec 2010
 Programme Component: HIV and AIDS
 Project Title: Strategic Planning and
Implementation to Address HIV and AIDS in Nigeria:
Collaboration between UNDP Regional Bureau for Africa and
the Republic of Korea
 Project ID: _____
 Project Duration: 30 Months
 Management Arrangement: _____

Total Budget: \$1,500,000
 Allocated resources: \$500,000
 • Government: _____
 • Regular: _____
 • Other: _____
 Donor: \$1,000,000
 Donor: _____
 Donor: _____
 • In kind contributions: _____
 Unfunded budget: _____

Agreed by (Implementing partner¹): _____

Agreed by (UNDP): _____

On behalf of:	Signature	Name	Date
Government		SENATOR M.S. DAGGASH	18-07-2008
UNDP		ALBERGIC KACOV	18-07-2008



¹ If an NGO is the Executing entity, it would not sign this page, but rather the Project Cooperation Agreement with UNDP

Acronyms

AIDS	Acquired Immune deficiency syndrome
ART	Anti Retroviral Treatment
AWP	Annual work plan
CBO	Community Based Organization
CDR	Combined Delivery Report
CO	Country Office
CP	Country Programme
CSOs	Civil Society Organizations
CTA	Chief Technical Advisor
DEX	Direct Execution
FBO	Faith Based Organization
HCT	HIV Counselling and testing
HIV	Human Immunodeficiency Virus
JDBF	Joint Donor Basket Fund
LACA	Local Action Committee on AIDS
LDP	Leadership Development Programme
LEEDS	Local Government Economic Empowerment and Development Strategy
LGA	Local Government Authority
LPAC	Local Project Appraisal Committee
MARP	Most at risk Persons
NEEDS	National Economic Empowerment and Development Strategy
NEX	National Execution
NGO	Non Governmental Organization
NPC	National Planning Commission
NNRIMS	Nigeria National Response Information Management System
NSF	National Strategic Framework
OVC	Orphans and Vulnerable Children
PLWHA	People living with HIV and AIDS
PLHIV	People living with HIV
PMB	Project management Board
PMU	Project management Unit
RMG	Results management Guide
SACA	State Action committee on AIDS

SEEDS	State Economic Empowerment and Development Strategy
SPC	State Planning Commission
UNAIDS	UN Joint programme on HIV and AIDS
UNICEF	UN Children Funds
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women

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Section I

Part I. Situation Analysis – minimum one paragraph, suggested maximum one page

SITUATION ANALYSIS

1.1 Evolution of the epidemic

Nigeria's population of 140 million is the largest in Africa with 1 in 6 Africans being Nigerian. As the world's sixth largest oil producing country, paradoxically the bulk of her population is poor. It is estimated that about 75 million Nigerians live on less than one dollar a day. The infant mortality rate is about 198/1000 births with preventable diseases like malaria, acute diarrhoea and typhoid accounting for 70% of child mortality and space morbidity.

The first case of HIV was discovered in 1986 and the prevalence rate has been increasing from 1.8 % in 1991 to 5.8 in 2001 but declined to 4.4% in 2005. Yet it remains the highest in the West African sub-region. The prevalence exhibits state-wide disparity of between 1.6% in Ekiti (in the west) and 10% in Benue State in the middle-belt². While the current infection rate is lower than for some other African countries, in the context of Nigeria's high population it gives cause for concern. With 2.861 million people living with HIV (PLWHA) in 2005, Nigeria is assessed by UNAIDS³ to have the second highest burden of HIV and AIDS in the world after South Africa.

Despite relative success in reducing the HIV/AIDS prevalence, there is still a significant risk of further spread and considerable adverse impact on individuals, families, communities and the country. This is because the epidemic has extended beyond high risk groups to the general population with some parts of the country more affected than others. No state or community remains unaffected. The attitude of denial pervading the response in the country, low levels of literacy, conservative mores, poor health seeking behaviour as well as limited access to information and health services are the main factors underlying the spread of HIV and AIDS in Nigeria.

1.2 Structures for Management of the Epidemic

Nigeria's 3 tier system of government comprises Federal, State and Local Governments, each having different responsibility for funding, provision and management of social services for the population, including combating HIV and AIDS. This system of government also applies to the coordination of HIV and AIDS with the National Agency for the Control of AIDS (NACA) coordinating the overall response.

The restoration of democracy in Nigeria in 1999 brought the first sign of a strengthened national response to the growing HIV and AIDS epidemic. In early 2000 the President formed the National Action Committee on AIDS (NACA) which emphasized a multisectoral approach to AIDS. This is replicated at the State level by SACAs (State

² Federal Ministry of Health, Nigeria, 2006.

³ UNAIDS (2007). AIDS Epidemic Update, 2007, UNAIDS, Geneva Switzerland

Action Committee on AIDS) located in the office of the Governor, while LACAs (Local Action Committee on AIDS) coordinate responses at the local government level.

1.3 Plan for Management of the epidemic

In line with the national priority placed on strengthening the capacity for managing and reversing the spread of HIV and AIDS in Nigeria as articulated in the National poverty reduction strategy NEEDS I, and its successors, NEEDS II (draft) and the 7 point agenda,(draft) the UNDAF I and II seek to contribute to the national efforts in this area. Similarly, the UN system has increasingly worked on pooling its efforts to jointly contribution to the national strategy for managing the epidemic. This project is aligned with this national priority and with the UN system efforts.

To guide the national response to HIV and AIDS and in line with the 'Three Ones' principle, the HIV and AIDS National Strategic Framework for Action 2005-2009 (NSF) was developed by Government of Nigeria in 2005. The NSF's eight objectives can be summarized into six key areas: programme implementation; behaviour change through social mobilization; increased gender-sensitivity in prevention, care, treatment and support services as well as in impact mitigation; monitoring and evaluation; acquisition of new HIV/AIDS technologies and creating an enabling social, legal and policy environment. While the States have developed their Strategic Plans from the NSF, the local governments are expected to derive their workplans from the State strategic plans.

Starting in 2006, in consonance with national and state equivalents, both the National Economic Empowerment and Development Strategy and its State version, (NEEDS and SEEDS) some Local Governments Authorities (LGAs) have articulated with donor support (including from UNDP), their poverty reduction strategies- the Local Economic Empowerment and Development Strategies (LEEDS). HIV and AIDS has been identified as a priority area. In addition, some LGAs which are yet to develop their LEEDS have demonstrated strong political will to combat HIV and AIDS as demonstrated by the setting up of LACAs and development of annual work plans to address HIV and AIDS.

1.4 CAPACITY CONSTRAINTS

Despite concerted efforts at halting and reversing the spread of HIV and AIDS in Nigeria, major challenges still exist in technical, socioeconomic and cultural areas.

1.4.1 Technical and Institutional constraints

Technical constraints include the existence of capacity gaps for effective planning, budgeting, coordination and delivery of the HIV/AIDS response as well as monitoring and evaluation, critical for halting and reversing the spread of HIV and AIDS. These capacity gaps occur at both LGA and State level as well as within SACAs and LACAs. The pervasive weakness of local governments and their lack of capacity is recognized as a major impediment to social and economic development in Nigeria.

Planning and budgeting follows guidelines issued by the State Department responsible for Local Government. However, inadequate capacity for planning and budgeting at

the LGA level, a paucity of policies and procedures that identify clear goals and allocate and monitor expenditure so as to achieve agreed goals often results in a disconnect between plans and budgets. Budgets are also unrealistic and not effectively implemented.

Given the size of Nigeria's public sector as well as diverse stakeholder groups there are major institutional challenges in programme coordination, harmonization of plans and inter governmental relationships. A further challenge arises from the paucity of institutional capacity of the AIDS coordinating agencies at all levels to manage the vast array of stakeholders.

Capacity constraints at the local level also arise from systemic constraints, including weak management information systems and poor monitoring and evaluation of programmes. Another bottleneck is caused by inadequacy of strategic information that will permit effective utilization of data. The Nigeria National Response Information Management System (NNRIMS) needs to be strengthened at National and state levels for more effective planning and service delivery.

In addition, there are staff shortages; irregular capacity upgrading; shortages of equipment and reagents; lack of basic communication gadgets; paucity of logistics support and unstable electricity supply.

At the level of civil society there are also capacity constraints. The low level of participation of local communities and actors such as NGOs and CBOs in planning and budgeting at the local level contributes to a general mistrust and lack of confidence in LGA officials and their plans. Furthermore, as documented by UNDP (2007)⁴, many of the CSO partners are far more deficient in human resources than the public institutions. Some of the capacity constraints include weak technical and institutional capacity for planning and budgeting as well as coordination, implementation, monitoring and evaluation. CBOs are also understaffed and lack flexibility and responsiveness to local needs as well as funds for effective programme implementation.

1.4.2 Socio-economic constraints:

The relationship between poverty and HIV and AIDS is dialectical, given that both poverty and HIV and AIDS can impoverish people in such ways as to intensify the epidemic. Poverty leads to poor nutrition which weakens the immune system making poor people susceptible to infections such as TB and HIV and AIDS. In addition people infected with HIV and AIDS fall into poverty due to lack of work and high cost of treatment. The search for work disrupts traditional social constraints on and control of social behaviour. The need to generate income for survival places population in situations that increase their vulnerability to HIV infection (migration, commercial sex work, early marriage, people trafficking etc.). Furthermore, as a result of the low status of women, many young women engage in transactional sex resulting in increased risk of contracting and/or transmitting HIV.

⁴ UNDP (2007), Consolidated Report on Capacity Assessment of Stakeholders involved in the Implementation and Mangement of Global Funds for HIV and AIDS, Tuberculosis and Malaria, Nigeria: UNDP.

With an estimated 70% of Nigerians living below the poverty line, access to HIV and AIDS services becomes a challenge for the majority of the infected and affected populations. Reducing poor people's vulnerability to HIV infection and increasing access to basic service for those infected is a key challenge that the country is facing.

1.4.3 Cultural constraints:

Key constraints arise from the large size of Nigeria with her enormous population and complexity of ethnic, linguistic, cultural, religious and regional political groupings and pose major challenges for HIV and AIDS programmes.

Diverse traditional and religious practices are rooted in the Nigerian culture and increase the risk of transmission of HIV and AIDS. They include polygamy and the practice of wife inheritance where surviving brothers marry wives of their deceased brothers. The practice of female genital mutilation is also a likely contributing factor to the spread of HIV and AIDS among females.

Stigma and discrimination against PLWHA are common place in Nigeria. Both Christians and Muslims attribute HIV infection to immoral behaviour, therefore affecting attitudes towards PLHIV. People Living with HIV often loose their jobs or are denied health care services because of ignorance and fear about HIV and AIDS.

1.5 Ongoing Programmes and Complementary Activities

UNDP developed its Sixth Country Programme in 2002 to build institutional capacity at national and State levels to plan, implement and manage multi-sectoral strategies. The Programme runs from 2003-2007 with a bridging year 2008 to the 7th Country Programme. Some of the outcomes of Sixth Country Programme that are complementary to the proposed project include the following:

- Mainstreaming HIV and AIDS into SEEDS, LEEDS and sectoral plans of line Ministries.
- Leadership development to build leadership capacity for innovative response to HIV and AIDS.
- Community capacity enhancement to address underlying causes of HIV and AIDS at the community level.
- Advocacy and sensitisation on HIV and AIDS for States' and local governments' officials.

In addition, under the Poverty programme, UNDP is building the capacity of local government authorities to plan, budget and monitor and evaluate programmes at the local level. Furthermore, the capacity of states and local governments is being built for preparation of State and local government poverty reduction strategies (SEEDS and LEEDS). The capacity for monitoring is also being strengthened through support for production of MDG Reports and strengthening statistical data collection and maintenance.

The project will therefore build and deepen this ongoing assistance.

Although the project will start in 2008, given its coherence with the 7th CP objectives and the related UNDAF, it can be integrated into a joint programme under the 7th Country Programme when it is developed. The project intervention areas are however governed by the 6th Country Programme.

1.6 Links with National Development Strategies and UNDP Supported Country Programmes

The overall goal of the policy thrust of NEEDS with respect to HIV and AIDS is to control the spread of HIV and AIDS in Nigeria, provide equitable care and support for those infected with HIV and AIDS and mitigate its impact to the point where it is no longer a public health, social, or economic concern.

UNDP's ongoing interventions under the 6th Country Programme are in line with the National Strategic Framework on HIV and AIDS and NEEDS.

Outcome 1 of the 6th Country Programme relates to [Link to undaf and cpd Objective 1 of the NSF](#): To increase programme implementation by 50% from 2005-2009 through improved coordination mechanisms and effective mobilisation and utilisation of resources;

Outcome 2, is linked to objective 2 of the NSF which aims to ensure that 95% of the general population makes the appropriate behaviour change through social mobilization and greater access to information by 2009.

Outcome 3 relates to objective 4 of the NSF which is to increase the gender sensitive non-health sectoral response for the mitigation of the impact of HIV and AIDS by 50%.

Section 2

2.0 Project Strategy and Components

Strengthening institutional and technical capacity, reinforcing coordination systems and mechanisms are critical for improved skills, competencies and coordination. This will lead to enhanced planning, budgeting and service delivery, necessary for mitigating the spread of HIV and AIDS at the State and LGA levels.

2.1 Project target area and beneficiaries

The Project will be piloted in eight LGAs in two states, Sokoto and Cross-River States. The pilot LGAs will be selected on basis of transparent criteria specified below.

The direct beneficiaries are SACAS and LACAS and Civil Society Organizations (CSOs, CBOs, FBOs and association of PLHIV) involved in implementing and monitoring and evaluating programmes to strengthen the management of HIV/AIDS.

Indirect beneficiaries include such key stakeholders as local communities, especially the poor and marginalized groups like women, youth and persons living with HIV/AIDS, Community and Faith Based organizations

The estimated population of these LGAs is expected to be in the range of about 1,000,000, including smaller target groups of at-risk populations and PLWHA.

2.2 Expected Outcomes of the Project

The expected outcome of the project is as follows: Improved institutional and technical capacity of 8 selected LGAs in each of the 2 participating States to plan, budget and deliver critical services to combat the spread of HIV/AIDS while staying within global good practice on costs and factoring-in sustainable financial and technical support from domestic sources and development partners.

To the extent that these objectives are achieved, LGAs will be better placed to design, plan, budget, coordinate, implement and monitor HIV and AIDS responsive policies and programmes to combat the spread of HIV and AIDS, while the CSOs and service delivery centres will be better equipped to provide services.

The outputs are expected in two main clusters:

Planning, budgeting and coordination for implementation

1. State and LGA officials trained on participatory preparation of SEEDS and LEEDS and on mainstreaming of HIV and AIDS into their SEEDS and LEEDS
2. SACAs and LGAs trained to develop strategic plans on HIV and AIDS with results based, costed and budgeted roadmap for universal access to prevention, treatment and care
3. Systems, structures and tools developed to facilitate effective planning, coordination and monitoring of HIV/AIDS programmes in ~SACAs and LACAs and equipment to facilitate coordination, monitoring and logistics provided/upgraded
4. Selected CSOs trained to deliver basic prevention, treatment, care and support services and to implement key elements of the LGA annual plan on HIV and AIDS in collaboration with SACAs

Delivery of services to at-risk populations and PLHIV

1. Selected HIV related service delivery centres (SDCS) and institutions (HIV counselling and testing centers and faith based institutions and clinics) trained and equipped to provide adequate HIV prevention, treatment, care and support services to the targeted population in the selected LGAS
2. Delivery centers and CSOs trained to provide basic care and support services to people living with HIV and AIDS, youth, orphans and vulnerable children

and Most at risk persons (MARPS) disabled and physically challenged individuals, commercial sex workers and refugee populations, prisoners, etc.).⁵

2.3. Project Strategy:

The programme will use three main entry points for institution and capacity building, namely the Local level, the community level and the State level.

The primary entry point will be to work at the local government level given the primacy of local governance in enhancing the management of HIV and AIDS. It recognizes that for the management of HIV and AIDS activities to be sustainably achieved, it is important to strengthen local government institutions and enhance their responsiveness to people's needs. The institutional strategy builds on existing institutions and their organizational capacities to improve and sustain responsiveness and accountability at the local level given that local governments traditionally have a statutory mandate to provide services. They are close to the people and hence can effectively alter human development conditions within their jurisdictions. In addition, local governments have an inclusive geographic constituency a potentially better ability to integrate investment planning and budgeting, and political authority over frontline service delivery staff.

Furthermore, the programme focuses on CBOs, civil society and private sector organizations given their role and comparative advantage of operating at the local level and their ability to scale up outreach.

The project also focuses on States given their supervisory powers over LGAs, particularly in respect of local planning, decision making and accountability processes.

In short, State Governments, LGAs, local communities, civil society and private sector organizations will be linked through their respective roles to improve coordination, synergy and efficiency of processes at the local level aimed at enhancing the management of HIV and AIDS. The strategy here is to enhance cooperation between local actors. At the same time, as in the case of the Local Governance project, attention will be paid to breaking down prevalent mutual mistrust between communities and local governments as well as reinforce horizontal accountability and the vertical relation between local communities and LGAs and between LGAs and States.

As such, the project will provide the necessary technical and financial assistance to 1) strengthen the institutional capacity at all levels and 2) build the capacity of staff and members of CSOs/CBOS that are critical in the chain of HIV services delivery to the most decentralized level.

2.4 Project Activities

The project activities will focus on the following:

⁵ Basic care and support services include: behavioral change programmes (using community capacity enhancement programme and leadership development programme), utilization of ARV treatment centres, adherence to AIDS treatment, provision of home-based care, provision of community care and support

Assisting the selected states to prepare or complete their SEEDS, LEEDS (with HIV and AIDS mainstreamed), HIV and AIDS Strategic Plan and Local Government annual work plans on HIV.

Given that most LACAs and CSOs have weak institutional and technical capacity, the project will provide institutional strengthening to the SACAs, LACAs and CSOs.

A strong component of this intervention will include capacity building which encompasses the development of human resource capacity to efficiently understand and perform their respective institutional roles and strengthen the systems necessary for delivery of the required services to the target population.

This project will work with other agencies to promote, advocate and facilitate (through technical assistance) the establishment of robust links between tertiary, secondary and primary service delivery systems to ensure that people at the lowest decentralized level have access (geographic and financial) to comprehensive HIV and AIDS prevention, treatment, care and support services.

The States and LGAs would be selected using the following proposed criteria:

- ◆ Identification of HIV and AIDS as a priority in the SEEDS/LEEDS.
- ◆ Demonstrated commitment of the LGA evidenced by budgetary provisions for HIV and AIDS; and existence of an effective and dynamic LACA as reflected in their attention to HIV and AIDS activities in the minutes of their meetings.
- ◆ Indicators of extensive Poverty as reflected in the absence of basic amenities like schools, hospitals and potable water supply.
- ◆ Availability of functional CSOs/CBOs based on their involvement in HIV and AIDS activities with LACA.
- ◆ UNDP 6th partner state for the period 2003-2008

3.0 MANAGEMENT ARRANGEMENTS

3.1 Execution Modality

The project will be executed by using the National Execution (NEX) modality and respecting the NEX guidelines.

UNDP will also use local partners to implement some of the programme components when necessary and as required. States and LGAs, in particular, will play important roles in the development and application of systems and procedures being developed.

Management Arrangements

A state focal person at the level of the implementation body, the SACA, will be responsible for programme coordination and implementation. Terms of Reference for the State focal person are in Annex 2.

3.2 PROJECT MANAGEMENT ARRANGEMENTS

3.3 Project Management Committee

A Project Management Committee (PMC) will be established. The Project Management Committee is the group responsible for making by consensus management decisions for a project when guidance is required by the State focal person, approval of project plans and revisions. In order to ensure UNDP's ultimate accountability, the Project Management Committee decisions should be made in accordance to standards⁶ that shall ensure best value for money, fairness, integrity, transparency and effective international competition. In case a consensus cannot be reached, final decision shall rest with the UNDP Programme Manager. The Programme Manager will be the UNDP Resident Representative or his/her designate. Project reviews by this group are made at designated decision points during the running of a project, or as necessary when raised by the Programme Manager. This group is consulted by the State focal persons for decisions when Project tolerances (normally in terms of time and budget) have been exceeded.

Based on the approved Annual Work Plan (AWP), the Project Management Committee will meet quarterly and may review and approve project quarterly plans when required and authorize any major deviation from these agreed quarterly plans. It is the authority that signs off the completion of each quarterly plan as well as authorizes the start of the next quarterly plan. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the project and external bodies. In addition, it approves the appointment and responsibilities of the focal person.

3.4 Composition and organization: This group contains three roles, including:

- 1) An Executive: individual representing the project ownership to chair the group. In the case of this project, this will be the Resident Representative of UNDP and/or his representative and a representative of the National Planning Commission.
- 2) Senior Supplier: individual or group representing the interests of the parties concerned which provide funding and/or technical expertise to the project. The Senior Supplier's primary function within the Committee is to provide

⁶ UNDP Financial Rules and Regulations: Chapter E, Regulation 16.05: a) The administration by executing entities or, under the harmonized operational modalities, implementing partners, of resources obtained from or through UNDP shall be carried out under their respective financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. b) Where the financial governance of an executing entity or, under the harmonized operational modalities, implementing partner, does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition that of UNDP shall apply.

guidance regarding the technical feasibility of the project. In this instance the Senior Suppliers will include the representatives of UNDP

- 3) Senior Beneficiary: individual or group of individuals representing the interests of those who will ultimately benefit from the project. The Senior Beneficiary's primary function within the Committee is to ensure the realization of project results from the perspective of project beneficiaries. In this instance the Senior Beneficiary will be a representative of the State Planning Commissions and the State and Local Action Committees on AIDS.

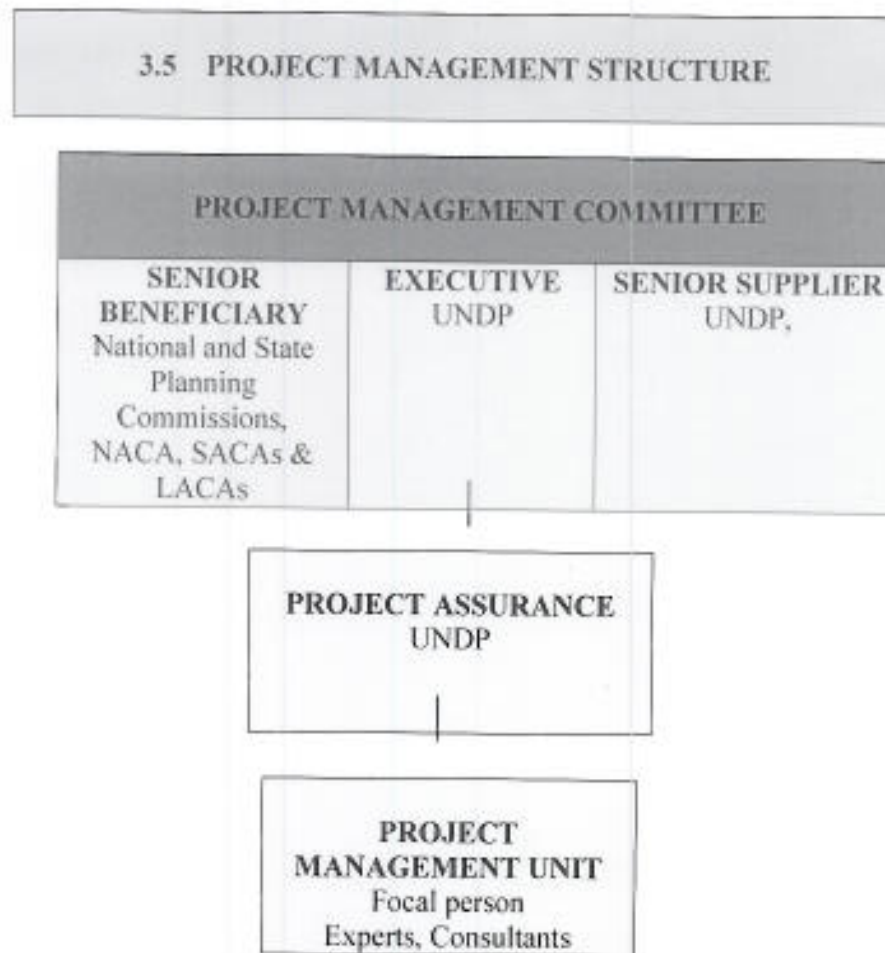
Specific Responsibilities:

During the period of implementation of the project, the Project Management Committee will;

- Provide overall guidance and direction to the project, ensuring it remains within any specified constraints;
- Address project issues as raised by the Focal person(s);
- Provide guidance and agree on possible counter measures /management actions to address specific risks;
- Agree on Project tolerances in the Annual Work Plan and quarterly plans when required;
- Conduct regular meetings to review the Project Quarterly Progress Report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans.
- Review Combined Delivery Reports (CDR) prior to certification by the Implementing Partner;
- Appraise the Project Annual Review Report, make recommendations for the next AWP, and inform the Outcome Committee about the results of the review.
- Review and approve end project report, make recommendations for follow-on actions;
- Assess and decide on project changes through revisions;

At the time of project closure, the Project Management Committee will;

- Assure that all project deliverables have been produced satisfactorily;
- Review and approve the Final Project Review Report, including Lessons-learned;
- Make recommendations for follow-on actions to be submitted to the Project Management Committee;
- Commission project evaluation (only when required by partnership agreement)
- Notify operational completion of the project.



3.6 Project Executive

The Project Executive is ultimately responsible for the project, supported by the Senior Beneficiary and Senior Supplier. The Executive's role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes. The Executive has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of beneficiary and supplier.

Specific Responsibilities *(as part of the above responsibilities for the Project Management Committee);*

- Ensure that there is a coherent project organisation structure and logical set of plans;
- Monitor and control the progress of the project at a strategic level;
- Ensure that risks are being tracked and mitigated as effectively as possible;
- Brief Project Management Committee and relevant stakeholders about project progress;

- Organise and chair Project Management Committee meetings;

The Executive is responsible for overall assurance of the project as described below. If the project warrants it, the Project Executive may delegate some responsibility for the project assurance functions. In the case of the project, the Assurance role is to be carried out by the United Nations Development Programme.

3.6.1 Senior Beneficiary

The Senior Beneficiary is responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets. The Senior Beneficiary role monitors progress against targets and quality criteria. This role may require more than one person to cover all the beneficiary interests. For the sake of effectiveness the role should not be split between too many people. The Senior Beneficiary will be National and State Planning Commissions and the National Aids Control Agency (NACA) relevant SACAs and LACAS. All beneficiaries on the Project Management Committee will be represented by nominees of their institutions.

Specific Responsibilities *(as part of the above responsibilities for the Project Management Committee);*

- Ensure the expected output(s) and related activities of the project are well defined;
- Make sure that progress towards the outputs required by the beneficiaries remains consistent from the beneficiaries perspective;
- Promote and maintain focus on the expected project output(s);
- Prioritise and contribute beneficiaries' opinions on Project Management Committee decisions on whether to implement recommendations on proposed changes;
- Resolve priority conflicts.

The Senior Beneficiary Assurance responsibilities are to check that;

- Specification of the Beneficiaries' needs is accurate, complete and unambiguous;
- Implementation of activities at all stages is monitored to ensure that they will meet the beneficiary's needs and are progressing towards that target;
- Impact of potential changes is evaluated from the beneficiaries point of view;
- Risks to the beneficiaries are frequently monitored.

3.6.2 Senior Supplier

The Senior Supplier represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing). The Senior Supplier's primary function within the Project Management Committee is to provide guidance regarding the technical feasibility of

the project. The Senior Supplier's role must have the authority to commit or acquire supplier resources required. The Senior Supplier will be represented on the Project Management Committee by UNDP.

Specific Responsibilities *(as part of the above responsibilities for the Project Management Committee):*

- Make sure that progress towards the outputs remains consistent from the Supplier's perspective;
- Promote and maintain focus on the expected project output (s) from the point of view of Supplier's management;
- Ensure that the Supplier resources required for the project are made available;
- Contribute Supplier's opinions on Project Management Committee decisions on whether to implement recommendations on proposed changes;
- Arbitrate on, and ensure resolution of, any supplier priority or resource conflicts.

The Supplier Assurance role responsibilities are to;

- Advise on the selection of strategy, design and methods to carry out project activities;
- Ensure that any standards defined for the project are met and used to good effect;
- Monitor potential changes and their impact on the quality of deliverables from supplier's perspective;
- Monitor any risks in the implementation aspects of the project.

3.6.3 Project Assurance

Overall responsibility: Project Assurance is the responsibility of each Project Management Committee member; however the role is delegated to UNDP. The Project Assurance role supports the Project Management Committee by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed.

Project Assurance has to be independent of the Project focal person(s); therefore the Project Management Committee cannot delegate any of its assurance responsibilities to the Project Focal person. A UNDP Programme Officer typically holds the Project Assurance role.

The implementation of the assurance responsibilities needs to answer the question "What is to be assured?". The following list includes the key suggested aspects that need to be checked by the Project Assurance throughout the project as part of ensuring that it remains relevant, follows the approved plans and continues to meet the planned targets with quality.

- Maintenance of thorough liaison throughout the project between the members of the Project Management Committee.
- Beneficiary needs and expectations are being met or managed.
- Risks are being controlled.

- Adherence to the Project Justification (Business Case).
- Projects fit with the overall Country Programme.
- The right people are being involved.
- An acceptable solution is being developed.
- The project remains viable.
- The scope of the project is not “creeping upwards” unnoticed.
- Internal and external communications are working.
- Applicable UNDP rules and regulations are being observed.
- Any legislative constraints are being observed.
- Adherence to Results Management Guide (RMG) monitoring and reporting requirements and standards.
- Quality management procedures are properly followed.
- Project Management Committee’s decisions are followed and revisions are managed in line with the required procedures.

In addition, the project assurance role also includes;

- Ensuring that funds are made available to the project;
- Ensuring that risks and issues are properly managed, and that the logs in Atlas are regularly updated;
- Ensuring that critical project information is monitored and updated in Atlas, using the Activity Quality log in particular;
- Ensuring that Project Quarterly Progress Reports are prepared and submitted on time, and according to standards in terms of format and content quality;
- Ensure that project financial information is prepared and submitted to the Project Management Committee ;
- Perform oversight activities, such as periodic monitoring visits and “spot checks”.

3.6.4 Project Focal Persons

Overall responsibilities: The Project will be overseen by a Project Focal person who has the authority to run the project on a day-to-day basis on behalf of the Project Management Committee within the constraints laid down by it. The Project Focal person is responsible for day-to-day management and decision-making for the project. The Project Focal Person’s prime responsibility is to ensure that the project produces the results specified in the project document, to the required standard of quality and within the specified constraints of time and cost.

The Implementing Partner, State Planning Commission appoints the Project Focal Person, who shall be different from the Implementing Partner’s representative on the Project Management Committee.

Specific Responsibilities include:

Overall project management:

- Manage the realization of project outputs through activities;
- Provide direction and guidance to project team(s)/ responsible party(ies);

- Liaise with the Project Management Committee or its appointed Project Assurance roles to assure the overall direction and integrity of the project;
- Identify and obtain any support and advice required for the management, planning and control of the project;
- Responsible for project administration;
- Liaise with any suppliers;

During the running of the project the project manager will:

- Plan the activities of the project and monitor progress against the initial quality criteria.
- Mobilize goods and services to initiative activities, including drafting TORs and work specifications;
- Monitor events as determined in the Monitoring & Communication Plan, and update the plan as required;
- Manage requests for the provision of financial resources by UNDP;
- Monitor financial resources and accounting to ensure accuracy and reliability of financial reports;
- Manage and monitor the project risks as initially identified in the Project Brief appraised by the LPAC, submit new risks to the Project Management Committee for consideration and decision on possible actions if required; update the status of these risks by maintaining the Project Risks Log;
- Be responsible for managing issues and requests for change by maintaining an Issues Log.
- Prepare the Project Quarterly Progress Report (progress against planned activities, update on Risks and Issues, expenditures) and submit the report to the Project Management Committee and Project Assurance;
- Prepare the required Project Reports, including the Annual Review Report, and submit them to the Project Management Committee;
- Based on the review, prepare the Annual Work Plan for the following year, as well as Quarterly Plans if required.

At project closure the Project manager is required to:

- Prepare Final Project Review Reports to be submitted to the Project Management Committee ;
- Identify follow-on actions and submit them for consideration to the Project Management Committee;
- Manage the transfer of project deliverables, documents, files, equipment and materials to national beneficiaries;
- Prepare financial reports for signature by UNDP.

3.6.5 Project Support

Overall responsibilities: The project support role provides project administration, management and technical support to the Project Focal person as required by his/her needs.

The Project Management Unit will be headed by a Project Focal person whose overall responsibility will be to manage the project throughout the management stages.

The Project Focal person takes direction from the Project Management Committee and is responsible to manage the processes, planning and delivery of the products for the project, on-time, within the budget, meeting specialist/technical and quality criteria agreed with the Project Management Board.

Specific responsibilities: Some specific tasks include;

Provision of technical support services:

- Provide technical advice.
- Review technical reports.
- Monitor technical activities carried out by responsible parties.

Provision of administrative services:

- Set up and maintain project files.
- Collect project related information data.
- Update plans.
- Administer the quality review process.

Project documentation management:

- Administer project revision control.
- Establish document control procedures.
- Compile copy and distribute all project reports.

Financial Management, Monitoring and reporting

- Assist in the financial management tasks under the responsibility of the Project Focal person
- Provide support for monitoring and reporting.

3.6.6 Communication Plan

The key stakeholders of the project include:

- NPC and State Planning Commissions
- NACA
- SACAs
- Other key stakeholders
- UNDP CO

The following Project Communication Plan defines communications to these stakeholders.

Stakeholder group	Information required	Information provider	Frequency	Method
Project Management Committee	Work Plan	Project Focal person	Quarterly – one week prior to the Project Management Board's	Email

			meeting	
Project Assurance	Monthly updates	Project Focal person	Monthly	Email
Project Executive	Quarterly update on implementation plans	Project Focal person	Quarterly	Email

3.6.7 Project Monitoring

Project monitoring and evaluation will be conducted in accordance with established UNDP procedures and will be provided by the UNDP Country Office and office of the Project Focal person and appropriate civil society organizations. In cases where other UN agencies and partners are active in the State of intervention, there will joint monitoring in line with the principles of coherence in monitoring UN interventions. The reporting on the achievements will be integrated into the overall UN reporting on the response to management of the HIV and AIDS epidemic and in line with the National Monitoring and Evaluation framework. Monitoring will be based on the objectives, results and activities presented in the results and resources framework and work plan A baseline will be established at the start of the project, facilitating updating of success indicators in the results framework. M&E will track progress against the results framework and work plan. It will also comprise quarterly and annual progress reports and the sharing of lessons learned and experiences. Regular documentation on specific issues, for example, the strategy, systems and procedures will be elaborated by the office of the project focal person and disseminated to relevant stakeholders.

Quarterly meetings will be held monitor implementation as well as review annual and quarterly work plans and assess progress towards the achievement of programme outcomes and outputs.

A mid-term review will be carried out at the end of the first year to analyse the design, especially focusing on the appropriateness and the effectiveness of the project approach the function of the management of the project and chances of institutionalization of the process in the pilot areas as well as the possibility of expansion in other States. The project will also be subject to an end of project evaluation during its last year of implementation. The final evaluation will focus on similar issues as the mid-term review but will also look at the potential impact, sustainability of results and lessons learned.

3.7 RISKS LOG

There are several risks associated with the project, which risks are outlined below.

Risk	Impact Rating	Likelihood Rating	Mitigation Strategy
Further declining capacity for planning and budgeting due to turn over of staff	Critical	Likely	<p>Close monitoring of programme implementation to ensure that it does not disrupt implementation</p> <p>Continued dialogue with stakeholders at all levels to ensure minimization of staff changes</p>
Inability to identify appropriate CSOs for delivery of basic prevention, treatment, care and support services to PLHIV (women, men, youth, children and most at risk populations, etc.)	Severe	Likely	<p>Project will draw on the CBO study carried out by the country office and other donors</p> <p>It will continue to dialogue with stakeholders especially at the state level to ensure identification of CSOs</p> <p>Draw from guidelines developed under the Local Governance project for screening participating CSOs and CBOs.</p>
Weak LGA capacity to implement programme	Moderate	Very Likely	<p>States including SACAs and LGA work together to recruit and deploy required staff</p> <p>Project will provide technical assistance to strengthen LGAs and develop critical LGA and LACA capacities</p>
Diversion of services to urban centers	Moderate	Likely	<p>Ensure continuous dialogue with States to avoid this.</p> <p>Ensure that there is a strong public information campaign so that the communities are aware of the project goals and strategies and will continuously demand for the services in the project designated areas.</p>

Part III. Results Framework – minimum one page, using attached format

See Excel Document

Part IV. Legal Context

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement (SBAA) between the Federal Republic of Nigeria and the United Nations Development Programme. The Implementing Agency

shall for the purpose of the SBAA refer to the government cooperating agency described in that agreement.

The following types of revisions may be made to this project document (including the budget) with the signature of the UNDP Resident Representative only, provided he or she is assured that the other signatories to the project document have no objections to the proposed changes:

- (a) Revision of, or addition to, any of the annexes to the project document;
- (b) Revisions which do not involve significant changes in the immediate objectives, outputs or activities of the project, but are caused by the rearrangement of inputs already agreed to, or by cost increases due to inflation;
- (c) Mandatory annual budgetary revisions, which re-phase the delivery of agreed project inputs, or reflect increased expert or other costs due to inflation, or take into account agency expenditure flexibility; and
- (d) Inclusion of additional annexes and attachments only as set out here in this project document.

Annex I - Results and Resources Framework

See attached excel document

Annex II