

*The Nigerian UN Joint Team on  
AIDS 2009 Retreat Report & 2010 UN  
Plan of Support*

Obudu, Cross River, Nigeria

18<sup>th</sup> – 19th Nov,  
2009

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## LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
APYIN	Association of Positive Youths in Nigeria
ART	Anti-Retroviral Therapy
ARVs	Anti-Retroviral drugs
AWP	Annual Work Plan
BCC	Behaviour Change Communication
CBOs	Community Based Organizations
CCEs	Community Coordinating Entities
CCM	Country Coordinating Mechanism
CiSHAN	Civil Society Network on HIV&AIDS in Nigeria
CSO	Civil Society Organization
CSW	Commercial Sex Work/Worker
DQA	Data Quality Assurance
ERPS	Epidemic Response, Policy and Synthesis
EXCO	Executive Council at states level
FACA	FCT Agency for the Control of AIDS
FAO	United Nations Food & Agricultural Organization
FBO	Faith-based Organization
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
FMYD	Federal Ministry for Youth Development
FUNSAN	Federation of UN Staff Association in Nigeria
GF	Global Fund for AIDS, Tuberculosis & Malaria
GIPA	Greater Involvement of People Living with HIV&AIDS
HCT	HIV Counseling & Testing
HIV	Human Immunodeficiency Virus
HOA	House of Assembly members
HR	Human Resources
I&O	Induction & Orientation
IDU	Intravenous Drug Use/User
IEC	Information, Education & Communication
ILO	International Labour Organization
JAAIDS	Journalists against AIDS
JUNTA	UN Joint Team on AIDS
KADSACA	Kaduna State Agency for the Control of AIDS
LACA	Local Action Committees on AIDS
LG	Local Government
LGA	Local Government Area
LMIS	Logistics Management Information System
MARPS	Most at Risks Populations
MCF	Medium Term Cooperation Frameworks
MDA	Ministries, Departments & Agencies

M&E	Monitoring & Evaluation
MoE	State Ministry of Education
MOH	State Ministry of Health
MOT	Modes of Transmission of HIV&AIDS
MSM	Men who have sex with men
MWA/ MOWA	State Ministry of Women Affairs
NACA	National Agency for the Control of AIDS
NANS	National Association of Nigerian Students
NAPTIP	National Agency for Prohibition of Trafficking in Persons
NASA	National AIDS Spending Assessment
NASCP	National AIDS & STI Control Programme
NAWOCA	National Women Coalition on HIV&AIDS
NDLEA	National Drug Law Enforcement Agency
NECA	Nigeria Employers Consultative Association
NEPWHAN	Network of People living with HIV&AIDS in Nigeria
NGOs	Non-governmental Organizations
NIBUCAA	Nigerian Business Coalition against AIDS
NIDU	Non-intravenous Drug Use/User
NLC	Nigeria Labour Congress
NNRIMS	Nigerian National Response Information Management System
NNSWP	Nigerian Network of Sex Work Projects
NPS	National Prison Service
NSF	National Strategic Framework
NSF II/NSF 2	National Strategic Framework 2010-2015
NURTW	National Youth Network on HIV&AIDS
NYSC	Nation Youth Service Scheme
OAFLA	Organization of African First Ladies
OIs	Opportunistic Infections
OMT	Operation Management Team
OPS	Organized Private Sector
OVC	Orphans & Vulnerable Children
PABA	People Affected by HIV&AIDS
PHC	Primary Health Care/Primary Health Center
PLWHA/ PLHIV	People Living with HIV&AIDS
PMTCT	Preventing Mother To Child Transmission of HIV
PSA	Public Service Announcement
RC	Resident Coordinator UN System
SACAs	State Agency for the Control of AIDS/ State Action Committee on AIDS
SAPC	State HIV&AIDS Programme Coordinator
SDPs	Service Delivery Points
SMAAN	Sexual Minority against AIDS Nigeria
SMOH/ MoH	State Ministry of Health
SOPs	Standards of Practice

SP	Strategic Plans
SSP	State Strategic Plans on HIV & AIDS
STB/L	States' Tuberculosis & Leprosy services
STBLCO	State Tuberculosis/Leprosy Coordinators
TA	Technical Assistance
TB/HIV	Tuberculosis/Human Immunodeficiency Virus
TBL	Tuberculosis & Leprosy
TOT	Training of Trainers
TWG	Technical Working Group
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV& AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNLT	United Nations Learning Team (UN Workplace Program)
UNODC	United Nations Office on Drug & Crime Control
UNPlus	UN HIV+ Group
UNTG	United Nations Theme Group on HIV&AIDS
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development for Women
WAD	World AIDS Day
WB	World Bank
WDC	Ward Development Committees
WLWHA/WLHA	Women Living with HIV/AIDS
WHO	World Health Organization

## 1.0 Executive Summary

The UN Joint Programme of Support on HIV and AIDS 2009-2012 in Nigeria has completed the first year of implementation. The programme supports activities at the national level and in 10+1 States of the federation and aims at ensuring a more strategic, comprehensive and coordinated UN support of the country led response to the HIV and AIDS epidemic in Nigeria.

The UN Joint Team on AIDS retreat held from 18<sup>th</sup> to 19<sup>th</sup> November, 2009 to assess progress made towards implementing activities of the 2009 Annual Work plan and towards achieve universal access for prevention, treatment, care and support services.

The objectives of the retreat were to

- Review progress towards implementation of the UN Joint Programme of Support AWP 2009
- Review progress towards ‘Delivering as One’ relating to coordination, harmonization and the joint implementation of UN Joint Programme of Support activities
- Further build the skills of the UN Joint Team on HIV and AIDS and national and state partners in Joint Programming
- Make recommendations based on review findings
- Develop the UN Joint Programme of Support 2010 annual workplans (AWP)

The first day of the retreat was designed to critically review the implementation of activities in the Joint Program against set targets and indicators and the extent to which the joint working mechanisms had facilitated “**Delivering as one UN**” in implementing activities under the Joint Program of Support. This was conducted through group work, discussions and plenary presentations, where joint team members with national and State partners identified the current status of implementation, challenges, and the way forward. The second day continued in the same vein and resulted in the development of the 2010 AWP and consensus towards the development of greater efficiency in programme implementation.

The 2009 retreat had about 68 technical staff in attendance comprised of NACA, SACAs, line Ministries, CSO networks including parastatals and the UN System. Also present were about 7 logistics personnel. Two states namely Adamawa and Akwa Ibom could not attend due to their involvement in the on-going development of the Strategic Plan on HIV & AIDS.

## **Progress towards implementation of the UN Joint Programme of Support on AIDS**

About 48% of activities planned for 2009 were implemented, from the assessment of 9+1 States reports.

### **Thematic area 1: Advocacy, Management and Coordination**

Activities implemented in this thematic area focused on Advocacy to State government functionaries, Capacity assessment of SACAs and strengthening the capacity of National, State and Local Government councils and CCEs to coordinate the HIV response. The UN also supported the review / development of the National HIV Policy and the National Strategic Framework 20-2015.

### **Thematic area 2: Prevention**

Key activities implemented in this thematic area were the development of a national Framework on HIV prevention in Sex work settings, commencement of the development of a NYSC national Prevention Plan, capacity building of NYSC Core team on implementing prevention activities in 3 States, Mapping of PMTCT service delivery points and development of costed PMTCT plans

### **Thematic area 3: Treatment**

The UN support to treatment activities were implemented at national level and in some selected States and have improved the capacity and skills of providers which will lead to improved delivery of quality Paediatric, ART and TB/HIV services at state levels.

- The National Paediatric ART training manual and facilitators guide which is being reviewed and developed with support from UNICEF will be completed by end of 2009.
- WHO in collaboration with partners supported the school of Nursing and Midwifery to introduce new strategies for TBL and TBHIV activities in the school curriculum
- TB Program Managers have been trained in the reviewed LMIS.

### **Thematic area 4: Care and Support**

Though the two activities identified as priority areas for Kaduna, FCT, Imo, Ondo, Cross River and Taraba States were not implemented related activities such as establishment of OVC steering committee and capacity building on OVC care were implemented in Kaduna and FCT with UNICEF support.

### **Thematic area 5: UN Learning Team**

The UNLTeam which is responsible for implementing the UN Cares programme (the UN workplace programme) successfully implemented many of its planned activities during the period under review. Some activities namely - confidentiality training for UN Clinic Staff/HR Staff, e-



course on HIV/AIDS for all UN staff, launch of UN Plus and skills building for joint UN team members were not implemented.

### **Thematic area 6: Monitoring and Evaluation**

The activities successfully conducted were

- The MOT Modeling, National M& E system evaluation, Data Quality Assurance (DQA) at State level have been completed.
- Triangulation and Epidemic Response, Policy and Synthesis (ERPS) at State level are currently on-going.
- National AIDS Spending Assessment (NASA) is in progress
- Edo and Ondo and Lagos states submitted proposal for development of M&E plans.

### **Some important issues raised during plenary discussions**

- Concerns were raised about the absence of State representation in all the thematic groups and the lack of State reports, which made it difficult for review of progress made in the thematic areas. Agencies were encouraged to follow-up with States to get detailed reports before the next retreat.
- A call was made for greater role of the State Ministry of Health in HIV & AIDS planning response activities. SACA officers were encouraged to broaden the involvement of key stakeholders, including the State MoH in all of its activities.
- SAPC and STB/L Coordinator including the SMOH should be part of future retreats to ensure adequate reporting of activities’.
- The issue of funding of planned activities was discussed extensively and the joint responsibility of States and the UN system to mobilize funds for the implementation of the joint plan was strongly emphasized.

### **Progress made in Joint programming and implementation of the UN Joint Programme on AIDS**

The review revealed that the UN Joint Program of support on AIDS has made marked progress in implementing and “Delivering as One UN”. There were regular UN Theme Group meetings and UN Joint Programme Coordinating Committee meetings throughout the year. These meetings served as for a where agencies reported on their implementation plans and where

linkages and collaboration of agencies in joint activities were planned. The monthly coordinating committee meetings ensured that agencies were informed about national and State programs and were fully involved. An increased number of activities jointly implemented by UN agencies were noted.

### **Constraints/Challenges**

A major limitation of the review was the lack of coherence in reporting because the State officers and focal officers in several of the UN agencies were different from those who had been involved with developing the UN Joint Programme of Support and the 2009 AWP.

- The total activities planned for the different thematic areas could not be fully captured as a result of the limited number of states reporting on planned activities
- Non adherence to planned activities
- Activities as well as follow-up activities had not been effectively monitored.
- There is weak coordination of the major players ( SAPC,SACA & STBLCO) at the State level
- Inadequate funding by UN agencies to support planned activities
- Lack of understanding on the process of commencing the implementation of planned activities by States.
- Inadequate participation of some UN agencies in planned activities

### **Recommendations**

Key recommendations from the meeting sought improved coordination, resource mobilization and the need for evidence-based intervention at state level through sustained data collection. Others included ensuring wider participation at future retreats, the need for States to contribute to funding agreed activities and more efficient monitoring of the outcomes of activities implemented.

### **Development of the Annual Work plan (AWP) 2010**

The 2010 AWP was developed taking due consideration of the review recommendations. The HIV related workplans of the 7 UNDAF supported States were also harmonized with the UN Joint Programme AWP 2010.

The outputs of the retreat which were to review progress towards implementing activities of the UN Joint Programme of Support on HIV and AIDS (2009 AWP) and the development of the Annual Workplan 2010 were fully achieved.

## **2.0 Background**

In accordance with the UN Secretary General's directive to UN Resident Coordinators in 2005, the UN Joint Team on AIDS in Nigeria was established in 2006. The Joint UN Team on AIDS ensures a strong, coordinated and strategic UN system response to HIV epidemic in Nigeria. Thus the purpose of the Joint UN Team on AIDS is to promote coherent and effective UN action in support of an expanded national response to HIV.

Since its establishment, the UN Joint Team on AIDS has implemented a joint program of support in an increasing number of States in the country. At present the UN Joint Programme of Support on HIV and AIDS in Nigeria (2009-2012) provides technical and financial support to 10+ 1 States – Adamawa, Akwa Ibom, Benue, Cross River, Edo, Imo, Kaduna, Lagos, Ondo, Taraba and the Federal Capital Territory. The current UN Joint Programme of Support on HIV and AIDS (2009-2012) was developed through a participatory process involving all UN cosponsors and stakeholders at the national and state levels. The programme development process was preceded by joint State programme reviews which was central to the identification of State specific priority areas for action in the 10+1 UNTG States.

### **The UN Joint Programme is structured around six (6) thematic areas**

1. Advocacy, Planning and Coordination
2. Intensified Prevention Interventions
3. Universal Access to Treatment Services
4. Universal Access to Care and Support Services
5. The UN Learning Strategy
6. Programme Monitoring and Evaluation

An annual work plan was developed from the Biennial UN Plan of Support (2009-2010) and implemented in 2009. The aim of the retreat was therefore to review progress towards implementing the 2009 annual work plan and moving towards universal access to prevention, treatment, care and support services in the 10+1 UNTG supported states.

## **2.1 Objectives of the Retreat and Expected Outcomes:**

The UN Joint Team retreat held from 18<sup>th</sup> to 19<sup>th</sup> November to achieve these objectives

- Review progress towards implementation of the UN Joint Programme of Support AWP 2009
- Review progress towards 'Delivering as One' relating to coordination, harmonization and the joint implementation of UN Joint Programme of Support activities
- Further build the skills of the UN Joint Team on HIV and AIDS and national and state partners in Joint Programming
- Make recommendations based on review findings
- Develop the UN Joint Programme of Support 2010 annual workplans (AWP)

Similarly, the expected results were basically to have a draft UN Joint Programme 2010 annual workplan, arrive at concrete recommendations for further UN Joint Programming and specific recommendations for improved working arrangements with the states.

**2.2 Participants:** The 2009 annual retreat had about 68 technical staff in attendance comprised of NACA, SACAs; line Ministries including parastatals, Organized Private Sector (OPS), CSO networks and the UN System. Also present were about 7 logistics personnel. Two states namely Adamawa and Akwa Ibom did not attend due to their involvement in the on-going development of their State Strategic Plans on HIV & AIDS.

## **3.0 The Review Process**

### **3.1 Planning meetings**

The process commenced with several meetings towards the development of a draft agenda, identification of thematic facilitators and members of thematic groups, development of review tools and the identification of retreat resource materials. All the documents were subjected to further reviews by the UN Joint Team coordinating committee and adopted.

### **3.2 Commencement**

The retreat commenced on schedule with a modest but formal opening ceremony graced by representatives of the UN Resident Coordinator, the UN Theme Group Chair, NACA and SACA. Key comments at the opening ceremony focused on the supportive role of NACA to meetings

where stakeholders congregate to address and/or review the national response, the supportive role of the UN and the need for States to take the lead in the response to HIV which results in greater achievements of set objectives.

### **3.3 Knowledge-based Presentations**

The presentations expanded the scope of understanding and built participants' skills in three specific areas 1. UN "Delivering as One" 2. The UN Joint working arrangements and 3. Priorities and Outcomes of the National Strategic Framework 2010-2015.

### **3.4 Review of 2009 Joint Programme Activities**

The participants were introduced to the review tools and thereafter grouped into the six thematic areas. UN staffs were similarly distributed based on their comparative advantage in the different HIV and AIDS thematic groups. Each group assessed progress towards implementation of all the 5 activities prioritized by states in the 2009 Annual work plans viz Advocacy, Prevention, Treatment, Care & Support and M&E while a specialized group reviewed the UN Learning Strategy. The national networks such as CISHAN, NEPWHAN and NYNETHA formed part of these groups. Discussions were subsequently presented in plenary (See appendices for details).

## **4.0 UN Joint Program Review**

The review revealed that out of the 61 activities approved for implementation in the 2009 Annual Workplan 34 activities were implemented and were at various stages of completion. This gives a rough implementation rate of 56 % (including completed and ongoing activities as well as activities that had just commenced).

### **4.1 Thematic area: Advocacy, Management and Coordination**

The capacity of the state, local government and community coordinating structures to coordinate the HIV response and mobilize resources has been identified as a major gap in the national response to the epidemic.

To bridge this gap the UN system through the UN Joint Program of Support planned to strategically support activities that would increase the knowledge and participation of policy makers in HIV related programmes and strengthen national, state, and local government council coordination and planning mechanisms.

Thus the review focused on these interventions which were aimed at strengthening the coordination role of NACA, SACA, LACA and the CCEs.

- As a direct result of an advocacy visit to the Ondo State Governor by the UN Joint team on AIDS the Bill for transforming Ondo SACA into an Agency has been presented to the State House of Assembly and is expected to be passed by the HoA by the end of November 2009. Also, Ondo State's multi-sectoral strategy has been adopted with the governor's approval and support and renovation of a new and larger office for SACA is in progress.
- Result of advocacy activities embarked upon by the Imo SACA has precipitated its transformation into an Agency.
- Benue State reconstituted and re-inaugurated Local Action Committees on AIDS (LACA) in all 23 LGA, with active involvement of the State Governor.
- Program management training was conducted for SACA staff, all LACA managers and M&E officers in Cross River, Benue, Edo, and for CiSHAN at the national level.
- State-led Capacity Assessment and mapping in progress in Benue, Ondo, Kaduna, Aka Ibom, Adamawa and Lagos (including National and state CCEs). This capacity assessment will reveal the capacity gaps and inform request for support from the UN joint programme
- The final draft of National Strategic Framework (NSF) 2010-2015 has been developed and validated by under NACA leadership;
- State Strategy Plans, CCE and donor plans are being developed based on the draft NSF 2.
- Capacity has been built in Cross River State for budget tracking but quarterly budget tracking/review is has not yet been implemented.
- NASA training to support budget tracking has been conducted and NASA has been implemented at the national level
- The process of developing a NAWOCA Strategic Plan has started with the recruitment of consultants.
- Membership of the Country Coordinating Mechanism (CCM) reconstituted under new bye-laws and special orientation session organized for members.
- The CCM has also been supported to develop a strategic plan and was supported for the GF Round 8 and 9.

## **Thematic area: Prevention**

Another important programmatic gap in the national response is prevention interventions among most at risk persons. There are also issues with capacity to implement and evaluate prevention interventions at all levels.

A number of strategic prevention activities were implemented during the year under review and some of these are listed below.

- Development of a National Framework on HIV prevention in sex work settings.
- Commencement of the development of a NYSC national Prevention plan
- The process of developing a NYSC workplace policy has commenced in Lagos state
- Capacity building of NYSC Core Team on implementing prevention activities has been completed for Taraba, Edo & Imo.
- TOT has been conducted for 300 traditional rulers on BCC in Imo and the NYSC is being assisted to develop a Plan on prevention.
- Capacity strengthening for Association of Positive Youths in Nigeria, NYNETHA, CiSHAN, NNSWP, NEPHWAN, SMAAN is ongoing
- Capacities of 50 members of Global Youth Network strengthened in use of audio-visuals in community dialogue.
- Mapping and capacity assessment of SACA, CBOs have been carried out in Benue but actual capacity building interventions are yet to be carried out.
- Mapping of PMTCT has been completed and the capacity of Benue State to develop costed PMTCT plan has been strengthened.
- The passage of the national stigma policy and the workplace policy is actively being pursued.

## **Thematic Area: Treatment**

Though there has been a marked improvement in access to treatment services, low paediatric care, poor health delivery systems, low coverage of services, weak M&E systems and inadequate dissemination of treatment and care guidelines remain major challenges of the ART program in Nigeria.

The UN planned to support the national treatment programme in the maintenance of standards of best practice, development of operating guidelines and monitoring & evaluation.

These activities were implemented mainly at national level and in some selected States and have improved the capacity and skills of providers which will lead to improved delivery of quality Paediatric, ART and TB/HIV services at state levels.

### **Results reveal that**

- Kaduna state distributed 68 copies of paediatric ART guidelines and 137 copies of SOPs
- FCT distributed - 50 copies of paediatric ART guidelines and 100 copies of SOPs.
- Taraba, Adamawa had all the three guidelines distributed.
- 2000 copies of TB/HIV Guidelines were produced and distributed by WHO and partners in Lagos, Taraba, Imo, Akwa Ibom, Ondo, FCT, Kaduna and Imo states.
- The National Paediatric ART training manual and facilitators guide which is being prepared with UNICEF support will be completed by end of 2009.
- WHO in collaboration with partners supported the school of Nursing and Midwifery to introduce new strategies for TBL and TBHIV activities in the school curriculum
- TB Program Managers have also been trained in the reviewed LMIS.

### **4.4 Thematic area: Care & Support**

The UN strategic support in this area focuses on the review and development of National Care and Support policies and guidelines based on UN best practices, effective coordination systems at National, State and Local Government levels and ensuring the mitigation of the impact of the epidemic on vulnerable populations particularly women and girls who are disproportionately affected by the disease in Nigeria.

Of the two activities identified as priority areas for Kaduna, FCT, Imo, Ondo, Cross River and Taraba States, none was implemented. Related activities such as establishment of OVC steering committee and capacity building on OVC care were implemented in Kaduna and FCT by UNICEF.



## **Thematic area: Monitoring & Evaluation**

Output and activity Indicators have been developed for the four year joint programme as well as the two year action plan. These indicators are consistent with the standardized indicators of the Nigerian National Response Information Management System (NNRIMS), Nigeria's HIV and AIDS monitoring and evaluation framework.

The focus of the UN within the 4 year period will be to support the operationalization of National and State M&E costed plans , support the functioning of the national M&E TWG, the conduct of mid term and end term program reviews and improved understanding of HIV and AIDS epidemic response including resource tracking .

The activities and their status of implementation are stated below

- The MOT Modelling, National M& E system evaluation, Data Quality Assurance (DQA) at State level have been completed.
- Triangulation and Epidemic Response, Policy and Synthesis (ERPS) at State level are currently on-going.
- National AIDS Spending Assessment (NASA) is in progress
- Edo and Ondo states submitted proposal for development of M&E guidelines. This activity is also being carried out in Lagos but has not yet been constituted for Taraba and FCT.

### **4.6 Thematic area: UN Learning Team**

The UNLTeam which is responsible for implementing the UN Cares programme (the UN workplace programme) successfully implemented many of its planned activities during the period under review. Some activities namely - confidentiality training for UN Clinic Staff/HR Staff, e-course on HIV/AIDS for all UN staff, launch of UN Plus and skills building for joint UN team members were not implemented.

### **4.7 Key issues raised in Plenary Discussions**

- Concerns were raised about the absence of State representation in all the thematic groups and the lack of State reports, which made it difficult for review of progress made in the thematic areas. Agencies were encouraged to follow-up with States to get detailed reports before the next retreat.

- A call was made for greater role of the State Ministry of Health in HIV & AIDS planning response activities. SACA officers were encouraged to broaden the involvement of key stakeholders, including the State MoH in all of its activities.
- SAPC and STB/L Coordinator including the SMOH should be part of future retreats to ensure adequate reporting of activities’.
- The issue of funding of planned activities was discussed extensively and the joint responsibility of States and the UN system to mobilize funds for the implementation of the joint plan was strongly emphasized.
- Capacity building support to Kaduna and the FCT raised the issue of possible overlap and duplication of efforts between UNICEF and Global Fund on OVC activities. Hence the need to synchronize the OVC activities supported by the all organizations was emphasized.
- Attention was drawn to the need to change “*the development of M&E guidelines at state level*” to “the development of M&E plans”. This is because NACA is required to develop the national M&E guidelines which would be adapted by the States.
- Taraba state did not present any report on the first day while Adamawa and Akwa Ibom states had none due to their absence at the retreat

#### **4.8 Progress made in Joint programming and implementation of the UN Joint Programme on AIDS**

It is pertinent to note that the UN Joint Program of support on AIDS has made marked progress in implementing and “Delivering as One UN”. There were regular UN Theme Group meetings and UN Joint Programme Coordinating Committee meetings throughout the year. These meetings served as for a where agencies reported on their implementation plans and where linkages and collaboration of agencies in joint activities were planned. The monthly coordinating committee meetings ensured that agencies were informed about national and State programs and were fully involved.

Convening agencies have been very efficient in mobilizing resources and technical support of other agencies to ensure that activities are jointly coordinated and implemented.

### **Examples of these include the following:**

- WHO and UNAIDS coordinated and implemented Program management training for SACA/LACA in Benue and Cross River States with technical input from UNDP, UNFPA, UNIFEM.
- UNDP and UNAIDS coordinated an Advocacy visit to the newly elected Governor of Ondo State in June 2009. The team was led by UNDP Deputy Representative and included representatives of UNFPA, UNICEF, WHO, ILO, UNAIDS and a senior representative of the Director General of NACA. One of the immediate effects of this meeting was the relocation of Ondo State Action Committee on AIDS to a better location and its inclusion in the State budgetary process. Processes to transform Ondo SACA to an autonomous agency have also started as a result of the high powered UN delegation visit.
- UNAIDS, WHO and UNICEF are together supporting NACA to develop tools and implement Mapping of prevention and treatment sites in the country
- UNAIDS, UNFPA and UNIFEM jointly supported the development of a Framework for the network of Sex Workers projects in Nigeria
- UNAIDS, UNFPA and UNICEF have jointly supported the Lagos State Agency for the Control of AIDS to develop public service announcements aimed at creating demand for HIV testing and Counseling services among the general public

Findings also revealed that though the 2009 AWP had selected activities for specific states it was possible to implement these activities across board. Similarly, coverage for certain activities in some Agency-specific plans was far greater than what the AWP had estimated.

### **4.9 Status of Implementation**

The review showed that many activities had been initiated and 50.8% were at various stages of implementation (from being initiated to being completed).

Fig. 1

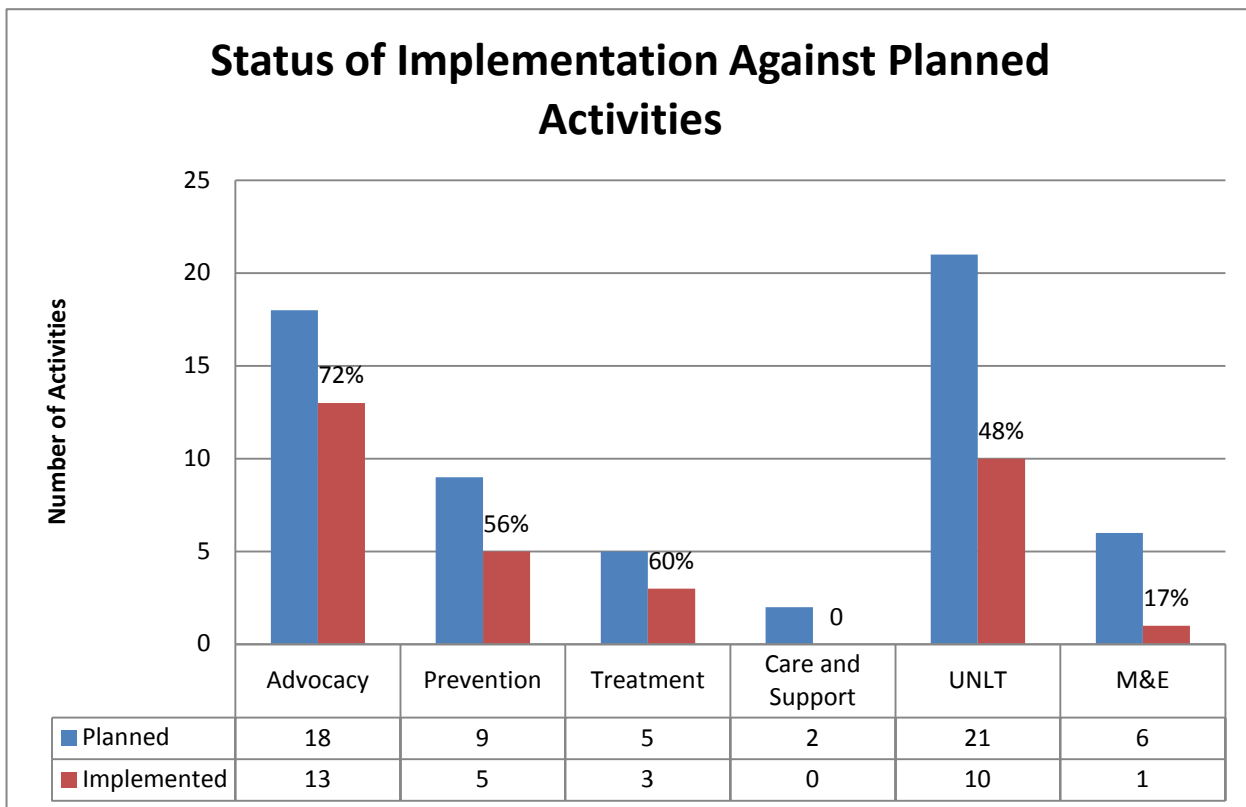
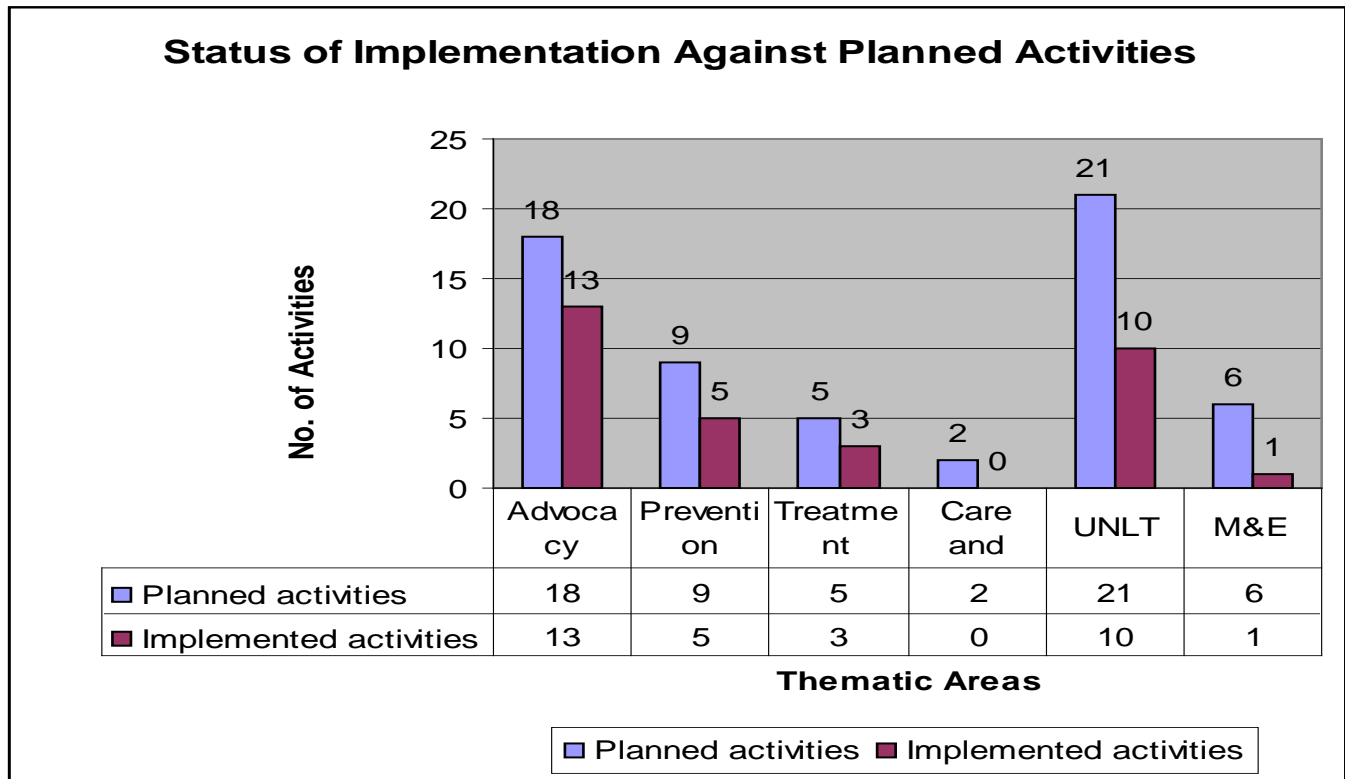


Fig 2 percentage Implementation by Thematic Area

#### 4.10 Constraints/Challenges

A major limitation of the review was the lack of coherence in reporting because the State officers and focal officer in several of the UN agencies were different from those who had been involved with developing the UN Joint Programme of Support and the 2009 AWP.

- The total activities planned for the different thematic areas could not be fully captured as a result of the limited number of states reporting and the absence of two other states
- Non adherence to planned activities
- Activities as well as follow-up activities had not been effectively monitored.
- There is weak coordination of the major players ( SAPC,SACA & STBLCO) at the State level
- Most of the activities were not reported by the concerned states
- Inadequate funding by UN agencies to support planned activities
- Lack of understanding on the process of commencing the implementation of planned activities.
- Inadequate participation of some UN agencies in planned activities
- Activity reports were not submitted by States
- Lack of capacity to implement planned activities.

#### 4.11 Recommendations

The following recommendations were made:

##### ***Resource mobilization***

- States to constitute an advocacy group for resource mobilization.
- The UN System to explore other avenues for mobilizing funds for SACA activities including capacity building for SACA members on resource mobilization

##### ***Coordination and Ownership***

- Each state to determine who owns the state HIV&AIDS response therefore the ownership of the response is paramount and the final decision rests with the state.
- UN to support through Advocacy to state that do not enjoy political commitment.
- SASCP encouraged to submit report to SACA being the coordinating agency

### **Data Collection**

- The need for evidence-based interventions at State level through sustained data collection

### **Capacity building**

- Strengthen SACAs to map and build capacity of support groups
- Train support groups on skills acquisition and provide nutritional assistance to PLWHA.
- Resources and capacity building for mapping of OVC for comprehensive support at both personal and organizational levels.

## **5.0 Development and Presentation of States' 2010 workplans**

It was agreed that each State should select 5 priority activities from the Joint Programme of support. The 8+1 states and CiSHAN presented their draft 2010 workplans with the distribution of activities as follow:

<b>Thematic Area</b>	<b>Total number of Activities chosen from thematic area</b>
Advocacy management & coordination	17
Prevention	14
Treatment	04
Care and Support	04
Monitoring and evaluation	12
<b>Total</b>	<b>51</b>

Fig 3 Details of presentations are attached as Annex

## **5.0 Harmonization with States' Medium Term Cooperation Frameworks (MCF)**

Seven of the 11 UNTG supported States are also UNDAF States in which all UN agencies have collective responsibility in the four UNDAF priority areas. These are Adamawa, Akwa Ibom Benue, FCT, Kaduna, Imo and Lagos States. In order to ensure that implementation of the UN Joint programme is also achieving implementation of the HIV component of the UNDAF MCFs and AWP's, the two plans were harmonized in the 7 UNDAF States. This would ensure efficient use of fund, better coordination and achievement of expected outcomes.

## **5.1 Review/ Discussion of Joint Working Arrangements**

The presentation discussed the challenges that hindered smooth implementation of the UN Joint AWP 2009, the proposed implementation arrangements, the UN convening agency for each State, the funding mechanism and communication channels within the UN Joint Programme. The funding for the Joint Programme will be mobilized from the states, stakeholders' contribution including the UN System. Stakeholders will be approached at national and State levels.

## **5.2 The Proposed Implementation Arrangements discussed were:**

- The coordination of the Joint UN Plan of Support through the agreed UN Institutional Framework will continue
- The UN Joint Team on AIDS will implement decisions following communication with the UNTG
- Implementation of the Joint programme will be driven by thematic committees with UNAIDS serving as Secretariat however, activities at State level will be coordinated by technical support by and from the convening UN agency within the division of labour.

## **5.3 Steps for implementing the 2010 Plan:**

- States are expected to take the lead
- Each state will initiate requests for activities in collaboration with their respective convening agencies
- State plans must indicate counterpart funding for planned activities. The counterpart input must be tangible and not staff time or office accommodation.
- Linkage of planned activities to the MCF and UNDAF AWP for the 6+1 states is essential.
- A mechanism for periodic joint programme monitoring will be established

## **6.0 Recommendations**

### **6.1 Coordination**

- States must initiate activities while UN compliments the process.
- There must be a definite coordinated response at the state level to include the SMOH and the Planning Ministry

- All SACAs will be required to further strengthen their coordination mechanisms with Civil Society by engaging the networks rather than individual NGOs.
- The Civil Society Networks need to strengthen the capacity of their state level networks for improved coordination.
- All states must insist on minimum standards for the achievement of objectives of all thematic activities.

## **6.2 Resource Mobilization:**

States and stakeholders fund including contribution from the UN System will form the resource envelope however;

- All states should strengthen advocacy for increased resource mobilization to improve funding of planned activities.
- Similarly, the UN system needs to undertake advocacy visits to states for increased political commitment
- Resources will be mobilized through Joint Resource Mobilization and
- Stakeholders will be approached at the National and the State level.

## **6.3 M&E**

- State M&E systems should be further strengthened in order to capture data from all stakeholders
- M&E tools at State and National levels should be harmonized to avoid duplication
- Collaboration between States and CSOs for the conduct of M&E trainings to maximize resources

## **6.4 Wider Participation at retreats**

The states' Ministry of Health, AIDS Programme Coordinators and TB/Leprosy Coordinators should be part of future retreat for adequate reporting and planning.

## **6.5 Capacity Building**

- Capacity building is a cross cutting theme therefore all states should identify and capture all capacity needs in the 2010 work plan.



- Support for capacity building is sometimes funded by other partners/donors (WB and Global Fund) hence the need to synchronize these activities at State level for efficient use of resources.

## **7.0 The Next Steps**

### **7.1 Finalizing plans**

- UN to follow work with Adamawa and Akwa Ibom states to develop their plans
- UN to follow up with states to strengthen the reports received from states
- Draft plans from Obudu to be collated and finalized by UN by end of November 2009
- Copies to be sent to states by 7th December 2009

### **7.2 Implementation**

- The states would take the lead in implementation of activities
- Each state will work with the convening agency to raise requests for each activity
- Requests from states must indicate own financial contribution to the activity.

### **7.3 Monitoring & Supervision**

- Quarterly joint programme monitoring to be carried out at State level
- 2 or 3 UN Agencies will participate in monitoring activities
- UN Joint Programme Monitoring Plan to be disseminated to UN agencies, States and other partners

**ANNEX A: 7.1.1 Review of advocacy activities:**

Outputs	Targets	Main Activities 2009	Status of implementation from National, States partners & UN Agency	Achievements (Explain what are the key outcomes from these activities)
Output 1.1: NACA, SACA, LACA, CCEs legalized with costed strategic plans, operational plans and budgets.	1.1.1 : SACA transformed into an agency with a board, terms of reference for the board and functional secretariat (for one SACA)	1.1.1.1 : Advocacy to EXCO, HoA, other key stakeholders for transformation to agency - Imo, Ondo, Adamawa	Completed	<p><b>ONDO</b> Ondo State's multi-sectoral strategy has been adopted with the governor's approval and support – in spite of initial difficulties.</p> <p>The Bill for transforming as Ondo SACA into an Agency has been presented to the State House of Assembly. The bill is expected to be passed by the HoA by the end of November 2009</p> <p>Office space has been allocated for housing the proposed Agency: renovation work is in progress with support from the state.</p> <p><b>IMO</b> Advocacy conducted to the HoA leading to an acceleration of the bill for the transformation of IMSACA to agency. it has also increase interest and the potential for support from the IMHOA</p>
		1.1.1.1 : Advocacy to EXCO, HoA, other key stakeholders for transformation to agency - Adamawa	Not done	No report from Adamawa
	1.1.2: LACA set up and functional at the local government level	1.1.2.1: Institutionalize LACA in each State - Benue	Completed	LACA Reconstituted and re-inaugurated in 23 LGA PM training for LACA mangers and M&E 3. Development of a 6 month action plan for implementation 4. Capacity assessment of LACA in progress
	1.1.3: National HIV Policy , NSF II / SSPs, CCEs SP, LACAs Annual workplan developed/reviewed and costed, Sector/constituency specific HIV and AIDS response operational plans developed from Plans/Frameworks	1.1.3.1: Review, develop and disseminate National HIV Policy	Completed	National HIV Policy developed and to be presented for Presidential assent and ratification.
Output 1.1: NACA, SACA, LACA, CCEs legalized with costed strategic plans, operational plans and budgets.		1.3.2: Review, develop, print and disseminate costed NSF II	On going	NSF 1 review completed and Draft NSF 2 developed and validated by stakeholders. In use as a template for the development of the NSP and SSP and CCE plans. Donor support- In progress. NSP will form basis for Joint Financial Arrangement
		1.3.3: Review, Print and disseminate Kaduna states HIV and AIDS strategic Plan	Completed	Kaduna states HIV and AIDS strategic Plan reviewed. The findings facilitated the development of the SSP for integration in the new NSF II

		1.1.3.4: Review, Develop, cost, print and disseminate SSP and the state operational plans – Adamawa, Taraba, Edo, Kaduna, FCT	<b>On going at the state levels</b>	Process for SSP support in the four states and FCT on going. Yet to be finalized and costed
		1.1.3.6: Develop, print and disseminate costed Strategic Plan and operational plans of CCE level (all national level CCEs)	<b>On going</b>	On going as component of the development of NSF II. State Strategy Plans, CCE and donor plans are being developed based on the draft NSF II.
	1.1.4: Regular Federal, State, MDA and LGA budgetary investment in HIV and AIDS increased based on SSPs and State plans	1.1.4.3: Build capacity of relevant stakeholders on HIV and AIDS budget and expenditure tracking (for one State) - Cross River, Adamawa	<b>Partially completed</b>	Capacity has been built in Cross River for budget tracking but quarterly budget tracking/review is yet to be implemented.  NASA training to support budget tracking No report from Adamawa
		1.1.4.4: Track quarterly and yearly HIV and AIDS budget appropriation, release and expenditure (for one State). - Akwa Ibom	<i>No report from Akwa Ibom</i>	<i>No report from Akwa Ibom</i>
	1.1.5: Additional financial resources mobilized to address funding gaps based on effective resource mobilization strategy at National, State and LGA levels.	1.1.5.1: Develop and implement a State level resource mobilization strategy (Cross River State)	<b>Partially completed.</b> Resources mobilization strategies were not developed	Building capacity of SACA & LACA on program management and resource mobilization strengthens HIV & AIDS response at the State & LGA
<b>Output 1.2:</b> Institutional and technical capacity of NACA, SACA, LACA, and CCEs strengthened to coordinate the HIV and AIDS response at each level	1.2.1 Institutional and technical capacity of SACA & LACA strengthened to coordinate and provide overall guidance to sectors & Technical Working Groups & other constituencies	1.2.1.1 Conduct Institutional and technical capacity needs assessment of NACA, SACAs, LACAs, and CCEs (all SACAs, LACAs and CCEs) - Adamawa	<i>No report from Adamawa</i>	<i>No report from Adamawa</i>
		1.2.1.2 Build institutional and technical capacity of LACAs and LG level CCEs (for one LACA and one LG level CCE) (office, personnel, basic equipments and one quarterly capacity building training workshop) – Akwa Ibom & Lagos	<b>Not done</b> <i>Activity not conducted in Lagos state.</i> <i>No report from Akwa Ibom</i>	State-led Capacity Assessment and mapping in progress for Benue, Ondo, Kaduna, Akwa Ibom, Adamawa, Lagos (WB) as well as National and state CCEs. <b><i>This capacity assessment will inform the capacity gaps and request for support from thru UN joint programme</i></b>
<b>Output 1.2:</b> Institutional and technical capacity of NACA, SACA, LACA, and CCEs strengthened to coordinate the HIV and AIDS response at each level		1.2.1.3 Build technical capacity of SACAs (For one SACA) (One retreat/capacity building training a year for 2 years)	<b>Completed</b>	Capacity Building in Project Management for SACA, LACA Coordinators and M&E Officer in Benue, Cross River, Edo & FCT and CSO Network
	1.2.2 Institutional and technical capacity of state umbrella organizations and networks strengthened to coordinate the constituency response	1.2.1.4 Build institutional and technical capacity of state umbrella organizations and networks - Benue	<b>Partially completed</b>	Mapping of Community Based Organizations and Selected Service Providers conducted. Capacity Assessment Work plan developed with definitive milestones for implementation.  Capacity development plan, with prioritized capacity development initiatives and investment level required formulated A mapping and profile of the existing CBO and service providers at the identified LGA.

	1.2.2 Institutional and technical capacity of state umbrella organizations and networks strengthened to coordinate the constituency response	1.2.1.4 Build institutional and technical capacity of state umbrella organizations and networks - Ondo, Kaduna, Akwa Ibom, Adamawa, Lagos	<b>WB assisted activity</b>	State-led Capacity Assessment and mapping in progress for Benue, Ondo, Kaduna, Akwa Ibom, Adamawa, Lagos (WB-assisted) inclusive of National and state CCEs. <b><i>This capacity assessment will reveal the capacity gaps and inform request for support from UN joint programme</i></b>
<b>Output 1.3:</b> Strengthen coordination mechanism between NACA, SACA, LACA, CCEs, OAFLA, NAWOCA, MDAs, Development Partners and the Private Sector for effective HIV and AIDS response	1.3.1 Partnership with private sector established for state response at National State and LG level.	1.3.1.1 Convene quarterly NR coordination meetings between SACA, LACA, CCE and private sector. (for two years)	<i>No report from Adamawa</i>	<i>No report from Adamawa</i>
	1.3.4 Linkages between NACA, SACA, LACA and national and state level umbrella CCE, (including CCM, NAWOCA) networks strengthened	1.3.4.3 Support NAWOCA quarterly meetings and activities in Kaduna & Taraba	<b>Partially completed</b> Activity not done in Kaduna and Taraba states	At national level: NAWOCA national strategic plan development was initiated. This activity is yet to take place at the state level
		Support to GF- CCM to Review Constitution and Implement processes leading to election of Members	<b>completed</b>	Reviewed the functioning of the CCM followed by elections and orientation of new CCM members. Support to development of the Strategic plan for CCM in progress. Supported Resource mobilization efforts towards the award of GF Round 8 and R9 grant. New CCM with new membership with enhanced capacity to mobilize and coordinate GF grants

### 7.1.2 Review of Prevention activities:

Outputs	Targets	Main Activities 2009	Status of implementation from National, States partners & UN Agency	Achievements (Explain what are the key outcomes from these activities)
<b>Output 2.1</b> Policies, plans and frameworks to reduce the vulnerability of MARPS including young people to HIV /AIDS infection in place and implemented in the 10 States & the FCT	2.1.2 By 2010, key MDAs at the Federal, 10 States and the FCT (specifically NYSC, NCFR, NDLEA, MoH, NPS, FMYD, SMAAN, MWA, NNSWP, NURTW, NANS, NAPTIP, MoE, CSO / FBO, Media, NYNETHA) have human and institutional capacities and tools to implement the National BCC Strategy and HIV/AIDS Prevention Services	2.1.2.1 Capacity building (ToT, TA) for the implementation of BCC Plan and HIV/AIDS Prevention services (at Federal, State ) - Taraba, Edo, Imo	<b>Partially Completed</b>	National Framework on HIV prevention in sex work settings developed  Capacity strengthening for APYIN, NYNETHA, CISHAN, NNSWP, NEPHWAN, SMAAN is ongoing  Capacities of 50 members of Global Youth Network strengthened in use of audio-visuals in community dialogue.  <b>NYSC Project</b> Development of National Plan on prevention is on-going.  Capacity building of <b>NYSC Core Team</b> on implementing prevention activities has also been completed for <b>Taraba, Edo &amp; Imo</b> .  NYSC <b>Lagos</b> state is developing a workplace policy
	2.1.3 By 2010, community structures enabled to generate demand for HIV/AIDS prevention information, life skills and services among Young People, Refugees, Asylum Seekers & Returnees, IDUs & other drug users, Persons in Prisons / Institutions, LGBT, Married Adolescents, Sex Worker, Labour & workers Union, People vulnerable to trafficking in the 10 states and the FCT	2.1.3.1 Capacity building for community structures to create demand for BCC activities – Adamawa, Akwa Ibom, Edo, Lagos, Benue	<b>Partially Completed</b> Reports for Adamawa, Akwa Ibom, Edo, Lagos not available	<b>Imo:</b> TOT has been conducted for 300 traditional rulers on BCC.  <b>Benue:</b> Mapping and capacity assessment of SACA, CBOs carried out in Benue but actual training not yet done.
<b>Output 2.2</b> Supportive mechanisms to implement costed scale up plans for PMTCT in the 10 States & FCT strengthened	2.2.1. By end of 2010, 10 State and the FCT have capacity to develop and implement evidence-based costed scale up plan for PMTCT services developed in the 10 States and the FCT	2.2.1.1 Develop costed scale up plans for PMTCT in the states – Adamawa, FCT	<b>Partially Completed</b>	Mapping of PMTCT sites completed and the process of development of scale up plans on-going in FCT.
		2.2.2.1 Capacity Development for the coordination and implementation of the costed PMTCT plans at state & LGA levels – Benue, FCT	<b>Partially Completed</b>	Mapping of PMTCT sites completed. Capacity of state officials built on developing costed PMTCT plans and training on Project Management training done in Benue.
		2.2.4.1 Capacity building for community structures to create demand for PMTCT services- Akwa Ibom, Ondo	<b>Not done</b>	Activity not implemented in Imo & Ondo. No report from Akwa Ibom

<b>Output 2.4</b> Systems and frameworks in place to implement the work place policies and programs on HIV/AIDS in the 10 States & FCT	2.4.1 Stakeholders, Policy Makers, Development Partners, Public and Private Sector, Academia and the Media at the National and State (10 states + FCT) level have capacity, programme tools and systems to develop and implement National HIV/AIDS Work Place Policy and Programmes by the end of 2010	2.4.3.1 Strengthening monitoring and coordination of HIV/AIDS programs in the world of work - <b>Lagos</b>	<b>Not done</b> No report from Lagos state	Development of NYSC National Workplace policy on-going. The plan for the process has been developed-Lagos but activities suspended until the development of SSP.
<b>Output 2.5</b> Information on the issues of stigma and discrimination available to inform HIV/AIDS programming in the 10 States & FCT	2.5.1 Capacity to generate and use evidence on HIV/AIDS related stigma and discrimination available to inform policy, plans and programmes at the Federal Level, in the 10 states and the FCT by the end of 2010	2.5.2.1 Capacity building for programming to address the identified issues on HIV/AIDS related stigma and discrimination - <b>Cross River</b>	<b>Not done</b> <i>Concept note developed by Cross river but activity not implemented</i>	National Assembly has commenced the process of passage to law of anti-stigma bill and UN has contributed to this process.
		2.5.3.1 1 TV and 3 Radio Public service announcements developed and broadcasted - <b>Lagos</b>	<b>On Going</b>	Message development workshop held and messages developed  Recording of 2 PSAs done. One with Lagos State First Lady and the other with Nollywood leading actress.
<b>Output 2.6</b> 10 States & FCT are supported to implement national policy and existing protocols to prevent medical transmission of HIV	2.6.2 Relevant MDAs at the Federal and State level have programmes implement and monitor National Policy on Blood and Injection Safety and related existing protocols	2.6.2.2 Strengthening monitoring of Universal Access to blood / injection safety programme in public and private institutions - <b>Kaduna</b>	<b>Not done</b> No report from Lagos state	

### 7.1.3 Review of Treatment activities:

Outputs	Targets	Main Activities 2009	Status of implementation from National, States partners & UN Agency	Achievements (Explain what are the key outcomes from these activities)
<b>Output 3.2</b> 10+1 states have guidelines and tools(SOPs, training documents) for implementing ART, OIs and TB/HIV collaborative services	<b>3.2.1</b> 10+1 states have guidelines and tools(SOPs, training documents) for implementing ART, OIs and TB/HIV collaborative services by end of 2009	3.2.1.1 Produce 11,000 copies each of the existing guidelines: 1. Peadiatric ART guidelines, Adult ART Guidelines 3. TB/HIV collaborative activities guidelines - <b>Adamawa ,Akwa Ibom, Kaduna, Taraba &amp; FCT</b>	<b>Kaduna state:</b> distributed <b>68</b> copies of peadiatric ART guidelines & <b>137</b> copies of SOPs; <b>FCT</b> distributed - <b>50</b> copies of peadiatric ART guidelines and 100 copies of SOPs. <b>Taraba, Adamawa:</b> 03 guidelines distributed. <i>No report from Akwa Ibom state</i> 2000 copies of TB/HIV Guidelines produced and distributed by <b>WHO and partners</b> in Lagos, Taraba, Imo, Akwa Ibom, Ondo, FCT, Kaduna and Imo states. The UNICEF National Peadiatric	Improved capacity and skills to deliver high quality Peadiatric ART and TBHIV services at state level.

			ART training manual for participants & facilitators to be finalized by end of 2009.	
<b>Output 3.3</b> 10+1 states have human capacity to deliver ART, OIs and TB/HIV collaborative services.	<b>3.3.1</b> 44 training institutions including 7 Prison Medical Centres (4 per state) with capacity to train health workers to deliver ART, OIs and TB/HIV collaborative services.	3.3.1.1 Situational assessment of the pre-service curriculum for schools of nursing and Midwifery, Health technology, pharmacy and medical schools. - <b>Imo</b>	<b>Partially Completed</b> <i>No report from Imo state</i> WHO & other partners supported the school of Nursing and Midwifery to introduce new strategies for TBL and TBHIV activities in the school curriculum.  The Prisons Administration conducted training activities for their health workers with support from other development partners	
<b>Output 3.4</b> 10+1 states have systems for supporting quality ART, OIs and TB/HIV collaborative services delivery.	<b>3.4.1</b> 0% Health facilities experiencing stock out of drugs and commodities for delivering ART, OIs and TB/HIV collaborative services	<b>3.4.1.1</b> Conduct situational assessment of the existing PSM system for ART, OIs and TB/HIV commodities. - <b>Lagos</b>	<b>Partially Completed</b> <i>Not done in Lagos state.</i> WHO in collaboration with other partners supported National Programme to review the TB, TB/HIV LMIS and supported training of 37 states TB programme managers on the reviewed LMIS.	
<b>Output 3.5</b> 10+1 states have Ward Development Committees (WDC) with skills for Advocacy, social mobilization, demand creation and adherence to ART, OIs and TB/HIV Collaborative services	<b>3.5.1</b> 10+1 State PHC department/Agencies with capacity for building the skills of WDCs for Advocacy, social mobilization, creating demand for ART, OIs and TB/HIV Collaborative services	3.5.1.2 Develop training modules for State PHC department and agencies to build the skills of WDCs on Advocacy, social mobilization, creating demand for ART, OIs and TB/HIV Collaborative services - <b>Ondo</b>	<b>Not done</b>	
		3.5.1.3 Train State PHC department and agencies to build the skills of WDCs on Advocacy, social mobilization, creating demand for ART, OIs and TB/HIV Collaborative services - Kaduna, FCT, Ondo	<b>Not done</b>	

#### 7.1.4 Review of Care & Support activities:

Outputs	Targets	Main Activities 2009	Status of implementation from National, States partners & UN Agency	Achievements (Explain what are the key outcomes from these activities)
<b>Output4.3</b> SACAs and Ministries of Women Affairs in 10 States & the FCT have functional integrated systems for continuum of care for PLWHAs, WLWHAs, OVC and PABAs	4.3.1 SACAs, Ministries of Women Affairs & of Health, Community Health Service Providers and CSOs in 10 States & the FCT	4.3.1.1 - Consultative stakeholder fora to link and synergize services for a continuum of care in 10 States +1 - <b>Taraba</b>	<b>Not done</b> <i>There was no report from Taraba state on the planned activities</i>	
		4.3.1.2 - Support one Training of Trainers workshop on implementation of continuum of care for PLWHAs, WLWHAs, OVC and PABAs - Kaduna, FCT, Imo, Ondo, Cross River	<b>Not done</b> <i>TOT on continuum of care was not conducted in Imo, Ondo and Cross River states neither was any report on the activity from Lagos and the FCT.</i>	Sensitization on the location of services was conducted UNICEF supported the establishment of OVC steering committee and development of workplans Capacity building on the OVC implementation for Kaduna and the FCT

#### 7.1.5 Review of UNLT activities

Outputs	Targets	Main Activities 2009	Status of implementation from National, States partners & UN Agency	Achievements (Explain what are the key outcomes from these activities)
<b>Output 5.1</b> 100% of UN Staff have acquired basic knowledge on prevention, treatment, care and support by 2010	All UN Staff	5.1.1 Advocate to UCC/RC /UNTG/ UNCT for support on UNLT activities	Completed	ALL UNCT members are committed to support UNLT activities Improved support and participation of UNCT members
	All UN Staff	5.1.2 Conduct Needs Assessment on HIV/AIDS for UN Staff	Completed	Needs assessment survey done and draft report submitted to UNAIDS Draft report being reviewed by UNAIDS for circulation for further input from UNLT
	All UN Staff	5.1.3 Conduct monthly Orientation Sessions on HIV/AIDS for Staff (Half Day)	Completed	232 staff members have increased knowledge on HIV/AIDS prevention, treatment, care and support. <b>Arrangement in place to conduct more training before end of 2009</b>



	UN Clinic Staff	5.1.4 Conduct training on Confidentiality, Counselling and Treatment , Care & support for UN clinic Staff	Not done	Training to be conducted in 2010
	UNLT/UNTG	5.1.5 Complete the HIV/AIDS E- course	Not yet conducted	Agency focal points to sensitize staff members on this before the end of 2009
	All UN Staff and Children	5.1.6 organize special learning event for Children on HIV/AIDS	Completed	444 UN staff children participated in the learning event for children
	Spouses and Partners of UN Staff members	5.1.7 Organize special learning event for Spouses and Partners of UN Staff to sensitize them on HIV/AIDS	Completed	172 participants were sensitized on HIV/AIDS prevention, treatment, care and support
	All UN Staff	5.1.8 Organize special event for UN Staff for World AIDS Day	On going	Committees are in place. IEC materials not available
<b>Output 5.2</b> UN Cares 10 Minimum Standards on HIV/AIDS fully implemented in the UN system by 2011	UNCT and OMT	5.2.1 Present UN Cares 10 Minimum Standards UNCT/OMT	Not done	
	UNLT members including field focal persons	5.2.2 Conduct a four- day training on UN Cares	Completed	7 focal points from zonal offices were trained on UN Cares Trained focal points already implementing the 10 minimum standards in the field offices
	All Staff	5.2. 3 Provide and distribute male and female condoms	Completed	All staff members have access to both male and female condoms. <i>Female condom dispensers not available</i>
	All Staff	5.2.4 Print and distribute IEC materials on UN Cares	Completed	1,100 T-shirts, 500 mugs, were produced and distributed Flyers and posters for WAD and other activities to be produced
	HR/ Adim Staff	5.2.5 Conduct training on confidential handling of Staff records	Not done	<i>To be done in 2010</i>
	UNCT	5.2. 6 Provide funds for continuous engagement of Inter Agency Officer (GIPA)	Completed	GIPA Officer engaged. Continuous engagement of GIPA officer contributed to improved implementation
	UN Drivers in Field Offices	5.2.7 Conduct three orientation sessions on First Aid for the drivers in the Zonal offices.	Not done	<i>To be done in 2010</i>
<b>Output 5.3</b> Functional UN HIV positive Support Group in place by 2011	All Staff	5.3.1 Provide information on UNPlus	Completed	IEC materials (Flyers/calendars) distributed

	All Staff	5.3.2 Launch of UN Plus Nigeria	Not done	Non disclosure of status. Messages to encourage staff members on disclosure to GIPA Officer
Output 5.4 Capacity of all UN Joint Team members built in key programmatic areas by 2011	UN Joint Team Members	5.4.1 Conduct Needs Assessment for UN Joint Team Members	Not done	
	UN Joint Team Members	5.4.2 Conduct four Skills Building Sessions	Not done	
Key Output 5.5 UNLT Activities Monitored and evaluated by 2011	UNLT	5.5.1 Conduct Training on M&E for UNLT Members	Not done	Activities to start in 2010
		5.5.2 Conduct review meetings to monitor and Evaluate UNLT activities	Not done	Activities to start in 2010

71.6 Review of M&E activities:

Outputs	Targets	Main Activities 2009	Status of implementation from National, States partners & UN Agency	Achievements (Explain what are the key outcomes from these activities)
<p><b>Key Output 6.1</b> By 2010, NACA and eleven States have Operational Guidelines for M&amp;E developed and operationalize in line with NNRIMS</p>	<p>6.1.1 By 2009, NACA and Eleven States have developed M&amp;E Guidelines; By 2010, Eleven States have operationalize the M&amp;E Guidelines</p>	<p>6.1.1.1 Develop and cost M&amp;E plan: engage consultant; conduct workshops and stakeholder meetings, printing and dissemination ; Operationalize the costed M&amp;E Plan - implementation of M&amp;E plan - Edo , Imo</p>	<p><b>Not done</b> Edo, Lagos and Ondo states submitted proposal for development of M&amp;E guidelines</p>	<p>States are in the process for developing SSP therefore the activities will be rescheduled until its completion and the finalization of the NSF II</p>
<p><b>Key Output 6.2</b> By 2010, NACA and eleven states have developed and operationalized costed M&amp;E Plans</p>	<p>6.2.1 By 2009, NACA and Eleven States have costed M&amp;E plans ; By 2010, Eleven States have operationalized costed M&amp;E plans</p>	<p>6.2.1.1 Develop and cost M&amp;E plan: engage consultant; conduct workshops and stakeholder meetings, printing and dissemination ; Operationalize the costed M&amp;E Plan - implementation of M&amp;E plan - Edo , Imo</p>	<p><b>Not done</b> Proposal for the activity developed in the Edo state and Consultants identified. Imo has not developed the costed M&amp;E plans</p>	<p>States are in the process for developing SSP therefore the activities will be rescheduled until its completion and the finalization of the NSF II</p>
<p><b>Key Output 6.3</b> By 2009 eleven States have established functional M&amp;E technical Working Group</p>	<p>6.3.1 By 2009, Eleven States have functional technical M&amp;E working groups</p>	<p>6.3.1.1 Establish functional M&amp;E Technical Working Group - TORs developed, launching of working group and regular meetings – Adamawa, Taraba, FCT</p>	<p><b>Not done</b> No M &amp; E Focal persons</p>	
<p><b>Key Output 6.4</b> By 2012 Capacity of eleven SACAs and their MDA, LACAs and CSOs personnel have been strengthened on use of harmonized M&amp;E tools and data management</p>	<p>6.4.1 By 2009, personnel from SACAs and MDAs, LACAs and CSOs in eleven States have the relevant skills on use of harmonized M&amp;E tools and data management; By 2010, eleven SACAs and MDAs have regular information products.</p>	<p>6.4.1.1 Conduct three 5 day TOT for M&amp;E officers from eleven SACAs on the use of harmonized M&amp;E tools and data management - Benue</p>	<p><b>Not done</b> Lack of funds for the activity</p>	
		<p>6.4.1.2 Conduct a 5 day step-down training for MDAs, LACAs and CSOs on the use of harmonized M&amp;E tools and data management - Benue</p>	<p><b>Not done</b></p>	
<p><b>Key Output 6.6</b> By 2012 NACA and eleven states have better understanding of HIV/AIDS epidemic and response including resource tracking.</p>	<p>6.6.1 By 2010 NACA and eleven states will be able to track the epidemic, response and resources on HIV and AIDS.</p>	<p>6.6.1,1 Conduct Triangulation analysis ( Consultants and meetings) Conduct Annual national and state AIDS conferences Conduct one annual /national and state NASA workshop- Lagos</p>	<p><b>Partially completed</b></p>	<p>National M&amp; E system evaluation conducted as part of the national M&amp;E plan being developed by NACA MOT, Estimate and projection, National M&amp; E system evaluation, Data Quality Assurance (DOA) completed State level: Triangulation; Epidemic, Response, Policy and Synthesis (ERPS), National AIDS Spending Assessment (NASA) is in progress.</p>

## Annex B: 2010 Annual Workplans 10+1 states

## 7.2.1 Adamawa state 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	TOTAL BUDGET USD	FUNDING SOURCES			Time Frame			
						STATE	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy, Management & Coordination	1.1.1.1	Advocacy to EXCO, House of Assembly and other key stakeholders for transformation to agency	SACA transformed in to agency	3,000	1,000	2,000		X			
2	Advocacy, Management & Coordination	1.1.4.3	Capacity building on budgeting, planning and expenditure tracking (state PMTCT services)	Number of Stake Holders trained	14,500	4,500	10,000					X
3	Advocacy, Management & Coordination	1.3.1.1	Support quarterly state level coordination meeting with LACA/SACA/CSO/and relevant MDAs	Number of meetings held	24,000	6,000	18,000			X	X	
4	Prevention	2.1.3.1	Capacity building for Community structure to create demand for BCC activities	No & categories of community structures trained No & type of training modules developed	9,000	1,500	7,500				X	
5	Monitoring & Evaluation	6.3.1.1	Capacity building for M&E focal persons of MDAs, CSOs, and LGAs and Establish a functional M&E TWG	Number of M & E Focal persons trained Number of M & E TWG meetings held	80,000	20,000	60,000		X			

130,500 33,000 97,500

7.2.2 - 2010 Akwa Ibom State Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	TOTAL BUDGET USD	FUNDING SOURCES			Time Frame			
						STATE	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy Management & Coordination	1.1.4.4	Track quarterly and yearly HIV & AIDS budget appropriation, release & expenditure	Number of state AIDS Spending Assessment conducted	20,168	10,084.03	10083.97			X	X	X
2	Advocacy Management & Coordination	1.2.1.2	Build, institutional and technical capacity of LACAs, and LG level CCEs (office, personnel, basic equipment and one quarterly training workshop.	Number of LACAs with functional office; No of trainings conducted	23529.41	16,806.72	6722.69			X	X	
3	Prevention	2.1.3.1	Capacity building for community structures to create demand for BCC activities	Number and categories trained. Number & type of training modules developed	20168	13,445.38	6722.62			X	X	X
4	Prevention	2.2.4.1	Capacity building for community structures to create structures for PMTCT services	Number and categories of community structures trained. PMTCT coverage rate at facility	33613.45	13,445.38	20168.07			X	X	X
5	Treatment	3.2.1.1	Produce 1000 copies of the existing guidelines <ul style="list-style-type: none"> <li>• Pediatric ART guidelines</li> <li>• Adult ART guidelines</li> <li>• TB/HIV collaborative activities guidelines</li> </ul>	Number of copies of the existing guidelines produced.	20168	13,445.38	20168.07			X	X	
					117,646.86	67,226.89	63,865.42					

**Annex B: 2010 Annual Workplans 10+1 states**

7.2.3 - Benue 2010 Annual Workplan												
S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	TOTAL BUDGET USD	FUNDING SOURCES			Time Frame			
						STATE	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy Coordination & Management	1.2.1.2 UNDAF AWP C1. Act. 5	Provide the capacity development requirements (training, systems, equipments, technical assistance etc.) identified	% capacity requirements provided	40,000	4000	36,000			X	X	X
2	Advocacy Coordination & Management	UNDAF AWP C2. Act. 1	Determine baseline utilization levels and challenges for service utilization	service utilization reports	84,285.71	UNDAF AWP not in JP	00		X	X	X	X
3	Prevention	2.2.2.1 UNDAF AWP C1. Act. 5	Capacity development for the coordination and implementation of the costed PMTCT plans at state & LGA levels	% capacity requirements provided	60,000	6000	54,000			X	X	X
4	Care and Support	4.4.1.1 UNDAF AWP C1. Act. 1	Conduct a situation analysis for priority sector. (Conduct Social/ economic empowerment initiative mapping of OVC, groups of PLWHA and PABAs, IDUs/ NIDUs, CSW, MSM in Benue State)	Situation Analysis report produced	22,222.22	2,222.22	20,000			X	X	
5	Monitoring and Evaluation	6.2.1.1	Develop & cost M&E Plan: engage consultant: conduct workshop and stakeholders meeting, printing and dissemination. Operationalize the costed M&E Plan- implementation of M&E	M&E plan reviewed	52,000	5,200	46,800			X	X	
					174,222.22	17,422.22	156,800					

7.2.4 Cross River state 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						STATE	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Coordination	1.1.4.3	Build capacity of relevant stakeholders on HIV and AIDS budget and expenditure tracking	Number of stakeholders trained	23529.41	2,352.94				x		
2	Coordination	1.2.1.1	Conducting Institutional and technical capacity needs assessment of SACA, LACA, and Constituency Coordinating Entities (CCEs)	Number of institutions with capacity needs assessment completed	26890.76	2,689.07			X			
3	Coordination	1.2.1.3	Build technical capacity of SACA (one retreat/capacity building training)	Number of SACA staff trained	23529.41	2,352.94						x
4	Prevention	2.5.2.1	Capacity building for programme to address the identified issues on HIV and AIDS related stigma and discrimination	Number and category of trainees. Number of modified programs to address identified issues on HIV&AIDS related stigma & discrimination	23529.41	2,352.94					X	
5	Care & Support	4.4.1.1	Conducting Social/economic empowerment initiatives mapping of OVC, groups of PLWHA, Women Living with HIV/AIDS (WLHA) and PABAs in Cross River State	Number of Social/economic empowerment initiatives, mapping of OVC, Support groups of PLWHA and PABAs conducted.	36,974.79	3,697.48				x		
						134453.78	13,445.37	121,008.40				

## 7.2.5 Edo state 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	TOTAL BUDGET USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy Management & Coordination	1.2.1.3	Build technical capacity of SACA(one Retreat/ capacity building training at year for 2 years)	Number of SACA staff trained	4,937	493.7	4443.3		x	x		
2	Prevention	2.1.2.1	Capacity building (ToT, TA) for the implementation of BCC plan & HIV/AIDS prevention services (including with NAPTIP, NGOs and prison officials for MARPs).	No & categories of young people in pilot sites trained. No of NGOs, NAPTIP/Prison staff trained on BCC for MARPs. No & categories of community structures trained for BCC services demand creation at community level	64,909	6,490.90	58418.1		x	x		
3	Prevention	2.2.2.1	Capacity development for the coordination and implementation of the costed PMTCT plans at state and LGAs levels	No & categories trained on coordination and implementation of costed PMTCT plans. No & categories of community structures trained for PMTCT service demand creation at community level.	33266	3,326.60	29939.4			x	x	x
4	Care and Support	4.4.1.1	Conduct socio/economic empowerment initiatives mapping of OVC, PLHIV & PABAs	Social/economic empowerment initiatives, mapping of OVC, support groups of PLHIV and PABAs	5,000	500	4500			x	x	
5	Monitoring & Evaluation	6.4.1.1	Conduct a three 5 -day (ToT) for M&E officers of SACA on the use of harmonized M&E tools & data management.	No SACA M/E staff & MDA Officers trained on use of harmonized M/E tools and data management.	4,351	435.1	3915.9			x	x	

112,463 11,246.30 101216.7



7.2.6 FCT 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy management & coordination	1.1.1.1 C2	Advocacy to Exco, National Assembly and order key stakeholders for the passage of draft for an agency	FACA transformed into an agency	1000	500	500		X	X		
2	Prevention	2.1.2.1 C2	Capacity building (TOT,TA) for the implementation of BCC plan and HIV and AIDS prevention activities services	No and categories of trainees  No of HCT SDPs increased from 24 to 48	64,000	6,400	57600			X		
3	Prevention	2.2.2.1 C2	Capacity development for the coordination and implementation of the costed PMTCT plan at FCT & Area council	No. and categories of trainees  No and type of training	33,266	3,326.60	29939.40			X	X	
4	Treatment	3.1.2.2	Conduct stakeholders meeting to establish and harmonize working groups for ART, OIs, and TB/HIV collaborative activities at 6 Area councils		44000	4400	39,600		X	x	x	X
5	Monitoring and Evaluation	6.2.1.1	Develop, cost and implement M &E plan strengthening existing M & E TWG	M & E plan develop, costed and implemented	27600	2760	24840			x	x	X
						169,866	16,986.6	152,879.4				

7.2.7 Imo state 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy, Management & Coordination	1.2.1.1 C3	conduct institutional and technical capacity needs assessment of SACA, LACAs and CCEs(all LACAs & CCEs)	Capacity Gap Analysis Report& Capacity Building Plan	47,058.82	4,705.88	42352.94		x			
2	Prevention	2.1.2.1 C3	Capacity building (ToT, TA) for the implementation of BCC plan and HIV/AIDS prevention services (at state & LACA level).	No Trainings done & No of TA provided	28,235.29	2,823.52	25411.77			x		
3	Prevention	2.2.1.1 C3	Develop costed scale -up plan for PMTCT in the state	Scale up plan Report	28,235.29	2,823.52	25411.77		x	x		
4	Care and Support	4.3.1.2 C3	Support training of Trainers workshop on implementation of continuum of care for PLHIV,OVC and PABAs	No & types of trainings conducted	37647.05	3,764.70	33,882.34			x		
5	Monitoring and Evaluation	6.2.1.1	Develop, cost and implement M &E plan strengthening existing M & E TWG	M & E plan develop, costed and implemented	27600	2760	24,840			x		x

169,866 16,986.6 152,879.4

7.2.8 - KADUNA 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy, Management & Coordination	1.2.1.2	Build Institutional Capacity of KADSACA, LACAs, CCEs and Private Sectors	No. Of LACAs with functional offices. No of trainings Conducted	227,739	22,774	199,965			X		
2	Prevention	2.1.2.1	Capacity building (TOT, TA)for the implementation of BCC plan and HIV/AIDS prevention Services (including MARPs & young people)	No. Of young people , NGOs, & Communities trained	50,000	5,000	45000			X	X	X
3	Prevention	2.2.4.1	Capacity building of Communities to create demand for PMTCT Services	No. Of Categories communities trained. PMTCT coverage rate at facility, LGA & State levels	25,000	2,500	22500			X	X	X
4	Treatment	3.5.1.3	Train State PHC department and agencies to build the skills of. WDCs on Advocacy, social mobilization, creating demand for ART, O1s and TB/HIV Collaborative services	No. Of quarterly TWG meetings at state level	6,803	680	6123			X	X	X
5	M&E	6.4.1.2	Conduct a 5 day step down training for MDA, LACA, and CSOs on the use of harmonized tools and data management	No. Of MDA officers trained on harmonized M&E tools and data management	47,870	4,787	43083			X	X	X

357,412 35,741.2 316,671

7.2.9 – Lagos State 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy, Management and Coordination	1.2.1.2 Outcome 1	Build institutional and technical capacity of LACAs, LG level CCEs <i>(LSACA will be responsible for the capacity needs assessment of all LACAs. Will require additional funding to address identified needs/gaps)</i>	No of LACAs and LG CCE with capacity built.	76,668	7,667	69001		X		X	
2	Advocacy, Management and Coordination	1.3.1.1 Outcome 3	Convene quarterly NR coordination meetings between SACA, LACA, CCE and private sector. <i>(LSACA will be responsible for quarterly coordination meetings with LACAs. Will require additional funding for meetings with CCEs and private Sector)</i>	No quarterly meetings held; No of partners/stakeholders attending meetings	10,560	3,334	7226		X	X	X	X
3	Prevention	2.1.3.1 Outcome 1 and 2	Capacity building for community structures to create demand for BCC activities (targeting MARPS, Women and OVC) <i>(LSACA will adapt national BCC strategy for the state and disseminate the strategy. Will require additional funding for capacity building of the community structures on demand creation for BCC)</i>	No of LGAs community structures with capacity built.	64,668	20,000	44,668			X		X
4	Treatment	3.4.1.2 Outcome 1 and 3	State government coordinating body develops procurement strategy for ARVs (with built in emergency plan for interim period of procurement).	State procurement strategy developed.	12,500	1,250	11,250			X	X	
5	Monitoring and Evaluation	6.6.1.1 Outcome 3	Conduct triangulation analysis, Conduct annual state AIDS conference.	Triangulation analysis conducted & report submitted; No of participants at state AIDS conference	100,833	10,083	90750			X		X

265,229      42,334      222,895



7.2.10 – Ondo State 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy, Management and Coordination	1.1.1.1	Advocacy to HOA and other key stakeholders for transformation of SACA into Agency	SACA with agency status with mandate for multi sectoral response	2,000	1000			X			
2	Advocacy, Management and Coordination	1.2.1.2	Build institutional and technical capacity of LACAs, CCE, TWGs, SACA, State Umbrella Organizations and networks (Office, personnel, basic equipments & one quarterly capacity building, training workshops)	No of SACA/LACA/CCE staff trained, No of LACAs with functional office. No of trainings conducted with concrete follow up actions	150,000	Counterpart fund paid to UNDP			X	X		
3	Prevention & Treatment	2.1.3.1 2.2.4.1 3.5.1.1	Capacity building for Community structures to create demand for BCC activities & PMTCT services and Develop tools & build the capacity of SDPs/PHC on advocacy, social mobilization for demand creation for ART, OIs and TB/HIV collaborative services.	No and categories trained and supported. record of types of demand created as a result of capacity enhancement	50,000	Counterpart fund paid to UNICEF				X		
4	Care & Support	4.3.1.2/4.3.1.3	Support one TOT workshop on implementation of continuum of care for PLHIVs, OVC and PABAs & provide TA to SACA, MOWA, MOH, Community SDPs, CSOs to strengthen/establish referral systems for continuum of care	ToT and step-down workshops held. Evidence of systematic and coordinated system for continuum of care at LGA (referrals, records)	50,000	HIV/AIDS World Bank Programme development project						X
5	M&E	6.4.1.2	Conduct a 5-Day Step down training for MDAs, LACAs and CSOs on the use of harmonized M&E tools and data management	No. of MDAs officers trained on harmonized M&E tools and data management.	50,000	HIV/AIDS World Bank Programme development project						X
						302,000	1000	301,000				

7.2.11 – Taraba State 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	Total Budget USD	FUNDING SOURCES			Time Frame			
						State	Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy, Management & Coordination	1.1.1.1	Advocacy to EXCO, HOA, other key stakeholders for transformation to agency	Taraba State Agency for HIV and AIDS in place	6722.69	3364.34	3358.35		X			
2	Advocacy, Management & Coordination	1.2.1.4	Build capacity of state umbrella organizations and networks	Number of umbrella Networks whose capacity are built  No of trainings held	47058.82	13445.38	33613.44			X	X	X
3	Advocacy, Management & Coordination	1.2.1.1	Conduct Institutional and technical capacity needs assessment of SACAs, LACAs	Number of Institutions with capacity needs assessment completed	33631.44	13445.38	20168.06			X		
4	Prevention	2.2.4.1	Capacity building for NAWOCA to create demand for PMTCT services	Number of NAWOCA teams/members trained PMTCT coverage rate	33631.44	6722.69	26908.75			X	X	X
5	Monitoring & Evaluation	6.3.1.1	Training of M& E Focal persons for state and LACA and establishing a functional M&E TWG	1. Number of M & E Focal persons trained 2.Number of M & E TWG meetings held	33631.44	10084.03	23547.41		X	X	X	X

154675.83      47061.82      107,596.01

Annex C: UNLT 2010 Annual Workplan

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	Indicators	Budget	Gap	UN Agencies contribution	Time Frame			
								Q1	Q2	Q3	Q4
1	UNLT	5.1.1.1	Advocate to UCC/RC/UNTG/UNCT for support on UNLT activities	Number of UNCT members that support and actively participate in the UNLT activities.	0	0		x	x	x	x
2	UNLT	5.1.1.3	Conduct monthly orientation sessions on HIV/AIDS for staff on Agency basis (one-day)	Number of staff members with increased knowledge on HIV/AIDS prevention, treatment, care and support	2000	2000		x	x	x	x
3	UNLT	5.1.1.4	Conduct training on confidentiality, counseling and testing, treatment, care and support for UN clinic staff and PEP kit custodians.	Number of UN clinic staff and PEP Kit custodians trained.	16,000	16,000		x			
4	UNLT	5.1.1.5	UN Staff to complete HIV/AIDS E-course and submit certificate to Agency HR.	Number of staff members with certificate.	0	0		x	x		
5	UNLT	5.1.1.6	Organize special learning event for children on HIV/AIDS and related issues	Number of children sensitized.	23,000	23,000				x	
6	UNLT	5.1.1.7	Organize a Staff & family Day-out with the RC and FUNSAN on welfare and HIV/AIDS related issues	Number of staff and family members that participated.	23000	23000				x	
	UNLT	5.1.1.7	Organize joint UN learning programme for UN Staff and family in the field offices	Number of learning programmes organized	30000	30000					
7	UNLT	5.1.1.8	Organize World AIDS Day event for UN Staff and neighbourhood and identify UN Cares Ambassador.	Number of activities conducted.	15000	15000					x
8	UNLT	5.2.1.2	Conduct a 2-Day training for UNLT focal points in the field offices on UN Cares	Number of UNLT focal points trained	4800	4800		x			



9	UNLT	5.2.1.3	Provide female condom dispensers and distribute male and female condoms	Number of female condom dispensers installed and number of condoms distributed.	25000	25000	x	x	x	x
10	UNLT	5.2.1.4	Print and distribute IEC materials such as flyers, posters and calendars and DVDs on UN Cares.	Number of IEC materials printed and distributed.	10000	10000	x	x	x	x
11	UNLT	5.2.1.5	Engagement with the HR Network on inclusion of the UN Cares in the I&O package for recruited staff members.	Number of HR officers met.	0	0				
11	UNLT	5.2.1.6	Provide funds for continuous engagement of Inter-Agency Officer (GIPA).	Inter Agency Officer (GIPA) contract secured.	65000	65000	x	x	x	x
12	UNLT	5.2.1.7	Conduct one orientation session on First Aid for drivers in National and each of the Zonal Offices	Number of drivers able to effectively administer the first aid.	5000	5000	x	x	x	x
13	UNLT	5.3.1.1	Provide information and updates on UNPlus and launch of UN Plus Nigeria	Number of E-mail Information/updates sent to UN staff members	2000	2000	x	x	x	x
14	UNLT	5.3.1.4	Sponsor UNLT facilitators for Regional and Headquarters meetings, conferences and trainings on HIV issues.	Number of UNLT facilitators that attend Regional and Headquarters events	20000	20000	x	x	x	x
16	UNLT	5.3.1.5	Conduct review meetings to monitor and evaluate UNLT activities.	Number of review meetings conducted	4000	4000	x	x	x	x
					226,800	226,800				

**Annex D: CIVIL SOCIETY 2010 ANNUAL PLAN**

S/N	Thematic Area	Main Activity Number as in Joint Plan	Main Activity	INDICATORS	TOTAL BUDGET USD	FUNDING SOURCES		Time Frame			
						Gap	UN Agencies contribution	Q1	Q2	Q3	Q4
1	Advocacy Management & Coordination	1.2.1.4	Build Institutional & Technical Capacity of State Umbrella Organization & Networks	Number of umbrellas organizations operational .Number of trainings ,Number of technical staffs	31,885.71	31,885.71		x	x		
2	Advocacy Management & Coordination	1.2.1.5	Build Capacity of National Umbrella Organizations & Networks	Number of Skills building trainings held ,Num of CCES data bases in place and functioning	21,526.05	21,526.05		x	x		
3	Prevention	2.1.2.1	Capacity Building (TOT,TA) for the implementation of BCC Plan & HIV/AIDS Prevention Services (at federal, state)	Number and categories trained. Number & type of training modules developed	28,899.50	28,899.50			x	x	
4	Monitoring & Evaluation	6.4.1.1	Conduct 3, 5 day TOT for M&E Officers from CCEs organization & Network on the use of Harmonized M&E tools & data Management	Number of CCES M&E TOTs on the use of harmonized M&E tools and data management	15,253.78	15,253.78				x	X
5	Monitoring & Evaluation	6.4.1.2	Conduct a 5-day Step down Training for CSOs on the use of Harmonized M&E tools and data management	Number of CCES officers trained on harmonized M&E tools and data management	134,553.28	134,553.28			x	x	
6	Monitoring & Evaluation	6.7.1.1	Support the establishment of database for NIBUCAA	Number of NIBUCAA members using database	30,252.10	30,252.10		x	x		

262,370.42    262,370.42



## ANNEX E: THEMATIC GROUPS

S/N	NAME	ORGANISATION/ADDRESS	PHONE No	Email Address
	<b>PREVENTION GROUP</b>			
1	Adeolu Ogunrombi	NYNETHA Abuja	08060467478	<a href="mailto:ogunrombiadeolu@gmail.com">ogunrombiadeolu@gmail.com</a>
2	Ikenna G	NNSWP, Abuja	07064972988	<a href="mailto:Nnswp-2003@yahoo.com">Nnswp-2003@yahoo.com</a>
3	Gbenga Alabi	NIBUCCA, Lagos	08033295205	<a href="mailto:galabi@nibucaa.org">galabi@nibucaa.org</a>
4	Victoria Isiramen	UNICEF Abuja	08037850349	<a href="mailto:visiramen@unicef.org">visiramen@unicef.org</a>
5	Demola Olajide	UNICEF, Lagos	08033008383	<a href="mailto:olajide@unicef.org">olajide@unicef.org</a>
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