

Nigeria Report NCPI

NCPI Header

COUNTRY

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

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Postal address:

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Telephone:

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E-mail:

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Describe the process used for NCPI data gathering and validation:

Several weeks prior to the stakeholders validation meeting for the NCPI, part A of the questionnaire was administered to government representatives from the Ministry of Health and National Agency for Control of AIDS (NACA); while Part B was administered to UN Agencies and Bilaterals as well as stakeholders from Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs). This was done to enable stakeholders to prepare their responses ahead of the validation meeting. A stakeholders workshop and validation meeting was held on 22 March 2012 in Abuja, where responses for the NCPI from various participants were assessed, discussed and agreed upon by all in attendance as the best response for each question.

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

Where authenticity of figures or responses could not be ascertained; key and relevant official/policy documents were referred to for verification.

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

None

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - 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

IF YES, what was the period covered:

2010-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

1) Linked to Universal and MDG targets. 2) Overriding emphasis on HIV prevention.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National Agency for AIDS Control

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Key populations include: people with disabilities; Injection Drug Users (IDU); sex workers; Orphans and Vulnerable Children (OVC); migrant populations; young women and men (youth); and women and girls

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

No

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The civil society has worked with the House Committee on HIV/AIDS (legislature), being involved in advocacy and subsequent participation in the review of the National Strategic Framework 2010 - 2015 and participated in the National Strategic Policy (NSP) development. The civil society has also been involved in the review of National HIV Policy.

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

Yes

1.9

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

Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

N/A

Other [write in]:

-

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

HIV impact alleviation:

No

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

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

No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

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

Yes

IF YES, for which population groups?:

Women, children, youths, persons with disabilities and Most At Risk Populations (MARPs) such as sex workers, Injection Drug Users (IDU), and Men who have sex with Men (MSM).

Briefly explain how this information is used:

-

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

State and Local Government Area

Briefly explain how this information is used:

Information is used for policy development and demarcation of intervention areas

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

1) There has been a lot of facility upgrade particularly at the PHC level, 2) Strengthening of information management systems emphasizing greater linkages between communities and service providers 3) Capacity building of health care workers and other social workers

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1) Collaboration involving a broad range of stakeholders; 2) review of policies; 3) integration of services; 4) GAP analysis and; 5) Conduction of sustainability study.

What challenges remain in this area:

1) Insufficient use of evidence; 2) Annual operational plan not based on the strategic plan; 3) Planning lacks human rights, results based management and gender based approaches.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

1) Last year the President demonstrated leadership by participating in the 2011 high level meeting on HIV/AIDS 2) The first lady of the nation has been very active and organized a symposium during the last World AIDS day in December.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes

Have active government leadership and participation?:
Yes

Have an official chair person?:
Yes

IF YES, what is his/her name and position title?:
Professor John Idoko, Director General

Have a defined membership?:
No

Include civil society representatives?:
Yes

IF YES, how many?:
-

Include people living with HIV?:
Yes

IF YES, how many?:
-

Include the private sector?:
Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

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

IF YES, briefly describe the main achievements:

Improved coordination and linkages.

What challenges remain in this area:

Private sector involvement is still minimal.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:
Yes

Coordination with other implementing partners:
Yes

Information on priority needs:
Yes

Procurement and distribution of medications or other supplies:
Yes

Technical guidance:
Yes

Other [write in below]:
Additional response (below) added 2012/05/23; and was provided in response to question 4 of this section: Data is available for 2010 from NASA 60.85% for Private sector Organisations that includes International NGOs, Private for profit and Non-profit organizations and Civil Society Organisations.

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

No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

Since 2009, what have been key achievements in this area:

1) Increase in government funding for HIV/AIDS; 2) Three states have passed into law anti-stigma bills

What challenges remain in this area:

Political support for HIV at sub-national level (state and LGA) is minimal.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

We responded NO to the above question so the follow-up question (b) is not applicable.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Nigerian Senate, have passed a bill to prohibit same sex marriage. Tagged Same-Sex Prohibition Bill, the law proposed up to 14 years imprisonment each for gay couples who decided to solemnize their union while witnesses to the marriage or anyone who assisted the couples to marry could be sentenced to 10 years behind bars. The Bill also makes operation or registration of gay clubs or organizations a criminal offence. Also proscribed by the new Bill is "public show of same-sex amorous relationships directly or indirectly" with 10 years' imprisonment stipulated as punishment. But the new bill must be passed by the lower chamber, the House of Representatives and signed by the President before it can become law. Same-sex sexual activity in Nigeria is a felony according to Chapter 21, Articles 214 and 217 of the Nigerian Criminal Code and is punishable by imprisonment of up to 14 years throughout the country. In the 12 northern states that have adopted Shari'a law, anal intercourse is punished with 100 lashes (for unmarried Muslim men) and one year's imprisonment and death by stoning for married or divorced Muslim men. As of March 2006, press reports say that more than a dozen people have been sentenced to death by stoning since 2000, but the sentences had not been carried out.

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

No

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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

No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-
Yes	Yes	Yes	Yes	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

7

Since 2009, what have been key achievements in this area:

1) Review of PMTCT guidelines, pediatric guidelines, infant feeding manuals and training documents in line with the new WHO recommendations. 2) Dissemination of the new recommendations. 3) Adoption of option A and B of the new WHO recommendation with BIF for one year.

What challenges remain in this area:

PMTCT scale up.

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

Yes

IF YES, how were these specific needs determined?:

Evidence from Modes of Transmission (MOT) studies; Epidemiology and Response Policy Synthesis (ERPs) and surveys such as the HIV/STI Integrated Biological and Behavioral Surveillance Survey (IBSS).

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Disagree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Disagree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Disagree

Prevention for people living with HIV:

Disagree

Reproductive health services including sexually transmitted infections prevention and treatment:

Disagree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

1) Anti-Retroviral Therapy (ART) 2) Opportunistic Infection (OI) Management 3) Management of dual TB/HIV discussion 4) HCT/Psychotherapy 5) Income generating schemes 6) Stigma/discrimination reduction services 7) Home based care

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1) Decentralization of services from tertiary and secondary level to PHC level 2) Task shifting at hospital facilities (increased involvement of CBOs in care/support) 3) Increased involvement of private sector in service provision.

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

Antiretroviral therapy:

Disagree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Disagree

Early infant diagnosis:

Disagree

HIV care and support in the workplace (including alternative working arrangements):

Strongly Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Disagree

Nutritional care:

Strongly Disagree

Paediatric AIDS treatment:

Disagree

Post-delivery ART provision to women:

Disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Disagree

Psychosocial support for people living with HIV and their families:

Disagree

Sexually transmitted infection management:

Disagree

TB infection control in HIV treatment and care facilities:

Disagree

TB preventive therapy for people living with HIV:

Strongly Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Government of Nigeria commenced provision of free ARV to all eligible PLHAs since 2006 as economic support. Government of Nigeria also encourages and promotes the establishment of support groups and network of support groups. Anti-stigma and discrimination bill has passed through Senate and House of Representatives. The bill is waiting to be sign into law by the presidents. 3 states have passed the bill into law.

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

Yes

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

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1) Increased capacity to offer ART to all eligible persons who present at ART treatment facilities.

What challenges remain in this area:

1) Funding requirements to for placing and maintaining approximately half a million persons on ART indefinitely

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

Yes

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

Yes

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

Yes

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

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

5%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

2

Since 2009, what have been key achievements in this area:

1) Harmonization of OVC data collection tools 2) OVC National Survey in 2008 3) Development of an OVC database 4) Integration of OVC services into health program at the faculty

What challenges remain in this area:

1) Inadequate funding 2) Inadequate technical capacity for OVC program management 3) Poor government investment in OVC programming

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

1) No annual work plan 2) Parallel reporting

1.1 IF YES, years covered:

2010-2015

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

Yes, some partners

Briefly describe what the issues are:

Roll out and dissemination of harmonized tools.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

Yes

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

7%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

1) Under-staffing 2) Under-funding 3) Bureaucratic bottlenecks

4.1. Where is the national M&E Unit based?**In the Ministry of Health?:**

No

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Statistician	1	-	2011
Epidemiologist	1	-	2007
M & E Officer	10	-	2007
Research Officer	1	-	2007
Data Manager	1	-	2007
IT Officer	1	-	2007
Secretariat Support	1	-	2007
Top Management	1	-	2007

Temporary Staff [Add as many as needed]**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-	-	-	-
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4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Data-sharing mechanisms include: Nigeria HIV/AIDS Conference, International Conferences on HIV/AIDS, NACA Governing board meetings, National AIDS Council, State level HIV/AIDS feedback meetings, Expanded theme group meetings, M&E TWG meetings and NACA website.

What are the major challenges in this area:

Insufficient M&E capacity particularly at the sub-national level. Inadequate funding.

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

Yes

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

No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

-

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

1) National Strategic Framework review and development 2) National Strategic Framework mid-term review 3) National Prevention Plan

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

At national level?:

Yes

IF YES, what was the number trained:

3

At subnational level?:

Yes

IF YES, what was the number trained:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

1) Supportive supervision 2) Mentoring

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

1) Joint annual review 2) Harmonization of tools and indicators 3) Joint annual DQAs 4) Assessment of the National M/E system 5) Functional National M/E TWG Meetings

What challenges remain in this area:

1) Parallel data collection and reporting systems 2) Inadequate funding for M/E especially at the sub-national level

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

Contribution has been both on the state and national levels and includes: 1) Work with the House Committee on HIV/AIDS 2)

Advocacy and subsequent participation in the review of the National Strategic Framework (NSF) 2005-2009 3) Participation in National Strategic Policy (NSP) development 4) Review of National HIV Policy

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) 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

Comments and examples:

Civil society representatives have actively participated in the planning and budgeting process for the National Strategic Plan on HIV at both state and national levels.

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

4

c. The national HIV reports?:

5

Comments and examples:

Activities of CSOs are covered in the costed national strategy.

4.

a. Developing the national M&E plan?:

5

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

:

4

c. Participate in using data for decision-making?:

3

Comments and examples:

CSOs are involved in the development of the National M/E Plan and have a functional M/E Technical Working Group (TWG) that meets quarterly. However, though they provide data to the Government for decision making; they are not actively involved in the decision making process.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

CSOs are comprised of Network in Networks; the main CCE and Catalytic groups that includes diverse groups such as: sex workers, PLHIV, a youth network and faith based organizations.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

2

Comments and examples:

Civil Societies lack the capacity to source for international and/or domestic funds. They also have limited technical ability; only Management Science for Health (MSH) provides technical support to CSOs

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

People living with HIV:

51-75%

Men who have sex with men:

>75%

People who inject drugs:

>75%

Sex workers:

>75%

Transgendered people:

-

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

>75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

6

Since 2009, what have been key achievements in this area:

Key achievements include: 1) Active involvement in the development of NNRIMS Operational Plan (NOP) and NSP. 2) Active participation in the review of tools 3) Involvement in strategic planning and M/E TWG

What challenges remain in this area:

1) Inadequate technical capacity 2) Inadequate financial resources 3) The Nigerian constitution does not recognize the involvement or special roles of CSOs in the national government

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

1) National HIV/Policy development and review 2) Inclusion in program implementation 3) Care/Support 4) Thematic area policy and guidelines development However, PLHIV are not involved in decisions on fund allocation

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

We responded NO to the above question so the follow-up question (b) is not applicable.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

The Nigerian penal and criminal codes penalize rape, battery and indecent assault against women. Enforcement of the law is weak because police handle it as private and family issue to addressed domestically by men as heads of the family

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

-

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

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

-

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

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

Yes

IF YES, briefly describe the content of the policy or law:

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No

IF YES on any of the above questions, describe some examples:
We responded NO to the above question so the follow-up question (b) is not applicable.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes

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

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes

Programmes for the media:
Yes

Programmes in the work place:
Yes

Other [write in]:
-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

3

Since 2009, what have been key achievements in this area:
1) Lagos, Cross River and Enugu states have passed into law the Anti-Discrimination Bill. 2) There is a draft National Bill before the House of Parliament.

What challenges remain in this area:
1) Religious, cultural and social norms still pose a challenge in this area. 2) Delay in passing national and state Anti-Discrimination Bills. 3) Non-adherence to policies and laws.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

3

Since 2009, what have been key achievements in this area:

1) Human Rights Commission.
What challenges remain in this area:
1) Not enough data to measure progress. 2) Poor awareness of human rights, laws and policies among citizens.

B - IV. PREVENTION

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

Yes
IF YES, how were these specific needs determined?:
Evidence from Modes of Transmission (MOT) studies; Epidemiology and Response Policy Synthesis (ERPs) and surveys

such as the HIV Integrated Biological and Behavioral Surveillance Survey (IBBSS).

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Disagree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Disagree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Disagree

Prevention for people living with HIV:

Disagree

Reproductive health services including sexually transmitted infections prevention and treatment:

Disagree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

4

Since 2009, what have been key achievements in this area:

1) Development of the National Prevention Plan 2) Scale up of Prevention of Mother to Child Transmission of HIV programmes 3) Increased engagement with civil society organizations 4) Development of Prevention Intervention – Tracking Tool for monitoring implementation of minimum package of prevention. 5) 6 states are currently conducting mapping/size estimates for Most at Risk Population (MARPs) 6) 12 states are conducting HIV Epidemic Appraisals.

What challenges remain in this area:

1) Inadequate funding 2) Stigma/discrimination 3) Poor documentation of HIV Prevention Efforts 4) No evidence of impact of HIV prevention intervention

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

1) Anti-Retroviral Therapy (ART) 2) Opportunistic Infection (OI) Management 3) Management of dual TB/HIV discussion 4) HCT/Psychotherapy 5) Income generating schemes 6) Stigma/discrimination reduction services 7) Home based care

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1) Decentralization of services from tertiary and secondary level to PHC level 2) Task shifting at hospital facilities (increased involvement of CBOs in care/support) 3) Increased involvement of private sector in service provision.

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

Antiretroviral therapy:

Disagree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Disagree

Early infant diagnosis:

Disagree

HIV care and support in the workplace (including alternative working arrangements):

Strongly Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Disagree

Nutritional care:

Strongly Disagree

Paediatric AIDS treatment:

Disagree

Post-delivery ART provision to women:

Disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Disagree

Psychosocial support for people living with HIV and their families:

Disagree

Sexually transmitted infection management:

Disagree

TB infection control in HIV treatment and care facilities:

Disagree

TB preventive therapy for people living with HIV:

Strongly Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

Increased capacity to offer ART to all eligible persons who present at ART treatment facilities.

What challenges remain in this area:

Funding requirements to for placing and maintaining more persons on ART.

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

Yes

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

Yes

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

Yes

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

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

5%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

2

Since 2009, what have been key achievements in this area:

1) Harmonization of OVC data collection tools 2) OVC National Survey in 2008 3) Development of an OVC database 4) Integration of OVC services into health program at the faculty

What challenges remain in this area:

1) Inadequate funding 2) Inadequate technical capacity for OVC program management 3) Poor government investment in OVC programming

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