

# Nigeria Report **NCPI**

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 02/13/2014

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**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

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

**Postal address:** Postal address: National Agency for the Control of AIDS (NACA). Plot 823 Ralph Shodeinde Street Central Business District. Abuja. FCT

**Telephone:** 08069314789 , 092919702

**Fax:**

**E-mail:** o\_kayodem@yahoo.com ; kogungbemi@naca.gov.ng

**Describe the process used for NCPI data gathering and validation:** NCPI questionnaire was sent to all relevant stakeholders including government, donor, implementing partners and civil society networks. A one day meeting was then held to consolidate and validate the various responses. At the workshop meeting participants were assigned to two different groups. One group was led by government stakeholders (FMOH and NACA) and supported by representatives from the implementing partners working in the country. The second group was led by a representative of the network of people living with HIV in Nigeria (NEPWHAN). The civil society network on HIV/AIDS in Nigeria (CISHAN) and youth network on HIV/AIDS (NYNETHA) were also represented. The Government group consolidated and validated responses in part A of the questionnaire. The civil society group did the same consolidation and validation for Part B of the NCPI questionnaire.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** Brainstorming and discussions at the one day workshop

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

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

Organization	Names/Positions	Respondents to Part A
FMoH	Dr. Deborah Odoh- Assistant Director	A1,A2,A3,A4,A5,A6
FMoH	Chamberlain Ozogbu	A1,A2,A3,A4,A5,A6
FMoH	Imah John Dada- Clinical Psychologist	A1,A2,A3,A4,A5,A6
NACA	Francis Agbo- Assistant Director	A1,A2,A3,A4,A5,A6
NACA	Lawrence Kwagha- Assistant Director	A1,A2,A3,A4,A5,A6
NACA	Wakdok Sebastian-Assistant Director	A1,A2,A3,A4,A5,A6
NACA	Doris Ogbang- Senior Program Officer	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
NEPWHAN	Danesi Ismaeel- Program Officer	B1,B2,B3,B4,B5
UNAIDS	Gabriel Undelikwo- CMNA	B1,B2,B3,B4,B5
UNAIDS	Eugene Igbudu- Program Officer	B1,B2,B3,B4,B5
CISHAN	Dorcas Shaibu- Program Assistant	B1,B2,B3,B4,B5
WHO	Adeniyi Ogundiran - NPO	B1,B2,B3,B4,B5
MEASURE Evaluation	Adedayo Adeyemi- Resident Advisor M&E	B1,B2,B3,B4,B5

### A.I Strategic plan

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

**IF YES, what is the period covered:** The National Strategic Plan (NSP) 2010 – 2015 , Presidential Comprehensive Response Plan 2014-2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** The NSP 2005 – 2009 was revised to include the following: • MDGs • Vision 20/2020 (GoN) targets • BCC and prevention policies • Inputs from Civil Societies/PLWHIV

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** The National Agency for the Control of AIDS (NACA) HIV/AIDS Division of Federal Ministry of Health

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Other:**

**Included in Strategy:** No

**Earmarked Budget:** No

**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?:** They are donor funded

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

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** Yes

**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

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**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?**

**People living with HIV:** Yes

**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

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:**

: No

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

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

**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 implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

**1.8. 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.:** Development of the NSP 2010 - 2015 involved series of workshop and meetings with national and sub-national stateholders actors including the public and private sectors, Civil Society Organizations (CSOs), People Living with HIV (PLWHIV) and Development Partners. Civil society networks and network of people living with HIV were also involved with the development process of the PCR. P.

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

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

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, all partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** Yes

**Other [write in]:**

:

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

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** No

**HIV impact alleviation (including palliative care for adults and children):** 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

**Treatment, care, and support (including social protection or other schemes):** Yes

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

**Other [write in]:**

:

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

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:** 3

**4. Does the country have 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 and children:** • Upgrading of facilities providing HIV services, such as PHC, HCT centres, PMTCT sites etc • Continuous training of personnel for delivering of HIV services.

## 5. Are health facilities providing HIV services integrated with other health services?

- a) **HIV Counselling & Testing with Sexual & Reproductive Health:** Many
- b) **HIV Counselling & Testing and Tuberculosis:** Many
- c) **HIV Counselling & Testing and general outpatient care:** Few
- d) **HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few
- e) **ART and Tuberculosis:** Many
- f) **ART and general outpatient care:** Few
- g) **ART and chronic Non-Communicable Diseases:** Few
- h) **PMTCT with Antenatal Care/Maternal & Child Health:** Many
- i) **Other comments on HIV integration:** :

**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 your country's HIV programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** • Development of PCRCP • Revision of the national HIV M&E plan or NOP • Mid-term Review of the NSP • Mid-term Review of the UN ten targets • Hosting of Abuja +12 conference

**What challenges remain in this area:** • Funding gaps • Need for greater government ownership at all levels particularly sub national level • Inadequate data collation and reporting mechanism

## 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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** • Launching of PCRCP • Hosting of Abuja + 12 • Commemoration of World AIDS Day 2013 • Presentation at African first ladies summit against HIV/AIDS by the Nigerian first lady

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

**IF NO, briefly explain why not and how HIV programmes are being managed::**

**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?:** Prof John Idoko. Director General National Agency for the control of AIDS

**Have a defined membership?:** Yes

**IF YES, how many members?:** 15

**Include civil society representatives?:** Yes

**IF YES, how many?:** 4

**Include people living with HIV?:** Yes

**IF YES, how many?:** 1

**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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** • Development of NSP 2010-2015 in a collaborative and participatory- jointly developed • National M&E Plan known as NNRIMS Operational Plan also developed in a collaborative and participatory manner • National Surveys – jointly conducted • 2013 Mid-term review of NSP was conducted in a participatory manner involving all relevant stakeholders. • National joint data quality assurance exercises

**What challenges remain in this area::**

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:** 30

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

**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]:**

: No



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

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

**IF YES, name and describe how the policies / laws were amended:** The passage of the National HIV Anti-Stigmatization law Processes: Public discussion forum held, Stakeholders consultations carried out

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::**

**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 2013?:** 8

**Since 2011, what have been key achievements in this area::** • The passage of the National HIV Anti-Stigmatization bill • Formulation of the PCRPs • Hosting of the Abuja + 12 • Increased State funding • Increased human resources

**What challenges remain in this area::** Low disbursement of funds at the subnational level

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

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

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** The constitution of the Federal Republic of Nigeria provides for right to life, right to health, right to freedom of association, right to religion, right to education etc.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** There is a government agency (The Human Rights Commission) with the responsibility of mediating and addressing any issues of rights violation.

**Briefly comment on the degree to which they are currently implemented::** Fairly well 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 vulnerable groups?:** No

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]::**

: No

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

**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?:**

**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]::**

: No

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

**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?:** No

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) 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::** • Increased prevention campaigns using Cohort • Access to the key population using Peer Education • Minimum Prevention Package of intervention • Formation of youth friendly centres

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

**People who inject drugs:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Men who have sex with men:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education

**Prison inmates:** Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

**Other populations [write in]:**

:

### **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 2013?:** 8

**Since 2011, what have been key achievements in this area::** • Conduct of local epidemic appraisals in 22 states • Development of the National HIV Vaccine Plan • Development of combination prevention strategy called MPPI • Development of standard national HIV prevention programme for FSWs

**What challenges remain in this area::** • Low risk perception for HIV/AIDs among young people • Low implementation of existing policies

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

**IF YES, how were these specific needs determined?:** Through the conduct of the Local epidemic appraisals including mapping of hotspots and size estimations for MARPs

**IF YES, what are these specific needs? :** • Increased need for commodities, e .g condoms, lubricants, test kits. • Need for regular STI testing. • Expand access to HIV testing for MARPs and general population.

### **4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Disagree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Disagree

**Risk reduction for intimate partners of key populations:** Agree

**Risk reduction for men who have sex with men:** Disagree

**Risk reduction for sex workers:** Strongly agree

**Reduction of gender based violence:** Agree

**School-based HIV education for young people:** Strongly agree

**Treatment as prevention:** Disagree

**Universal precautions in health care settings:** Strongly 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 2013?:** 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::** Regular testing/referral for STIs Regular testing/referral for TB HIV/TB integration HIV/SRH integration Priorities: Pregnant women Young People Key target group

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** • Activation of new sites to increase coverage • Provision of services at community level • Capacity building of staff • Greater involvement with people living with AIDS

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Agree

**Economic support:** Strongly disagree

**Family based care and support:** Agree

**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:** Disagree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Agree

**Palliative care for children and adults Palliative care for children and adults:** Agree

**Post-delivery ART provision to women:** Agree

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

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Disagree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**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?:** No

**Please clarify which social and economic support is provided:**

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** No

**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?:** Yes

**IF YES, for which commodities?:** Test kits, laboratory consumables, ARVs, Lubricants, condoms

**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 2013?:** 8

**Since 2011, what have been key achievements in this area?:** Increased number of people on treatment Increased treatment of STI Increased Condom distribution

**What challenges remain in this area?:** • ART stockout • Logistics management

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** Yes

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

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

**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 2013?:** 8

**Since 2011, what have been key achievements in this area?:** The development of the National orphans and vulnerable children management information system With the development of the action plan the OVC program in the country is more organized More OVC reached since 2011

**What challenges remain in this area?:** • Social cultural inhibitions • Poor funding • Coordination of OVC programme is weak

## **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?:** • Different reporting requirements by various partners • Poor funding of M&E activities

**1.1. IF YES, years covered:** NOP2 2011- 2016

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

**Briefly describe what the issues are?:**

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**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?:** 10

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

**Briefly describe any obstacles::**

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** Yes

**Elsewhere?:** No

**If elsewhere, please specify:**

**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Epidemiologists, statisticians, health promotion experts, monitoring and evaluation experts	Full-time	2007

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

**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 flows from service delivery points to the local government to the states and then to the national level. Other forums for data sharing include TWG meetings, NACA donor-partner meetings,



SACA partner-forum meetings at the state level, SACA-LACA forums.

**What are the major challenges in this area?:** Existence of different instances of the National M&E database

**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?:** Yes

**IF YES, briefly describe the national database and who manages it.:** NHMIS – managed by DPRS FMOH ENNRIMS DHIS database managed by NACA

**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?:** Yes, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:** It includes Geographical coverage of HIV services and the different program areas of the national response

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s)?:** National and state

**7.1. 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

**7.2. Is HIV programme coverage being monitored?:** Yes

**(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?:** children, women, youths, adults, MARPs

**Briefly explain how this information is used.:** Used for planning, decision making, budgeting, strategic planning, annual work plan development

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** national, state, LGA , ward and facility

**Briefly explain how this information is used.:** Planning, decision making, funding priorities , evaluating performance of National programmes, reprioritization

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

**9. 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]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::** • To formulate PCRPP  
• To affect distribution of resources and commodities e.g condom • Budgetting and allocation of resources Challenges • Poor funding • Timeliness of data (Late Collation and submission of data) • Incompleteness of data

## **10. In the last year, was training in M&E conducted**

**At national level?:** Yes

**IF YES, what was the number trained::** 149

**At subnational level?:** Yes

**IF YES, what was the number trained:** 70

**At service delivery level including civil society?:** Yes

**IF YES, how many?:** 2200

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:** • Monthly data harvest and M&E meetings • State supportive supervision visits  
• DHIS Review and training meetings Quaterly Technical working group meeting

**11. 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 2013?:** 7

**Since 2011, what have been key achievements in this area::** • Review of NOP2 • Adoption of a central DHIS by most of the partners • Monthly M& E meetings • Quarterly M&E TWG meetings

**What challenges remain in this area::** Poor funding for monitoring and evaluation Inadequate human resources

## **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 contrib–uted to strengthening the political commitment of top leaders and national strategy/policy formulations?:** 4

**Comments and examples::** Civil society has contributed significantly to strengthening commitment for policy formulation  
Examples: A. The anti- stigma bill of which civil society contributed to the passage bill in some states of the country. B. The withdrawal of the Tyonex brand of ARV which was found to be sub-standard by network of people living with HIV.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society repre–sentatives 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)?:** 3

**Comments and examples::** Civil society was involved in the development of the NSP both at national and state levels. However, for the Presidential Comprehensive Response Plan (PCRPP) for Nigeria, civil society was not adequately involved.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?: 4**

**b. The national HIV budget?: 4**

**c. The national HIV reports?: 3**

**Comments and examples::** The current national reporting tool mostly captures facility based activities. It currently does not capture community based activities.

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?: 4**

**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?: 2**

**Comments and examples::** Use of data for decision making is low in the country generally as well as by civil society.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3**

**Comments and examples::** There is involvement of some groups but there is room to involve more of the groups like the sex workers and other key target group

**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?: 3**

**b. Adequate technical support to implement its HIV activities?: 2**

**Comments and examples::**

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

**Prevention for key-populations:**

**People living with HIV: 51-75%**

**Men who have sex with men: >75%**

**People who inject drugs: >75%**

**Sex workers: 51-75%**

**Transgender people:**

**Palliative care :** 51-75%

**Testing and Counselling:** 51-75%

**Know your Rights/ Legal services:** 25-50%

**Reduction of Stigma and Discrimination:** >75%

**Clinical services (ART/OI):** 51-75%

**Home-based care:** 51-75%

**Programmes for OVC:** 51-75%

**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 2013?:** 7

**Since 2011, what have been key achievements in this area::** Civil society is very active in the Country Coordinating Mechanism (CCM) Civil society was instrumental in increasing the number of care and treatment sites in the country

**What challenges remain in this area::** : Funding, Stigmatization, lack of human capacity in both general and specialized areas

## **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::** They were involved in the development of NSP 2010- 2015, NOPII 2011-2016, development of GF funding proposals

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

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

Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::** Our constitution recognizes fundamental human rights (right to life, right to education, right to religion, freedom of association etc

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** There are various mechanisms of governments such as the courts, the police and The Human Rights Commission is in place to ensure that these laws are well implemented. The traditional systems also have mechanisms for protection of such rights

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

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**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 constitution stipulates that every Nigerian has the right to life, freedom of association and when people's rights are infringed upon, they can seek redress through the national human rights commission

**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:** The 2009 Nigeria Labour Congress HIV/AIDS workplace policy makes specific provision for protection of rights

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

**IF YES, briefly describe this mechanism:** The anti -stigma diary which is maintained at state levels.

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** HIV positive pregnant women and children for PMTCT 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?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** "Nothing in the same sex Marriage (Prohibition) Act 2013 refers to or prohibits programs targeted at Prevention, Treatment, Care and Support for people living with HIV or affected by AIDS in Nigeria. No provision of this law will deny anybody in Nigeria access to HIV treatment and other medical services." The Government of Nigeria remains fully committed to improving the health of Nigerians and preventing all AIDS related deaths, and therefore will continue to ensure that Nigerians have access to the requisite services that they may require as guaranteed by the constitution"

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::** There are no screening questions at the point of service delivery to ascertain one's religion, sexual orientation, or other such discriminatory questions.

**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::** The Nigerian Labour Congress HIV workplace policy stipulates that 'Testing for HIV shall not be done as a condition for employment or routinely on staff. Screening shall be carried out with individual informed consent'

**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:** Yes

**IF YES on any of the above questions, describe some examples::** The National Human Rights Commission probes cases of human rights abuses

**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<sup>46</sup> 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]::

: No

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 2013?: 9

Since 2011, what have been key achievements in this area:: Adaptation of the national workplace policy in some states, the anti stigma law has been passed in 7 states.

What challenges remain in this area:: The anti stigma law is in the process of being passed at the national level

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 2013?: 6

Since 2011, what have been key achievements in this area:: Advocacy and campaigns, campaigns are still on-going by different groups

What challenges remain in this area:: People find it difficult to seek re-dress, people are unaware of where to lay complaints, stigma and discrimination

## B.IV Prevention

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

IF YES, how were these specific needs determined?: Through estimation , needs assessment and local epidemic appraisal.

IF YES, what are these specific needs? : Need for HCT in general population, Need for increased PMTCT coverage, Need for prevention programs among FSWs, MSM, IDU and prevention among general population.

### 1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Disagree



**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** Strongly disagree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Strongly agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** N/A

**Risk reduction for men who have sex with men:** N/A

**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 2013?:** 8

**Since 2011, what have been key achievements in this area?:** Awareness has increased, condom use has increased in multiple sexual partnerships

**What challenges remain in this area?:** low self risk perception, comprehensive knowledge of HIV low, inadequate HCT uptake, low PMTCT uptake

## **B.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?:** Treatment Care and support for PLHIV Provision of basic care kits OVC services Treatment and OVC are prioritized

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** More centers have been opened so more people have access to these services

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Disagree

**ART for TB patients:** Disagree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Strongly disagree

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

**HIV testing and counselling for people with TB:** Agree

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

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Disagree

**Post-delivery ART provision to women:** Disagree

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

**Post-exposure prophylaxis for occupational exposures to HIV:** Agree

**Psychosocial support for people living with HIV and their families:** Disagree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Disagree

**TB screening for people living with HIV:** Agree

**Treatment of common HIV-related infections:** Disagree

**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 2013?:** 5

**Since 2011, what have been key achievements in this area?:** Services have been scaled up but there is still a lot to be done

**What challenges remain in this area?:** Male involvement is low, cultural norms, influence of prayer houses, self denial, low funding

**2. Does the country have a policy or strategy to address the 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

**3. 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 2013?:** 5

**Since 2011, what have been key achievements in this area?:** Services have been scaled up but there is still a lot to be done

**What challenges remain in this area?:** Male involvement is low, cultural norms, influence of prayer houses, self denial, low funding