

Country: Nigeria

UNDAF Outcome(s)/Indicator(s):

(Link to UNDAF outcome, if no UNDAF, leave blank)

To contribute to the reduction of the incidence and prevalence rates of HIV/AIDS, mitigation of the human and socio-economic impact of HIV/AIDS.

Expected Outcome(s)/Indicator (s):

(CP outcomes linked the SRF/MYFF goal and service line)

Institutional capacity built to plan and implement multi-sectoral strategies at both national and sub-national levels to limit the spread of HIV/AIDS and mitigate its social and economic impact on poor people and women.
Responding to HIV/AIDS:
Service lines 5.1, 5.2 and 5.3

Expected Output(s)/Indicator(s):

(CP outcomes linked to the SRF/MYFF goal and service line)

HIV/AIDS mainstreamed into specific poverty reduction strategies and workplace policies.
HIV/AIDS mainstreamed into sectoral plans and budgets of line ministries/parastatals; Capacity of relevant national institutions to implement HIV/AIDS plans and programmes strengthened; Care and support for PLWHA and PABA enhanced and Advocacy and communication strategies to increase access to information and education for men and women of 15-29 years promoted.
Responding to HIV/AIDS:
Service lines 5.1, 5.2 and 5.3

Implementing partner:

(designated institution/Executing agency)

National Planning Commission (NPC)

Other Partners:

(formerly implementing agencies)

National and States Action Committee on AIDS (NACA/SACA) and Network of People Living with HIV/AIDS (NEPWHAN)

Programme Period: 2003-2007
Programme Component: Responding to HIV/AIDS
Project Title: UNDP Response to Fight HIV/AIDS
Project ID: NIR/03/007/01/99
Project Duration: 5 Years
Management Arrangement: NEX

Government C/S	\$641,800
UNDP TRAC	\$6,548,740
Total budget:	\$7,190,540
Less GMS (7% C/S)	\$44,926
Available Budget	\$7,145,614

Allocated resources	
Committed (TRAC)	\$2,624,308

- Programmable (TRAC) \$3,924,432
- Programmable Gov. (C/S) \$596,874
- **Programmable Resources** \$4,521,306

Approved by (Government):

Prof. C. C. Solomon
National Name and title

[Signature]
Signature

24/5/04
Date

Approved by (UNDP):

Tegegnetwork Gettu
Resident Representative

Name and Title

[Signature]
Signature

24/5/04
Date



Government of Federal Republic of Nigeria

United Nations Development Programme

RESPONSE TO FIGHT HIV/AIDS

BRIEF DESCRIPTION. The country programme will contribute to the national response through the following strategic areas of focus: i. HIV/AIDS mainstreamed into poverty reduction strategies and to reflect HIV/AIDS as development issue in the recent short-term macro-economic framework (National Economic Empowerment and Development Strategy (NEEDS) and State Economic Empowerment and Development Strategy (SEEDS); ii. The capacity of national institutions to implement HIV/AIDS programmes enhanced. iii. Care and support for People living with HIV/AIDS (PLWHA) and People affected by AIDS (PABA) enhanced. iv. Key entities able to advocate, communicate and monitor strategies to address HIV/AIDS.

2003 - 2007

ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Anti-Retroviral
BCC	-	Behaviour Change Communication
CiSCGHAN	-	Civil Society Consultative Group on HIV/AIDS in Nigeria
CSOs	-	Civil Society Organisations
FMOH	-	Federal Ministry of Health
GDP	-	Gross Domestic Product
HEAP	-	HIV/AIDS Emergency Action Plan
HIV	-	Human Immune Deficiency Virus
ICT	-	Information and Communication Technology
IEC	-	Information Education and Communication
IDU	-	Intravenous Drug Use
JAAIDS	-	Journalist Against AIDS
LACA	-	Local Action Committee on AIDS
LGA	-	Local Government Area
MDG	-	Millennium Development Goals
MEDUNSA	-	Medical University, South Africa
M&E	-	Monitoring and Evaluation
MTCT	-	Mother To Child Transmission
NACA	-	National Action Committee on AIDS
NAPEP	-	National Poverty Eradication Programme
NARN	-	Nigerian AIDS Research Network
NASSRA	-	National Assembly Response on HIV/AIDS
NDHS	-	Nigeria Demographic Health Survey
NECA	-	Nigeria Employer's Consultative Association
NEEDS	-	National Economic Empowerment and Development Strategy
NEPWHAN	-	Network of People Living With HIV/AIDS in Nigeria.
NGOs	-	Non-Governmental Organisations
NLC	-	Nigeria Labour Congress
NPF	-	National Partnership Forum
PABA	-	People Affected by AIDS
PCA	-	Presidential Committee on AIDS
PEST(EL)	-	Political, Economic, Social, Technology (Environment, Legal)
PLWHA	-	People Living With HIV/AIDS
SACA	-	State Action Committee on AIDS
SHEAP	-	State HIV/AIDS Emergency Action Plans
SMOH	-	State Ministry of Health
STI	-	Sexually Transmitted Infections
SWOT	-	Strength, Weakness, Opportunity and Threat
TOR	-	Terms of Reference
TUC	-	Trade Union Congress
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNDAF	-	United Nations Development Assistance Framework
UNDP	-	United Nations Development programme
UNICEF	-	United Nations Children's Fund
UNGASS	-	UN General Assembly Session on HIV/AIDS
USAID	-	United States Agency for International Development
WHO	-	World Health Organisation
VCCT	-	Voluntary Confidential Counselling and Testing

SECTION I

Part I. Situation Analysis

Nigeria reflects the serious HIV/AIDS situation in the African region. The country's national prevalence rates have grown steadily from 1.4% in 1991 to 5.8% in 2001 and 5.0 in 2003. The national figure of 5.0% beclouds the regional inequality where thirteen States and FCT had prevalence rates of over 5% and a State experienced prevalence rate as high as 12.0%. In general, Nigeria is at the critical stage of the HIV/AIDS epidemic. The estimated population of people living with HIV/AIDS (PLWHA) in 2002 was 3.47 million. Age specific prevalence rates are estimated at 5.6% in 20-24 years, 5.4% in 25-29 year olds and 5.2% in 15- 19 years in the 2003 sentinel survey. Thus, the youths are at the centre of the epidemic.(See also CCA 2001, www.undgo.org)

The socio-economic impact of the high prevalence rate of HIV/AIDS on Nigerians is of great concern. The decrease in the life expectancy from 53 years in 1990 to 51 years in 2002 is attributed to the consequence of the impact of the scourge. Recent report by the Federal Ministry of Health (Nigeria.FMOH.2002 HIV/AIDS) indicates that Nigeria, with 930,000 AIDS orphans, has the highest number of such cases in the world. This is expected to increase to about 1.97 million children in 2005 and may reach about 5.3 million in 2015 if Nigeria's HIV/AIDS conditions are allowed to follow the high scenario trends. Thus, there will be a tremendous strain on social systems to cope with such a large number of orphans.

The above shows that HIV/AIDS poses a serious challenge to sustainable human development in Nigeria. Government has given priority to stemming the trend of HIV/AIDS in the country and reducing its socio-economic impacts, particularly as it affects the poor. It established the Presidential Committee on AIDS (PCA), which is made up of the members of the Federal Executive Council, with the President chairing. In addition to PCA, the National Action Committee on AIDS (NACA) was set up at national level. NACA is principally charged with the responsibility of advocating the government's proactive multi-sectoral approach to responding to the HIV/AIDS epidemic, and overall coordination of all inputs to HIV/AIDS prevention and control. The bill to transform NACA from a committee into an agency is under consideration in the National Assembly. The corresponding equivalents of NACA at the State and Local Government levels are State Action Committee on AIDS (SACA), and Local Government Action Committee on AIDS (LACA) respectively. These institutions are expected to coordinate the national and sub-national strategies on HIV/AIDS. Furthermore, the legislative arm of the Government established the National Assembly Response to HIV/AIDS (NASSRA), while the National Policy on HIV/AIDS was adopted in 2003. The recently publicised National Economic Empowerment and Development Strategy (NEEDS) of the Government featured HIV/AIDS under the health sector and did not treat it as a development challenge.

The national effort to tackle HIV/AIDS has also resulted in the building of sustainable partnerships among various stakeholders with governments at all levels playing lead roles. They include partnerships with Network of People Living with HIV/AIDS (PLWHA) and People Affected by AIDS (PABA) in Nigeria (NEPWHAN), Civil Society Consultative Group on HIV/AIDS in Nigeria (CiSCGHAN), Faith Based Council on AIDS, Private Sector Council on AIDS, Journalist Against AIDS (JAAIDS), Nigerian AIDS Research Network (NARN) and the Expanded Theme Group on HIV/AIDS for Development Partners are also established.

Despite the above-mentioned national efforts to combat HIV/AIDS, many problem areas remain. The spread of the HIV virus in the country is due to many factors. According to the Federal Ministry of Health (2002), it is estimated that 90-95% of all HIV infections in Nigeria are transmitted through unprotected, heterosexual encounters, and 3 to 10% through Mother to Child Transmission (MTCT), contaminated blood products, use of sharp instruments and Intravenous Drug Use (IDU). These call for serious focus on behavioural change. Because youths are the most vulnerable, they need to be equipped with life skills that will enable them to put knowledge into practice. "Life skills – skills in negotiation, conflict resolution, critical thinking, decision-making and communication are vital for the youths. These skills would help boys and girls learn how to relate to one another as equals, work in groups, build self-esteem, resolve disagreements peace-fully and resist both peer and adult pressure to take unnecessary risks" UNICEF/UNAIDS/WHO, 2002). The driving forces include poverty, ignorance, fear and stigma, lack of treatment options, and cultural factors, particularly those that promote gender inequalities. In particular, the nexus between poverty and HIV/AIDS is very inter-twined. Whilst poverty enhances vulnerability to HIV infection and undermines the capacity of individuals, households and communities to cope with multiple impacts of the scourge, HIV/AIDS in turn aggravates poverty in its various dimensions and at different levels of development.

The Evaluation of UNDP support¹ to the fight against HIV/AIDS recognized the contributions made to the Strengthening of the National AIDS Control Agency (NACA) as well as to the formulation of the National HIV/AIDS Strategic plan. These could serve as inputs for more advocacy and influence policy direction on the fight against HIV/AIDS in Nigeria.

The Sixth Country programme document reflecting the areas of support of UNDP between 2003 and 2007 foresees that the National development results to which UNDP should contribute include: enhanced awareness of the development impact of HIV/AIDS, behavioural change among the high risk population, reduction of the HIV/AIDS prevalence rate, improving coping mechanisms for people living with HIV/AIDS and strengthened coordination among UNAIDS co-sponsors and their partners.

The Direct beneficiaries of the country programme are key national institutions involved in implementing the national strategy for managing and reducing the spread of HIV and AIDS and key elements of the population at high risk of infection particularly the youth, vulnerable groups such as women, orphans, People Living With or Affected by HIV/AIDS (PLWHA/PABA), workers in public sector and private companies, the traditional, religious, political and women leaders. The general population will ultimately benefit from the impact of the interventions on the reduction of the spread of HIV/AIDS.

Part II Strategy

The main target of the National HIV & AIDS policy is to achieve at least a 25% reduction in the adult HIV prevalence every five years. Within the complex framework of national response to the scourge of HIV/AIDS, the UNDP country programme will promote transformative leadership and capacity development to enhance breakthrough initiatives. The development planning process and implementation for HIV/AIDS, advocacy and communication strategies will be utilised to promote deeper understanding of the underlying causes of the epidemic. The aim of UNDP is to focus support through this programme to

¹ ADR 2003, UNDP Evaluation Office

facilitate government's efforts to address the problem of HIV/AIDS. Emphasis will be on building national capacity to plan and implement strategic programmes for the containment of HIV/AIDS, as well as improving youth's capability to put knowledge into practice for positive behaviour change.

HIV/AIDS is indeed devastating Nigerian communities, and poses a real threat to achievement of the UN Millennium Development Goals (MDG) relating to poverty and hunger (MDG1), education (MDG2), gender equality (MDG3), child mortality (MDG4), maternal health (MDG5) and global development partnerships (MDG8) by 2015.

The emphasis on development planning for HIV/AIDS will (a) link States and communities to national policies, (b) address gender inequalities and other root causes, and (c) create cross-sectoral synergies that will reduce maternal and child mortalities, reduce poverty and hunger, increase gender equality, increase primary school enrolment, and help build global partnerships for development. In this regard, the specific line ministries and parastatals responsible for governance and human rights, poverty reduction, energy and environment will be directly supported to mainstream HIV/AIDS issues into their policies and plans so as to feed into decision-making processes.

The strategic areas of focus are:

- ❑ Mainstreaming HIV/AIDS into poverty reduction strategies and reflecting HIV/AIDS as a development priority issue in the recent short-term macro-economic framework (NEEDS/SEEDS). Enhancing the capacity of national institutions to implement HIV/AIDS programmes enhanced.
- ❑ Enhancing care and support for PLWHA and People affected by AIDS (PABA). Strengthening the capacity of key entities to advocate, communicate and monitor strategies to address HIV/AIDS. The country programme is designed to contribute to the national response in the fight against HIV/AIDS with geographical focus at the Federal Level, in 12 States selection based on the HIV sero-prevalence of 2001 and level of service by the other development partners, at community and household levels.

Linkages with UNDAF, UNDP initiatives, other UNDP CO programmes and MDGs:

The following three umbrella thematic areas accorded priority in United Nations Development Assistance Framework (UNDAF), 2002-2007 are:

- ❑ Promoting Good Governance and Human Rights
- ❑ Reducing Poverty
- ❑ Reducing the Incidence of HIV/AIDS, Malaria, TB and other Infectious Diseases

Within the UNDAF, UNDP will be supporting four programmes in its 6th Country Programme. These are (a) Governance and Human Rights, (b) Poverty Reduction, (c) Energy and Environment, and (d) HIV/AIDS. The four programmes fit into the UNDP five development practice areas.

The HIV/AIDS programme will contribute directly to the implementation of the two goals under HIV/AIDS theme of the UNDAF which include: **a)** reduction in the incidence and prevalence rates of HIV/AIDS, malaria and other infectious diseases and **b)** the mitigation of the human and socio-economic impact of HIV/AIDS. The UN Theme Group on HIV/AIDS is the institutional mechanism to foster partnership among the UN Agencies and will be utilised to develop common programmes.

UNDP's role and mandate for providing effective support to countries in their efforts to fulfil the Declaration of Commitment made by member states at the UN General Assembly Session on HIV/AIDS, to *'by 2003 integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation into the mainstream of development planning, including in poverty reduction strategies, national budget allocations and sectoral development plans'* will be achieved through these interventions.

Part III Management Arrangement

Part III Management Arrangements

In line with the United Nations General Assembly resolution 44/211, the Government has adopted National Execution as the major modality for implementing the UNDP-supported Programmes. The 6th CP Programmes shall, therefore, be nationally executed in accordance with the existing UNDP Guidelines on Nationally Executed Programmes as much as is feasible.

The general policies and procedures governing procurement, recruitment and contracting of inputs as set out by the UNDP shall be used for project implementation. The implementing agents will keep UNDP informed of all actions regarding recruitment and utilization of inputs. Where the procurement, recruitment and utilization of inputs involve bulk purchases, complex and/or technically sophisticated issues of a specialized nature, the executing agent may request the assistance of an implementing agent such as a United Nations Agency. Such agents may apply the procedures, rules and conditions of their respective organizations in rendering the assistance.

The National Planning Commission (NPC), which is the government body for co-ordinating donor assistance, shall be the executing agent. It shall have the responsibility, on behalf of government, for overall management of the programme and will be accountable to UNDP. The Programme Committee (PC) shall serve as the apex structure for the management of UNDP supported programmes at national and state levels. It will comprise the Planning Commission, one representative each from coordinating public institutions and civil society Organizations in Governance, Poverty Reduction, Energy and Environment, HIV/AIDS, the Accountant-General and Auditor-General's Offices and the private sector. The PC shall provide policy direction for the programme implementation. As much as possible, direct programme implementation will be sub-contracted to competent public/private sector organizations and proven civil society organizations. The UN specialized agencies will provide technical support to programme implementation at the respective levels required. In line with UNDP's Executive Board decision 98/2 that "all costs associated with the delivery of other resources funded programme at country level are to be fully covered through cost recovery mechanisms, a General Management Service fee of approximately 7% will be charged on non-core resources mobilized in the implementation of this programme.

Part IV. Monitoring and Evaluation

The monitoring of the programme implementation to provide early indications of progress, or lack thereof, will be done regularly by all parties involved in the programme implementation through various mechanisms, including field visits, systematic reporting, quarterly meetings of the Programme Committee and annual review meetings. Reports of field visits, quarterly progress reports, and annual programme performance reports will be produced.

Financial monitoring will be undertaken on a quarterly basis to ensure that disbursements and expenditures for programme activities are carried out in accordance with the rules and procedures for Nationally Executed Programmes (NEX). To support financial monitoring, a yearly in-depth audit to cover both financial and management issues will be carried out for the Programme, using the services of independent audit firms and in close collaboration with and under the guidance of the National Planning Commission and the Federal and State Auditors-General's offices as may be applicable.

Evaluations will be held to assess systematically and objectively the relevance, performance and success of the programme. The Programme will be subject to at least two programme-wide evaluations. A mid-term evaluation will be undertaken two years after the commencement of programme activities. It will assess programme relevance and strategy for the production of expected results in the 4 areas of UNDP thematic interventions. The second comprehensive evaluation will be held at the end of the programme implementation.

The National Planning Commission has the primary responsibility for monitoring and evaluation together with UNDP and other focal institutions and report to the government and the UNDP Executive Board for the overall impact and contribution of the programmes. The monitoring and evaluation plan shall be based on result-oriented monitoring and evaluation in accordance with the UNDP Executive Committee Policy statements on monitoring and evaluations.

Part V Legal Context

This Programme Support Document shall be the instrument referred to as such in Article 1 of the Standard Basic Agreement between the Government of Nigeria and the United Nations Development Programme, signed by the parties on 12 April, 1988. The host country, executing and implementing agencies shall, for the purpose of the Standard Basic Assistance Agreement, refer to the Government cooperating Agency described in that Agreement.

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

Revisions in, or additions to, any of the annexes of the project document;

Revisions which do not involve significant changes in the immediate objectives, outputs or activities of the project, but are caused by the re-arrangement of inputs already agreed to or by cost increases due to inflation; and

Mandatory annual revisions, which re-phase the delivery of agreed, project inputs or increased expert or other costs due to inflation or take into account agency expenditure flexibility.

SECTION II.

RESOURCES AND RESULTS FRAMEWORK

<p>Intended Outcome 1: Institutional capacity built to plan, implement and manage multi-sectoral strategies at both national and sub-national levels to limit the spread of HIV/AIDS and mitigate its social and economic impact on poor people and women.</p> <p>Outcome Indicators</p> <ol style="list-style-type: none"> 1. Number of national, state and sector specific strategic plans with goals and time-bound targets, involving stakeholders at the different levels developed and data available to make strategic decisions enhanced. 2. The role of NACA and SACAs in coordinating the national/state responses clearly defined. 3. Percent of large enterprises/companies that have HIV & AIDS workplace policies and programmes. <p>Baseline:</p> <ol style="list-style-type: none"> 1.a 3-year HIV & AIDS Emergency Action Plan (HEAP) was formulated in 2001. 1.b State specific multi-sectoral HIV/AIDS Emergency Action Plan (SHEAP) formulated in 2001 with support from NACA, UNDP, UNAIDS, World Bank, USAID/Policy Project and Actionaid. 2.a Overlaps in the roles of Federal/State Ministries of Health and NACA/SACA weakening the coordinating mechanism. 3.a Currently, 53% large companies involved in the Presidential Private sector initiative, have HIV & AIDS workplace policy. Source: FMOL, Abuja. UNAIDS 2003. <p>Applicable MYFF Service Line:</p> <ol style="list-style-type: none"> 5.2 Development planning, implementation and HIV/AIDS responses

<p>Partnership Strategy UNDP leads the UN System in the UN Implementation Support Plan (ISP) 2004 to support stakeholder consultations that will enhance the bottom-up approach in national strategic plan formulation and will use this as a platform for working with the UN System in contributing to and advocacy for the achievement of the outcome. UNDP will also work closely with such partners as WHO which is supporting the development of health sector strategic plan to this end the World Bank which is supporting 17 Federal line ministries to prepare sector specific strategic plans and 18 IDA participating States to prepare State strategic plans. UNDP will continue to work closely with NACA which coordinates resources and policy decisions necessary for the achievement of the outcome.</p>			
<p>PROJECT TITLE AND NUMBER: FGN/UNDP Response to Fight HIV & AIDS – NIR/03/007/01/99.</p>			
<p>Intended Output</p>			
<p>1.1 HIV/AIDS mainstreamed into specific poverty reduction strategies and policies at national and State levels.</p>	<p>Output Targets for Years 2004: - HIV and AIDS issue reflected as multi-sectoral development priority in NEEDS and SEEDS. 2005: - HIV and AIDS integrated into the activities of NAPEP. 2005: - Two participants in the distance learning programme 2006: - Four participants in distance learning programme 2007: - Four participants in distance learning programme</p>	<p>Indicative Activities 1.1.1. Provide advisory services to Economic Management Team that will lead to reflection of HIV/AIDS issue as a multi-sectoral development priority in NEEDS and SEEDS. 1.1.2. Provide support to facilitate integration of HIV/AIDS issues into activities of NAPEP and other poverty reduction agencies at the Federal and State levels. 1.1.3. Training of 10 participants from government, labour union, private sector and CSOs in the distance learning Postgraduate Diploma in the Management of HIV/AIDS in the World of Work course at the Stellenbosch University/Medical University (MEDUNSA), South Africa</p>	<p>Inputs PERLOC = \$0.07 MISC [TRN] = \$0.07 MISC [CONF/MIG] = \$0.06 TRAV = \$0.05 M Subtotal: \$0.25</p>
<p>1.2 HIV/AIDS mainstreamed into sectoral plans and budgets of at least 10 line ministries/parastatals at the Federal level and 5 line ministries in each State and workplace policies mainstreamed</p>	<p>2004: 2004: - 47 line ministries/ parastatal assessed on how many have established critical masses, prepared sectoral</p>	<p>1.2.1 Conduct of sensitisation workshops for Permanent Secretaries, Directors and Deputy Directors in the Federal and State Public Services, as well as National and State House of Assembly Members.</p>	<p>PERLOC = \$0.06 M MISC[TRN] = \$0.07 M MISC[WKSP] = \$0.05 M TRAV = \$0.04 Subtotal: \$0.22</p>

	<p>activities for the 2004 budget and how many had budget passed.</p> <p>Needs assessment and training conducted in two line ministries/ parastatals.</p> <ul style="list-style-type: none"> - HIV & AIDS mainstreamed into the sectoral plans, budgets and workplace policy and programme developed in two line ministries/parastatals. <p>2005: - Needs assessment and training conducted in four line ministries/ parastatals.</p> <ul style="list-style-type: none"> - HIV & AIDS mainstreamed into the sectoral plans, budgets and workplace policy and programme developed in four line ministries/parastatals <ul style="list-style-type: none"> -Draft National HIV & AIDS Workplace Policy finalised. -The approved Work place policy produced and disseminated -Sectoral guidelines on the National HIV & AIDS Workplace Policy developed 	<p>1.2.2 Conduct needs assessment for capacity development and skills training in the selected line ministries/parastatals and train at least 10 people per ministry/parastatal.</p> <p>1.2.3. Provide technical guidance for the mainstreaming of HIV/AIDS into the sectoral plans, budgets and development of workplace policy and programmes</p> <p>1.2.4 Provide support for policy dialogue on National HIV/AIDS Workplace Policy and Programmes, involving all stakeholders.</p> <p>1.2.5 Develop using ICT approaches and disseminate training materials to proven CSOs, including labour and traditional leaders, CiSNHAN, faith based organizations, journalists, NEPWHAN, youth organization and women groups, as well as private sector organizations to facilitate advocating for and preparation and implementation of workplace policies and programmes.</p> <p>1.2.6 Establish web based discussion group on work place policies to facilitate advocacy and sharing of lessons learned</p> <p>1.2.7 Finalize national workplace Policy</p> <p>1.2.8 Draft sectoral guidelines on National HIV/AIDS workplace policy</p>	
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<p>1.3 Capacity for availing affordable treatment strengthened.</p>	<p>2006: - Needs assessment and training conducted in four line ministries/parastatals. - HIV & AIDS mainstreamed into the sectoral plans, budgets and workplace policy and programme developed in two line ministries/parastatals.</p>	<p>2004: -South-South agreements on collaboration developed. 2005: Study on Trade negotiations regarding South-South collaboration in availing affordable treatment conducted. -Training on Trade negotiations conducted</p>	<p>1.3.1 Facilitate South-South cooperation in availing affordable treatment to the HIV/AIDS affected. 1.3.2 Carry out research on issues relating to trade regulations and tariffs. 1.3.3 Provide training on trade negotiation skills to FMOH/NACA staff</p>	<p>PERLOC = \$0.1 M MISC[TRN] = \$0.06 M TRAV = \$0.1 M Subtotal: \$0.26</p>
<p>1.4 Capacity of relevant national institutions, to implement HIV/AIDS plans and programmes strengthened.</p>	<p>2004:HEAP/SHEAP reviewed and National/State Strategic plans formulated -Impact studies to feed into policy and planning conducted in two line ministries</p>	<p>1.4.1 Carry out through NACA and SACA with stakeholders' participation SWOT/PEST(EL) cross tabulation analysis on the HEAP and SHEAP respectively and formulate national and state strategic plans. 1.4.2 Conduct impact studies in most seriously affected areas of the country to determine the impact of HIV/AIDS on national/state level development efforts. 1.4.3 Operationalize the use of the Nigeria</p>	<p>PERLOC = \$0.1 M MISC[CONF/MTG] = \$0.1 M TRAV = \$0.05 M Subtotal: \$0.25</p>	

	<p>- 2005: - -Quarterly reports on the status of implementation of national and state strategic plans from 4 states</p> <p>-Impact studies to feed into policy and planning conducted in four line ministries/key delivery institutions = Technical and financial support provided to ICASA</p> <p>2006: - Impact studies to feed into policy and planning conducted in four line ministries/key delivery institutions</p> <p>Quarterly reports from 8 states on the status of implementation of national and state strategic plans</p> <p>2007 Quarterly reports on the status of implementation of national and state strategic plans from 12 states</p>	<p>National Response Information Management Systems (NRRIMS) for monitoring and reporting on the status of implementation of the national and State strategic plans through strategy development and training</p> <p>1.4.4 Develop and establish a mechanism to strengthen networking between NACA and SACCA through information and communications technology (ICT)</p> <p>1.4.5 1.1.6 Conduct impact studies that feed into policy and planning</p> <p>1.4.6 Identify and disseminate at least five best practices in the fight against HIV/AIDS, including the Award of Excellence to individuals/organizations/LGAs/States, etc.</p> <p>1.4.7 Provide strategic support to the preparation/organization of international and national conferences</p>	
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<p>Intended Outcome 2: Effective communication strategies developed and utilised to provide information and education on HIV and AIDS, advocate for positive behaviour change particularly amongst the youths.</p>			
<p>Outcome Indicators</p>			
<p>1. Percent of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention.</p>			
<p>2. Percent of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year.</p>			
<p>Baseline:</p>			
<p>1. Sixty-three percent (63%) of respondents 15-24 years of age both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission or prevention. Source: FMOH, Behaviour and Social Survey (BSS) 2003.</p>			
<p>2. No national level data, however, in Oyo State 131 out of 364 schools representing 30% have trained teachers on life-skills-based HIV & AIDS education. Source: DFID.</p>			
<p>Applicable MYFF Service Line:</p>			
<p>5.3 Advocacy and communication to address HIV and AIDS</p>			
<p>Partnership Strategy</p>			
<p>UNDP will collaborate with UNICEF and UNFPA to implement joint programme on life-skills-based education. The experience of DFID in Oyo State will be explored.</p>			
<p>PROJECT TITLE AND NUMBER: FGN/UNDP Response to Fight HIV & AIDS – NIR/03/007/01/99.</p>			
<p>Intended Output</p>			
<p>2.1 Advocacy and communication strategies to increase access to information and education for men and women of 15-29 years promoted.</p>	<p>Output Targets for Years</p> <p>2004: - Advocacy kits to facilitate parent-child communication developed.</p> <p>- Advocacy kits distributed and dialogue on it held</p> <p>- 200 leaders trained</p> <p>Guideline for identification of culturally acceptable role models designed.</p> <p>- One culturally acceptable role model identified and used per selected State.</p> <p>- Study on existing anti-AIDS clubs in schools, religious places, and communities as well as youth friendly health services initiated in the selected States.</p> <p>- Based on the findings on Anti-AIDS clubs in schools etc. one per entity per State established.</p> <p>2005: - 400 leaders trained</p>	<p>Indicative Activities</p> <p>2.1.1 Carry out research and develop advocacy kits with accurate information on youth issues for policy makers, religious and traditional leaders and parents to facilitate parent-child communication.</p> <p>2.1.2 Train at least 1,000 policy makers, religious, traditional and women leaders to advocate for youth issues.</p> <p>2.1.3 Identify and use culturally appropriate role models for youth behaviour change communication activities.</p> <p>2.1.4 Promote the establishment of anti-AIDS clubs in schools, religious places and communities and establishment of youth friendly health services.</p> <p>2.1.5 Advocate for the integration of HIV/AIDS issues into the activities of ward-based committees for political support.</p> <p>2.1.6 Develop and disseminate IEC IT.</p>	<p>Inputs</p> <p>PERINT = \$0.06m</p> <p>PERLOC = \$0.1m</p> <p>MISC (TRNG) = \$0.07m</p> <p>MISC (CONF/MTG) = \$0.06 M</p> <p>EQUIP = \$0.2m</p> <p>SERCT = 0.15m</p> <p>TRAV = \$0.06 m</p> <p>Subtotal: - \$0.70</p>

	<p>- Study on existing anti-AIDS clubs in schools, religious places, and communities as well as youth friendly health services completed in the selected States.</p> <p>- Based on the findings on Anti-AIDS clubs in schools etc. one per entity per State established.</p> <p>Evaluate the impact and input into programme implementation.</p> <p>2006: - 400 leaders trained</p> <p>- one anti-AIDS club per entity per State established.</p> <p>2006: -Impact of anti-AIDS clubs evaluated</p>	<p>based training materials for youths</p> <p>2.1.7 Conduct training for young people to put knowledge into practice through schools, religious places, communities and the media.</p> <p>2.1.8 Develop through Concord Learning Centre ICT based packages to provide young people with knowledge and information on HIV/AIDS</p> <p>2.1.9 Undertake evaluation of the effects of communication through pre and post-knowledge, attitude, behaviour and practice (KABP) survey for each activity.</p>	
<p>2.3 Advocacy and communication on programme outcome and results.</p>	<p>2004 - 2006 Regular media coverage and dissemination of programme results.</p>	<p>2.3.1 Undertake multi-media reporting and dissemination of publications on programme results.</p>	<p>MISC = \$0.1m SERCT = \$0.1m Subtotal: - \$0.2m</p>

Intended Outcome 3: Effective and timely multi-sectoral response on HIV/AIDS achieved through transformative leadership capacity development and enhanced partnership.	
Outcome Indicators:	
1. Number of persons enrolled in a support group for PLWHA by age, sex and location.	
2. Amount of resources channelled through government structures to support groups of PLWHA and CSOs.	
Baseline:	
1.a Stigma, discrimination and low support for PLWHA and PABA are hindrances to public declaration of HIV status; therefore, there are 82 support groups with an estimated 20,000 members out of an estimated 4million PLWHA.	
1.b Lack of cohesiveness among the different support groups of PLWHA.	
2.a Resources being channelled in tranches to support groups of PLWHA since year 2002 total ₦102m. In most cases these resources are for activities such as advocacy/sensitisation/home based care etc. workshops, not for activities that will lead to economic empowerment of PLWHA who are mostly unemployed.	
2.b Resources being channelled in tranches to CSOs known to CISCGHAN since year 2002 total ₦40.5m and \$18m.	
Applicable MYFF Service Line:	
5.1 Leadership and capacity development to address HIV & AIDS.	
PARTNERSHIP STRATEGY	
UNDP will build strategic partnership with NACA and SACAs that have the responsibility to coordinate all resources and actions in responding to the challenges of HIV and AIDS at national and state levels respectively. NACA will be critical in mobilising the other stakeholders in the national assembly, government, civil society organisation, network of people living with HIV & AIDS, media, private sector, faith based organisations, GFTAM CCM, workers associations etc. for the different sessions of the leadership for results programme. DFID is already implementing a project that is developing change agents at community level and UNDP will seek to strengthen its collaboration with them. The expanded theme group on HIV and AIDS, which is co-chaired by NACA and UN Theme Group Chair, will provide the forum for harmonisation and coordination of these activities. NEPWHAN will be critical for mobilising action regarding the different support groups of PLWHA. It will also work with network of journalist against AIDS [JAIDS] to facilitate advocacy and outreach	
PROJECT TITLE AND NUMBER: FGN/UNDP Response to Fight HIV & AIDS – NIR/03/007/01/99.	
Intended Output	Inputs
3.1 Leadership for Results at national and State levels initiated.	PERLOC \$0.1m PERINT \$0.1m TRAVEL \$0.1m MISC (W/SHOP) \$0.1m Sub total: \$0.4m
	Indicative Activities
	3.1.1 Organise consultations with different stakeholders (national assembly, government, civil society organisation, network of people living with HIV & AIDS, media, private sector, faith based organisations, GFTAM CCM, workers associations etc) for the enrolment stage.
	3.1.2 Organise in-depth interviews for the potential 150 LDP participants and 15 local coaches at national and sub-national levels.
	3.1.3 Organise first session of three days for the identified 120 – 150 change agents.
	Output Targets for Years
2004	The four programmes of Leadership for Results programme namely: Leadership Development Programme (LDP), Arts and Media, Community Capacity Enhancement and Development Planning & Implementation initiated
2005	LDP initial phase completed.

<p>3.1.4 Provide appropriate technical backstopping to the trained change agents to apply knowledge gained during first session for breakthrough initiatives during the six weeks interval.</p>	
<p>3.1.5 Organise second session of three days for the identified 120 – 150 change agents.</p>	
<p>3.1.6 Provide appropriate technical backstopping to the trained change agents to apply knowledge gained during second session for breakthrough initiatives during the six weeks interval.</p>	
<p>3.1.7 Organise third session of three days for the identified 120 – 150 change agents.</p>	
<p>3.1.8 Provide appropriate technical backstopping to the trained change agents to document experiences gained during three sessions and breakthrough initiatives.</p>	
<p>3.1.9 Share results from nine months experience</p>	

		<p>3.1.4 Provide appropriate technical backstopping to the trained change agents to apply knowledge gained during first session for breakthrough initiatives during the six weeks interval.</p> <p>3.1.5 Organise second session of three days for the identified 120 – 150 change agents.</p> <p>3.1.6 Provide appropriate technical backstopping to the trained change agents to apply knowledge gained during second session for breakthrough initiatives during the six weeks interval.</p> <p>3.1.7 Organise third session of three days for the identified 120 – 150 change agents.</p> <p>3.1.8 Provide appropriate technical backstopping to the trained change agents to document experiences gained during three sessions and breakthrough initiatives.</p> <p>3.1.9 Share results from nine months experience</p>
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<p>3.2 National Directory on organizations of PLWHAs and PABAs produced and campaign on antidiscrimination on PLWHA and PABAs launched</p>	<p>2004: - National directory of PLWHA and PABA support groups produced and disseminated. - Anti discriminatory campaign strategy developed 2005 Antidiscrimination campaign launched</p>	<p>3.2.1 Produce national directory of PLWHA and PABA support groups. 3.2.2. Carry out study on legislation and enforcement of anti-discriminatory policies and practices towards PLWHA and women and advocate for anti-discriminatory practices. 3.2.3 Develop and launch multi-media anti-discrimination campaign</p>	<p>PERLOC - \$0.06 M MISC (REPORT) \$ 0.2 Subtotal: \$0.26</p>
<p>3.3. Mechanism for employment generation and access to credit for PLWHAs established</p>	<p>- National consultation on income generation and options for access to micro-grant/micro-credit conducted in conjunction with the UNDP supported Poverty Programme. - At least 6 state level MFIs agreed to provide support to PLWHAS for pilot testing - Baseline survey on socio-economic status of selected support group conducted 2005: - -Pilot test reviewed and findings input into programme</p>	<p>3.3.1 Carry out baseline survey on socio-economic status of selected groups of PLWHAs and PABAs with emphasis on female headed households 3.3.2 Undertake desk study on options and approaches for promoting income generation to alleviate the social and economic impact of HIV/AIDS on the PLWHA and PABA including provision of micro-grant to PLWHA and micro-credit to PABA. 3.3.3 Undertake national consultation 3.3.4 Implement pilot programme in at least 12 selected areas.</p>	<p>PERLOC = \$0.1m MISC (WKSP) = \$0.2m MISC (REPORT) = \$0.048 m TRAV = \$0.1m Subtotal: \$0.448</p>

	<p>implementation.</p> <ul style="list-style-type: none"> - An additional six support groups phased into the programme. 2006: - Results of interventions of support groups reviewed and fed into programme implementation. 2007: The impact on the socio-economic status of beneficiaries evaluated. 		
<p>3.4. Guideline produced on production of herbal drugs for reducing vulnerability to opportunistic infections by PLWHAs</p>	<ul style="list-style-type: none"> - 2004 Research initiated 2005 Research continued 2006 Research results disseminated Draft guideline prepared 2007 Policy guidelines finalized 	<p>3.4.1 Research the production of herbal drugs for opportunistic infections to feed into establishment of a regulatory framework on traditional medicine and practices.</p> <p>3.4.2 Develop guidelines on the use of herbal drugs to boost immune system</p> <p>3.4.3 Conduct consultations with stakeholders on draft guidelines</p> <p>3.4.4 Finalize guidelines</p>	<p>PERLOC = \$0.1m PERINT = \$0.1m SERCT = \$0.1m MISC (TRN) = \$0.2m MISC (CONF/MTG) = \$0.1m MCGOT (OT) = \$0.23m TRAV = \$0.06 m</p> <p>Subtotal: \$ 0.89</p>
<p>MONITORING AND EVALUATION AND ADVOCACY</p>			
<p>1. Programme Monitored, Evaluated and reported on</p>	<p>2004–2007 Periodic and annual reports</p>	<p>Carry out periodic field visits and conduct annual reviews.</p>	<p>TRV = \$0.5m MISC (M&E) = \$0.05m Subtotal: \$1.0</p>
<p>2. Advocacy and Communication on programme outcomes and results</p>	<p>2004-2007</p>	<p>Undertake multimedia reporting and dissemination of programme results</p>	<p>Loc Pers -\$ 0.3 TRV \$0.2 Subtotal: \$0.5</p>

SECTION III

Total Work Plan and Budget

ANNEX 1

Explanatory Note on Resource Availability and Use

UNDP RESPONSE TO FIGHT HIV/AIDS

Total available resources

TRAC (UNDP)	US \$6,548,740
GOVT. C/S	US \$641,800
TOTAL (A)	US \$7,190,540

Projected 2003/2004 Expenditure:

Associated Projects

NIR/98/301	US \$204,989
NIR/98/302	US \$1,617,467
NIR/98/303	US \$801,852
TOTAL (B)	US \$2,624,308

Balance Available (A-B)	US \$4,566,232
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Less GMS(7% of C/S) (C)	US \$44,926,
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Sub – Total (D)	US \$4,521,306
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Less Reserve (E)	US \$493,306
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Programmable Res. (D-E)	US \$4,028,000
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