

Annual Work Plan 2015 Cover Page

Country: Nigeria

Narrative Summary

Programme Title: Governance and Peace Building

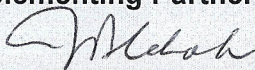
UNDAF Outcome: By 2017, HIV transmission reduced in all key populations (particularly women, children and young people), MTCT eliminated, condition of people living with HIV improved, through the implementation of effective innovative HIV prevention and mitigation policies, strategies, strong multi-sectoral partnerships and coordination; and active involvement of stakeholders at all levels.

Output: 2.3.1 National coordination mechanisms and partnerships strengthened to promote an equitable enabling environment for PLHIV implement innovative policies and plans and establish logistic management systems through enhanced leadership capacity

Programme Period:	2014 - 2017
Programme Component:	Intervention Title _____
Budget Code:	_____
Duration:	2015

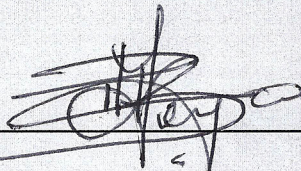
Estimated annualized budget:	
Allocated resources (Total):	
•	Government 60,000
•	Regular 125,000
•	Other:
○	Donor _____
○	Donor _____
○	Donor _____
	Total 185,000
Unfunded budget:	_____

Agreed by Implementing Partner:



Prof. John Idoko, Director General, NACA

Agreed by UNDP:



Pa Lamin Beyai, Country Director

Section 1: Sector Profile Name of MDA/Implementing Partner (Maximum 2 Pages)

Introduction & Background

History and Trends of HIV and AIDS:

HIV was discovered in Nigeria in 1986, and there has been a rise and subsequent fall to the current prevalence of 4.1% (FMOH, 2010). Nigeria, due to its population has the third largest burden of People Living with HIV in the world (FMOH, 2008). Current estimates by the Federal Ministry of Health (FMOH) indicate that 2.98 million people are living with HIV/AIDS with a total AIDS death of 192,000 in 2009. According to UNAIDS estimates, over 10% of People Living with HIV in Sub-Saharan Africa are from Nigeria (UNAIDS, 2010).

Nigeria still has the second largest number of people living with HIV and AIDS in the world, due to the sheer size of the population, and 9% of the world burden of HIV and AIDS infection (UNGASS, 2010). Over 40% of the states in Nigeria have a prevalence of above 5%. There is a high degree of variation in the epidemic patterns across the states ranging from 1.0% to 10%, and a local government with prevalence as high as 22% (UNGASS, 2010). This shows the wide variance in the epidemic trends across different geographical locations. The prevalence is higher in the rural than urban areas.

There are over 300,000 new infections and 860,000 PLHIV requiring treatment. This puts Nigeria as the country with the third highest HIV burden in the world (NACA, UNAIDS and World Bank, 2009). The table below highlights the status in more detail.

HIV/AIDS status 2012	National Median HIV prevalence (ANC) 3.4%
Estimated number of PLHIV	Total: 2.98million
Annual HIV positive birth Total:	56,681
Cumulative AIDS death Total:	2.99 million (male 1.38 M; female 1.61 M)
Annual AIDS Death Total:	192,000 (male 86,178; female 105,822)
Number requiring Antiretroviral Therapy	Total 857,455 (adult 754,375; children 103,080)
New HIV infection	Total: 336,379 (males 149,095; females 187,284)
Total AIDS orphans	2,175,760

Total Population	140.4 million (2006, census0
Land Mass	923,768
Human Development Index	
State GDP (If available)	\$262,6 billion (worldbank,2013)
Health Indices: HIV prevalence, MMR, U5MR, etc	3.4% median HIV prevalence (2012) NDHS
Literacy Rate	53% of women age 15-49 are literate, the level declines with age, and 66% of women age 15-19

	to 36% among women 45-49. LL is higher in urban than in rural areas. Men are likely to be more literate than women (75% versus 53%)
Other relevant data (with focus on development challenge)	Exposure to media, employment etc

HIV Epidemiological Estimates Source (FMOH, 2010) (UNAIDS, 2010)

HIV Dynamics:

The Key determinants of the HIV and AIDS epidemic are multiple concurrent sexual practices between infected and uninfected persons, low risk perception, heterosexual sex between general population and bridge population and economic inequality (FMOH, 2007).

Sexual transmission contributes to over 80% of new infections, vertical transmission 10%, and about 10 % is through unsafe blood and blood products 9% by unsafe Injecting Drug use, and 1% by unsafe medical blood transfusion (Harry, Nasidi, 2005),(NACA, UNAIDS, World Bank 2010). The epidemic is highly concentrated among key populations at risk. These are "populations who are both key to the epidemic and to the response" (UNAIDS, 2008). These populations are female sex workers (FSW), men who have sex with men (MSM), injecting drug users (IDU), and key occupational groups such as long distance drivers (FMOH, 2007). They constitute about 3% of the population and they contribute to 40% of new HIV infections (NACA, UNAIDS, WB, 2009).

From the supply side, there is inequitable distribution of HIV related healthcare services and a low level of uptake in the rural areas. Stigma and discrimination also hinders access services.

HIV and AIDS response in Nigeria:

The response in Nigeria has emerged from a health sector led response to a multisectoral one (NACA, 2009). Though progress has been made in the areas of blood safety, and scaling up of treatment services for adults and children, treatment access gap is still significant as out of the 1.2m HIV positive people who require treatment only about 400,000 have access leaving a gap of about 800,000. (PCR,2013). Also, there is an improvement in blood transfusion services, and increase in the percentage of adults and pregnant women on ART between 2007 and 2010. The indicators also show that knowledge and appropriate prevention methods of HIV are still low, and 13% of children are still born HIV positive.

Again, the legal and human rights context is challenging with the passage of the Same Sex Marriage (Prohibition) bill into law in January 2014.

The HIV epidemic in Nigeria is complex, with substantial heterogeneity in HIV prevalence across different regions and diverse factors that drive the epidemic. Therefore, the development of appropriate HIV prevention strategies and policies at the state level is critical to ensure that the prevention response is appropriate for the local context and to ensure that resources are allocated to interventions that will have the greatest efficiency and impact. To do this it is imperative to match prevention strategies to the local epidemic, considering both the epidemic typology and transmission dynamics and the phase of the epidemic. The mean HIV prevalence is 3.4% (NDHS 2012). This appears okay but given the population of the country this translates to about 3.4m people living with HIV in the country thus making Nigeria the Country *with the second highest burden of the epidemic in the world.*

Networks

The main HIV networks in the state include Civil Society Network on HIV (CiSHAN), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), National Youth Network against HIV/AIDS (NYNETHA), Association of Positive Youths in Nigeria (APYIN), Nigerian Network of Religious Leaders Living with HIV/AIDS (NINERELA) and Association of Women Living With HIV (ASHWAN), National Sex Workers Association (NSWA)

Partners

NACA has many partners supporting her on the National Response. These partners are **World Bank, Global Fund, USAID, PEPFAR, DFID, UNDP, UNAIDS, UNICEF, WHO, Institute of Human Virology, FHI/GHAIN, Society for Family Health, APIN etc**

Key Developmental Challenges in Programme area: *(This section is in two components: What are the key developmental challenges in Nigeria that the sector is addressing and b) Institutional Challenges within the sector to address the above stated)*

Nigeria has adopted the multi sectoral approach to the coordination of the AIDS pandemic with the setting up of the National, State & indeed Local Action Committees on AIDS at the national and subnational levels. However, there were structural and institutional capacity challenges with respect to their ability to develop, plan, coordinate and evaluate integrated human rights and gender responsive HIV and AIDS policies and programmes.

This also has to do with 1. Challenging legal & human rights context especially for key populations; 2. Resource constraints notwithstanding the fact that the structures have been transformed from committees into Agency that has annual appropriation from the government

The project tries to address these structural and institutional capacity challenges mentioned above through the following strategies:

The major outputs included:

- Technical support at the National and States level for the passage of the Anti-Stigma Bill
- Capacity development of CSOs for advocacy and policy influencing on HIV issues such as resourcing & human rights etc
- Support to the integration of gender & Key populations issues into the Nigeria GF Concept Note 2014-2017
- Initiation of the Legal Environment Assessment of the HIV Response to provide evidence for legal and policy reforms

Lessons Learnt from 2014 Implementation *(This section highlights the lessons learnt in programme implementation and partnerships with UNDP and other stakeholders from the implementation of previous AWP)*

Lessons Learnt from 2014 Implementation

- It is important to document key interventions as knowledge products that could be shared and act as reference
- Inclusive and participatory work planning encouraged seamless programme implementation

- Bringing together of relevant Stakeholders from States led to an increase in commitments to the response of AIDS

Emerging programmatic priorities for 2015: *(This should be in bullet point and highlights the 2-5 key results that the Implementing Partner intends to achieve in 2015)*

- HIV and Human Rights with respect to advocacy on the Presidential signing of the Anti Stigma bill; its implementation; finalization of the LEA and integration of Human Rights issues (Key populations etc) into the NSP; and further elaboration of the approved Nigeria GF Concept note into implementable programme for key populations.
- Policy and operational Planning support to UNDP States (Anambra, Kogi & Niger) for ownership of the President's Comprehensive Response Plan
- Addressing the social drivers of the epidemic such as Gender, GBV and HIV

Implementation and Monitoring Arrangements: *(Implementation and Monitoring arrangements should be consistent with agreed programming arrangements. Specifically, major Monitoring and Evaluation activities to be carried out in the year, including RBM capacity building, communication, reporting and HACT implementation)*

The following are the monitoring arrangements:

1. Monthly reporting to UNDP on programme delivery and implementation
2. UNDP bi-annual Programme Reviews
3. Annual Monitoring of the UNDP Supported States programme implementation
4. Joint Monitoring Mission and Annual Audit by UNDP and its auditors

Relevant statistics related to your sector from MDG reports, National Bureaux of statistics, internal reports, surveys, should be used as evidence base to substantiate the profile.

NACA implements through the various Departments in the Agency under the Partnership Manager who is the Director, Partnership Coordination and conduct joint monitoring with UNDP

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Monitoring Framework

Agency Results:	Planned Activity	Time Frame				Responsible Party	Budget			Expenditure	Progress Towards Results
		Q 1	Q 2	Q 3	Q 4		Funding Source	Budget Description	Amount (\$)		Status of progress to target contribution to country programme outcome
Agency Result 1: Strengthened capacity of CSOs PLWHIV and Key Population for the passage of anti-stigma Law including its implementation Indicators: - % of Anti Stigma law passed - No of documents translated - LEA validated	Advocacy and follow up to 3 UNDP states on the passage of the Anti-stigma bill and on Ownership & Sustainability of the HIV Response (Anambra, Kogi & Niger)		X			UNDP/N ACA	Non-core	UNDP	5,000		
	Translation of the Anti-Stigma law into 3 major Languages			X		UNDP/N ACA	Non-core	UNDP	10,000		
	Conduct additional stakeholders FGDs/IDIs for the LEA		X			UNDP/N ACA	Non-core	UNDP	8,000		
	-TWG Meetings convened to finalize the LEA								1,000		
	- Legal Environment Assessment Validated & finalized. -LEA Printing Launching as part of WAD 2015				X				20,000		
	Develop, test, approve, print and disseminate user-friendly material to raise awareness on stigma and anti-discrimination; the core protective provisions of the Act		X			UNDP/N ACA	Non-core	UNDP	6,000		

<p>Baseline :-Anti-stigma law passed at national level awaiting signature by the President</p> <p>Target: Presidential signing of Anti-stigma law</p>	and available avenues for redress								
	Engage consultant to develop standard manual for the training of stakeholders(judges, lawyers etc) on the application and implementation of the anti-stigma Act 2014	X			UNDP/N ACA	Core	UNDP	10,000	
	Validate Manual		X					10,000	
	Print Manual							5,000	
<p>Agency Result 2: The National Plan of Action (NPOA) on Gender Based Violence (GBV) and HIV Intersections implemented</p> <p>Indicator: - - % of activities implemented in the OP in line with PCR, -% activities integrated into the new NSP -% gender and key population issues integrated into UNDP supported SSPs</p> <p>Baseline: Limited implementation of strategies on gender related issue</p> <p>Target: NACA, Niger, Anambra, Kogi states each achieve -</p>	TA provided to integrate gender/key populations issues into NSP (2015-2019) and SSPs in three UNDP Supported States (Anambra, Kogi & Niger)	X			UNDP/N ACA	Core	UNDP	5,000	
	Train Health Service providers on Sexual diversity and needs of sex workers, MSMs & IDUs	X			UNDP/A MAC	Core	UNDP	8,000	
	Conduct sensitization workshop for selected NGOs currently not working on KPs issues to encourage them to take up KP Programming*** funding from RSCA expected								
	Support KAP Secretariat Coordinator on IAS 2015****to be funded by the RSCA		X					7,000	

<p>- 90% implementation of planned activities in the OP in line with PCRPs,</p> <p>- 90% implementation of planned activities in integrated into the new NSP</p> <p>- 90% implementation of planned gender and key population issues integrated into UNDP supported SSPs</p>									5,000	
	Support to implementation of the Lagos Municipal Plan on HIV & Key Populations		X			UNDP/I keja Local Govern ment			5,000	
	TA provided to UNDP Supported states on Advocacy and Resource Mobilization for SMT for Operationalizing the PCRPs (Anambra, Niger & Kogi)	X				UNDP/N ACA	Core	UNDP	9,000	
	TA provided to operationalize the approved GF Concept Note into an Implementable Programme for Key Populations		X			UNDP/N ACA		Core	5,000	
	UNDP Annual Co-Sponsor Contribution to UNAIDS Secretariat	X				UNDP/N ACA	Core	UNDP	18,500	
Agency Result 3: National Action Plan on GBV and HIV implemented										
<p>Indicator:</p> <p>- NSP and SSPs in at least one UNDP supported States have GBV/HIV linkages</p> <p>Baseline : GBV & HIV linkages not integrated in NSP and SSPs 2010-2015</p> <p>Target: At least one state's-(Kogi, Niger & Anambra) is able to demonstrate that there is GBV/HIV linkage in their SSP.</p>	TA provided to mainstream Gender Mainstream in the HIV Response		X	X		UNDP/N ACA	Core	UNDP	9,000	
	Implementation of National Plan of Action (NPOA) on GBC and HIV Intersections supported in at least one UNDP State		X	X		UNDP/N ACA/FM WA&SD	Core	UNDP	26,000	
Agency Result 4: National Coordination										
	Support for 2015 WAD & Nat. Conf				X	UNDP	Core	UNDP	5,000	

of the Response Indicator: Number of stakeholders supported by UNDP to participate in the 2015 ICASA Baseline: Limited awareness & ownership of the HIV response Target: 5 stakeholders supported by UNDP to participate in the 2015 ICASA	on AIDS participation for CSOs (NSWA, ASWHAN, NEPWHAN)									
	Procure scanner and laptop for Project Implementation		X			UNDP	Core	UNDP	4,000	
	ICASA 2015 for NACA 2; Municipal Initiative-1, & UNDP 1			X		UNDP/N ACA	Core	UNDP	5,000	
	UN Learning Event 2014				X	UNDP/N ACA	Core	UNDP	1,000	
									\$185,000	

1. The format is based on the UNDG AWP format and its related monitoring tool (currently used as two separate formats) and taken from the UNDP PME Handbook
2. Outputs in column 1 should also give baselines, associated indicators and annual targets
3. All activities including monitoring and evaluation activities to be undertaken during the year towards the stated outputs must be included in the Activities column
4. Actual expenditures against activities completed should be given in the Expenditures column.
5. The last column should be completed using data on annual indicator targets to state progress towards achieving the outputs. Where relevant, comment on factors that facilitated or constrained achievement of results including: whether risks and assumptions as identified in the country programme M&E framework materialized or whether new risks emerged; and internal factors such as timing of inputs and activities, quality of products and services, coordination and other management issues.