Survey Response Details

Response Information

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Response Details

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1) **Country**

Nigeria (0)

2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Micheal Kayode Ogungbemi, Director of Strategic Knowledge Management

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7) **Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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8) **Describe the process used for NCPI data gathering and validation:**

There was administration of 18 questionnaires to key stakeholders including civil society nation-wide and validation of the results at the stakeholders' validation meeting on March 24, 2010 in Abuja Nigeria.

9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

   None

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

The stakeholders including civil society complained of the numerous questions to be answered.

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11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Oyo SACA	Siji Ganiyu	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	NACA	Dr Kayode Ogungbemi	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Nigerian Prisons	Dr Bello	A.I, A.II, A.III, A.IV, A.V
Respondent 4	AFPAC	Col Simeon Ekanem	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Federal Ministry of Labour	Godson Ogbiyi	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Federal Ministry of Education	Mrs Offiah	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Federal Ministry of Women affairs	Dr McJohn	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Federal Ministry of Health	Dr Balami	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Abia State Agency for the Control of AIDS	P.C Nwabuko	A.I, A.II, A.III, A.IV, A.V
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			

| Respondent 16 |
| Respondent 17 |
| Respondent 18 |
| Respondent 19 |
| Respondent 20 |
| Respondent 21 |
| Respondent 22 |
| Respondent 23 |
| Respondent 24 |
| Respondent 25 |

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	NEPHWAN	Peter Nweke	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Society for Family Health	Samson Adebayo	B.I, B.II, B.III, B.IV
Respondent 3	ICAP	Frank	B.I, B.II, B.III, B.IV
Respondent 4	World Bank	Dr Okesola	B.I, B.II, B.III, B.IV
Respondent 5	APIN	Prosper Okonkwo	B.I, B.II, B.III, B.IV
Respondent 6	FHI/GHAIN	Brigid O'Connor	B.I, B.II, B.III, B.IV
Respondent 7	CISHAN	Bukky	B.I, B.II, B.III, B.IV
Respondent 8	NYNETHA	Moses	B.I, B.II, B.III, B.IV
Respondent 9	UNAIDS	Warren Naamara	B.I, B.II, B.III, B.IV
Respondent 10			
Respondent 11			
Respondent 12			

Respondent
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Respondent
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Respondent
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15)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

   Yes (0)

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16) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:
   2005-2009; 2010-2015

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

18)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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19) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Agriculture, Power, Tourism, Works, Information and Communications

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20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes

m. Involvement of people living with HIV   Yes
n. Addressing stigma and discrimination   Yes
o. Gender empowerment and/or gender equality Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format
2004

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23)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

women and girls; young women/young men; injecting drug users; men who have sex with men; sex workers; orphans and vulnerable children; long distance drivers and business community.

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil society participation started from the National Response review process through their submission of information and participation in the technical working groups for the eight thematic groups and making recommendation for the multisectoral plan development. Representatives of civil society body were part of the finalization of the national strategic framework development,and the final document was ratified by them.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

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30)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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31)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	
e. Other: Please specify	

32)

2.2 *IF YES*, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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33)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No   (0)

Page 17

34)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes   (0)

Page 18

35)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes

| Care and support | Yes |
| Other: Please specify | |

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36)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

1. Advocacy and awareness creation 2. Provision of voluntery counselling and testing services 3. Provision of provider initiated HIV counselling and testing

37)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

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38)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	
b. Young people	
c. Injecting drug users	
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	
g. Migrants/mobile populations	
Other: Please specify	

40)

IF YES, briefly describe the content of these laws, regulations or policies:

The activities of Men who have sex with men and sex workers are outlawed in Nigeria. The groups cannot be publicly recognised and engaged.

41)

Briefly comment on how they pose barriers:

If they are not properly engaged, it is difficult to provide HIV/AIDS services and interventions to them. Also, if they are outlawed, the government will not make provision or appropriation for the groups.

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42)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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43)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

44)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

45)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

46)

7.4 Is HIV programme coverage being monitored?

Yes　(0)

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47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes　(0)

48)

(b) IF YES, is coverage monitored by population groups?

Yes　(0)

Page 27

49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Women, youths, high risk groups, orhans and vulnerable children.

50)

Briefly explain how this information is used:

The information is used for planning, programming and response mobilization for the population groups

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51)　**Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes　(0)

Page 29

52)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Local Government Areas\states

53)

Briefly explain how this information is used:

1. Planning and programming 2. Distribution of partner support 3. Resource allocation 4. Coordination of HIV response activities at lower and national level.

54)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes   (0)

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55)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8   (8)

56)

Since 2007, what have been key achievements in this area:

1. Involvement of all players in the planning process 2. Consensus building across all sectors on the use of the national strategic plan.

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57)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

58)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes   (0)

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59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
   2001

60)

2.2 IF YES, who is the Chair?

Name	Professor John Idoko
Position/title	Director General

61)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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62)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1
   17

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

4

64)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body <u>include people living with HIV</u>", how many?

Please enter an integer greater than or equal to 1

1

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65)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes **(0)**

Page 35

66)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

There is a regular meeting between NACA and CSO network to discuss, and take decision on HIV/AIDS issue. Also, a platform exists for heads of all agencies to meet monthly and all CSO networks are regarded as "agencies".

67)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

68)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

No **(0)**

Page 38

69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

   7 (7)

70)

Since 2007, what have been key achievements in this area:

Scaling down the surveillance survey result/reports.

71)

What are remaining challenges in this area:

Youths and tertiary institutions response to HIV/AIDS in the educational sector.

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72)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

   Yes (0)

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73)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)

f. Engage in safe(r) sex (0)

i. Use clean needles and syringes (0)

j. Fight against violence against women (0)

k. Greater acceptance and involvement of people living with HIV (0)

n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

74)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

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75)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

76)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

77)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

78)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

79)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other

vulnerable sub-populations?

  Yes (0)

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80)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	
Needle & syringe exchange	

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81)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

  6 (6)

Page 45

82)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

  Yes (0)

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83)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

The country through NACA commissioned a national HIV response review which amongst other things identified specific need for HIV prevention programmes

84)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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85)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

86)

Since 2007, what have been key achievements in this area:

high awareness and knowlegde on prevention

87)

What are remaining challenges in this area:

1. Low HCT uptake 2. Poor behaviour chande 3. Low PMTCT coverage

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

90)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

91)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

Through a survey of both sentinel, general population and service provision assessment (SPA) as well as health sector review

93)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need

have access

HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

   Yes (0)

95)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

   Yes (0)

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96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:
   ART Condom

Page 53

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

98)

Since 2007, what have been key achievements in this area:

Rapid scale up from tertiary to secondary facilities Wide geographic and therapeutic coverage Free drugs

99)

What are remaining challenges in this area:

Low Scale down to PHC Funding for 2nd line Barrier to treatment Quality of service and sustainability of service

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100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

102)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

103)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

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104)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

105)

Since 2007, what have been key achievements in this area:

Development of strategy and plans Institutional strenghtening Mobilizatin of resources

106)

What are remaining challenges in this area:

Low implementation of services and coverage

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107)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

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108)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2007

109)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2010

110)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

111)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

112)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

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113)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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114)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include <u>a data collection strategy</u>, then does this <u>data collection strategy</u> address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

115)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

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116)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

117)

3.2 IF YES, has full funding been secured?

Yes (0)

118)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

119)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

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120)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Every two years, the national M&E assessment is conducted. It involves the use of M&E Self assessment tool that is filled by different organisations and analysed.

121)

5. Is there a functional national M&E Unit?

Yes (0)

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122)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes

in the Ministry of Health?
Elsewhere? (please specify)

123) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

12

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124)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Director	Full time	
Permanent staff 2	Deputy director	Full time	
Permanent staff 3	Researcher	Full time	
Permanent staff 4	Statistician	Full time	
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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125)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

126) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

Data flows from SDPs to LACA to SACA (shared with line ministires and partners) to NACA and

there are feedbacks at each level

127)

What are the major challenges?

Use of different reporting tools, incomplete report and inconsistent submission of reports.

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128)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

129)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

130)   **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

There are M&E focal persons The role of this person is same as that of other members of the TWG. Provision of technical input and execution of assignment given to sub committees or members

131)

7. Is there a central national database with HIV- related data?

Yes (0)

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132)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

This is the DHIS which is an open sourced data base used to collate and analyse HIV data reported from service delivery points. It dissaggregates data by sex, age and geographic location

133)

7.2 IF YES, does it include information about the content, target populations and

geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

134)

7.3 Is there a functional* Health Information System?

At national level   Yes
At subnational level Yes

Page 74

135)   **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

State

136)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

137)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

138)

Provide a specific example:

The on-going National Strategic PlanII was based on M&E information from the midterm, end term and routine data collected through the M&E system

139)

What are the main challenges, if any?

Some indicators are difficult to measure

Page 75

140) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

5 (5)

141)

Provide a specific example:

The on-going national strategic plan 11 development was based on M&E information from the mid-term and routine data collected through the M&E system.

142)

What are the main challenges, if any?

Some indicators are difficult to measure

Page 76

143)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

5 (5)

144)

Provide a specific example:

The on-going National Strategic Plan 11 development was based on M&E information from the mid-term and routine data collected through the M&E system.

145)

What are the main challenges, if any?

Some indicators are difficult to measure

Page 77

146) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

147)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

148) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained at national level.

Please enter an integer greater than 0

   120

149) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

   100

150) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

   70

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151)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

   Yes (0)

Page 81

152) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

Presentation of M&E findings monthly in all states for facility staff to appreciate the importance of data use and for feedback.

Page 82

153) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

6 (6)

154)

Since 2007, what have been key achievements in this area:

Efforts to develop capacity of M&E staff at state level

155)

What are remaining challenges in this area:

Limited funding for M&E system and need to build more capacity

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156)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

157)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

158)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88

159)   **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

    Yes   (0)

Page 89

160)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The 2003 National HIV policy(although currently being reviewed)categorically states that the"government recognises the stigma and discrimination facing people infected and affected by HIV/AIDS and realises that the promotion and protection of human rights for all Nigerians can reduce the negative effects associated with the epidemic"(Page 24).The issue of human rights is also addressed in the workplace policy and OVC strategic framework.

161)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

    No   (0)

Page 90

162)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

    Yes   (0)

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163)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

The current HIV/AIDS policy draft has been an all inclusive process taking on board all relevant stakeholders in the National HIV/AIDS response.Secondly the development of the National Strategic Plan embraced a bottom-up approach with financial and technical support from government through NACA

164)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	No
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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165)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

The major barriers to HIV related care and support intervention are more or less medical and socioeconomic issues.They include poverty,unemployment and HIV testing,which is not entirely free in some areas

166)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

167)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

No (0)

168)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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169)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

Page 23 of the 2003 HIV/AIDS policy stated that the various governments of Nigeria will ensure availability of youth friendly information and health services that are accessible and socially acceptable,providing services that will reduce the vulnerability of youths to HIV/AIDS

170)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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171)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Adherence as positive prevention strategy and continuation of multisectoral and strategic behavioral change.

172)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

173)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

174)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

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175)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

176)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

177)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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178)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

We have the National human rights commission who is saddled with the responsibility of promoting and protecting human rights and they equally have desk officers in all their offices who attend to HIV/AIDS related matters

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179)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

180)

– Legal aid systems for HIV casework

Yes (0)

181)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

182)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

183)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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184)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: community outreach programmes	**Yes**

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185)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

5 (5)

186)

Since 2007, what have been key achievements in this area:

There has been a signifgicant progress in the passage of the anti-discrimination bill.

187)

What are remaining challenges in this area:

Poor knowledge among citzens of what their rights are,this has made it difficult for them to advocate or demand for it

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188)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

189)

Since 2007, what have been key achievements in this area:

A new policy is just being developed and the draft is comprehensive enough to accomodate gaps already identified in past years

190)

What are remaining challenges in this area:

Enforcement of laws is a major challenge

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191)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

192)

Comments and examples:

Civil society being a pressure group has been involved in series of advocacy and dialogue with government to increase their commitment.They have also participated in the development of most national strategic documents and policy formulations

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193)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

     4 (4)

194)

Comments and examples:

Civil society were involved at sectoral and multisectoral planning and budgeting process for the National Strategic Plan

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Page 105

195)

a. the national AIDS strategy?

     4 (4)

196)

b. the national AIDS budget?

     3 (3)

197)

c. national AIDS reports?

     3 (3)

198)

Comments and examples:

Civil society was involved in the National AIDS priority plan as well as National Strategic framework including budgeting

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199)

a. developing the national M&E plan?

     3 (3)

200)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

     4 (4)

201)

c. M&E efforts at local level?

3 (3)

202)

Comments and examples:

The TWG at national level are active and Civil society is part of the TWG.At the local level it is weak

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203) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

5 (5)

204)

Comments and examples:

We have the youth network,network of people living with HIV/AIDS,sexual minority,sex workers and faith based organisations

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205)

a. adequate financial support to implement its HIV activities?

3 (3)

206)

b. adequate technical support to implement its HIV activities?

3 (3)

207)

Comments and examples:

Access to funding is still a big challenge for civil society organisations.There is more emphasis on health system strengthening at the expense of community system strengthening

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208) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	25-50%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	51-75%

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209)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

210)

Since 2007, what have been key achievements in this area:

Increased recognition of the role civil society can play in the national response

211)

What are remaining challenges in this area:

Partipation of civil society in government programmes needs to be more meaningful.

Page 111

212)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

Page 112

213)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

They were determined based on priority needs as contained in the national strategic framework

214)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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215)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

216)

Since 2007, what have been key achievements in this area:

Scale up of antiretroviral treatment for PLWHA and increased awareness

217)

What are remaining challenges in this area:

Inadequate funding ,which crippled some activities in 2009

Page 114

218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

They were determined through stakeholders consultation and engagement

220)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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221)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

222)

Since 2007, what have been key achievements in this area:

Support for sectoral plan development and increased knowledge among the citizenry of HIV treatment,care and support programmes

223)

What are remaining challenges in this area:

Alot of people required to be on ART are not on ART presently.

Page 117

224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 118

225)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

226)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

227)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 119

228)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

229)

Since 2007, what have been key achievements in this area:

Specific needs of OVC were met through the global fund project.More OVC were enrolled

230)

What are remaining challenges in this area:

A large number of OVC are yet to be reached ,the ministry of women affairs in charge of OVC still require a lot of technical support