



# HIV/AIDS EMERGENCY ACTION PLAN (HEAP)



February 2001

## FOREWORD

HIV/AIDS has widespread to every State, local Government and every community in the Federal Republic of Nigeria

With a population of 108.2 million people and an annual growth rate of 2.8% and a HIV prevalence of 5.4% Nigeria has become one of the most populous countries to have crossed the 5% prevalence threshold. This means that we are now in the explosive phase of the epidemic with potentially grave consequences

Indeed, the first case of AIDS was formally diagnosed in Nigeria in 1986 and since then there has been a steady rise from 1.8% in 1993 to 3.8% in 1994, 4.5% in 1996 and 5.4% in 1999. According to the 1999 sentinel survey Youth between the ages of 19 and 24 who represent the productive reproductive and economically viable segment of the society are most affected.

The reason for the rather rapid spread is not far-fetched. Prior to the emergence of democratic governance in Nigeria in 1999, the Situation Analysis of the National HIV/AIDS Response showed that little impact has been made in stemming the spread of the epidemic mainly due to the following reasons:

- Unstable political climate
- Lack of political will commitment and involvement
- Lack of a coordinated multi-sectoral approach in the fight against the epidemic
- Over-centralization of intervention programmes
- Competing priorities with other developmental needs
- Poor resource allocation to HIV/AIDS interventions

However, with the emergence of popular governance and strong political commitment at the an inter-ministerial Presidential Committee on AIDS and a multi-sectoral National Action Committee on AIDS was established to lead a broad based expanded response to HIV/AIDS in Nigeria.

The HIV/AIDS Emergency Action Plan detailed here is the outcome of this approach and represents the “Battle Plan” in the fight against HIV/AIDS. The Plan is therefore the product of a consultative participatory process involving all Sectors, States, all tiers of government in all six geo-political zones, and strong partnership with International stakeholders.

I wish to commend all those who have participated in one way or the other in the process that resulted in the final document.

Chief Olusegun Obasanjo  
President and Commander-in-Chief  
Federal Republic of Nigeria

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**National Action Committee on HIV/AIDS In Nigeria**  
(NACA)

**HIV/AIDS Emergency Action Plan**  
(HEAP)

**Technical Note on Access to the Nigeria HEAP Computerized  
Format**

For ease of use in modifying the HEAP with the assistance of a computer, the HIV/AIDS Emergency Action Plan is presented in five separate but *linked* sections, each of which utilizes one of two compatible Microsoft ® software products:

- Sections 1 - 3: The narrative or text sections of the report (**File Name: HEAP Text.doc**) were prepared using Microsoft Word®;
- Table 1 of the Executive Summary, Page viii, provides a summary of key activities, outcomes, and assumptions associated with the HEAP's 15 strategies. The computerized file, **Strategy Summary.xls**, was prepared using Microsoft Excel®;
- Appendix 1. The computerized file, **HEAPTables.xls**, provides a tabular presentation of the HEAP's component strategies in accordance with their objectives, activities, timing, location, output indicators, and assumptions and risks. The file was prepared using Microsoft Excel®;
- Appendix 2: The computerized file, **HEAPGantt.xls**, provides a summary timeline by component strategy of the HEAP's principal activities. The file was prepared using Microsoft Excel®; and
- Appendix 3: The HIV/AIDS Emergency Action Plan Summary Cost Tables is also part of **HEAP Text.doc** and was also prepared using Microsoft Word®.

Table 1 and Appendices 1 and 2, when joined with the HEAP's narrative section and the budget overview presented in Appendix 3, represent the HEAP report's current totality. However, it is anticipated that, as initiatives included in the HEAP are implemented, lessons learned in the process of their development will indicate the need for modifications to those initiatives themselves or to subsequent initiatives. Consequently, in an effort to facilitate a process viewed by NACA as one which must be both *dynamic* and *proactive*, Table 1 and Appendices 1 and 2 were each prepared in computerized formats which best lend themselves to ongoing modification.

Thus, for example, as is noted on Page viii of the Executive Summary, a summary of activities contained in Table 1 is referenced through a *link* to Strategy Summary.xls. Similarly, in the HEAP's Section 1, Page 1, Appendix 1 is referenced as a *link* via HEAPTables.xls while, again in Section 1, Page 1, Appendix 2 is referenced as a *link* via HEAPGANTT.xls. In all three instances, provided that all computerized files are located on the same disk drive, the reader can gain access to the linked computer documents through use of the computer's tracking ball or other similar device. Once linked to these documents, NACA and its partners can together modify the HEAP's strategies and activities as changing circumstances indicate. All modifications, once saved on the computer, will represent the HEAP's on-going and dynamic direction.

One final technical note: The configuration of HEAPTables.xls into distinct columns of information on such issues as timing, level of activity, quarterly scheduling, and numbered activities was designed to provide the reader with the ability to *sort* by specific column. Thus, although the fifteen strategies are arranged numerically by strategy and by those activities within each strategy, the reader, for the purposes of planning or management, can sort the combined strategy files by, for example, timing. Sorted as such, the computerized file will then yield a presentation which will provide the reader with a listing of all activities to be completed within the first year (Timing 1), followed by those activities scheduled to start in the first year (Timing 2), and then by those activities which are scheduled to begin only in the second year of HEAP implementation (Timing 3).

## List of Abbreviations/Acronyms

|                    |  |
|--------------------|--|
| AIDS               | ACQUIRED IMMUNE DEFICIENCY SYNDROME            |
| ANC                | ANTE-NATAL CLINIC                              |
| ARV                | ANTI-RETROVIRAL                                |
| BCI                | BEHAVIOUR CHANGE INTERVENTION                  |
| CBOS               | COMMUNITY BASE ORGANISATIONS                   |
| CSOS               | CIVIL SOCIETY ORGANISATIONS                    |
| CSWS               | COMMERCIAL SEX WORKERS                         |
| CV                 | COMMUNITY VOLUNTEER                            |
| ELISA              | ENZYME LINKED IMMUNO-SORBENT ASSAY             |
| FAC                | FACILITATOR                                    |
| FMI                | FEDERAL MINISTRY OF INFORMATION                |
| FMOH               | FEDERAL MINISTRY OF HEALTH                     |
| FMOIA              | FEDERAL MINISTRY OF INTERNAL AFFAIRS           |
| FMOWA              | FEDERAL MINISTRY OF WOMEN AFFAIRS              |
| GMD                | GUILD OF MEDICAL DIRECTORS                     |
| HIV                | HUMAN IMMUNE DEFICIENCY VIRUS                  |
| HRC                | HUMAN RIGHTS COMMISSION                        |
| HEAP               | HIV/AIDS EMERGENCY ACTION PLAN                 |
| IEC                | INFORMATION EDUCATION AND COMMUNICATION        |
| IPC&C              | INTERPERSONAL COMMUNICATION AND COUNSELING     |
| LACA               | LOCAL GOVERNMENT AREA ACTION COMMITTEE ON AID, |
| LDD                | LONG DISTANCE DRIVERS                          |
| LGA                | LOCAL GOVERNMENT AREA                          |
| LGMR               | LOCAL GOVERNMENT MOBILISATION REPRESENTATIVE   |
| M&E                | MONITORING AND EVALUATION                      |
| MTCT               | MOTHER TO CHILD TRANSMISSION                   |
| FMOD               | FEDERAL MINISTRY OF DEFENCE                    |
| FMOE               | FEDERAL MINISTRY OF EDUCATION                  |
| FMOF               | FEDERAL MINISTRY OF FINANCE                    |
| FMOJ               | FEDERAL MINISTRY OF JUSTICE                    |
| FMOL               | FEDERAL MINISTRY OF LABOUR                     |
| NACA               | NATIONAL ACTION COMMITTEE ON AIDS              |
| NDE                | NATIONAL DIRECTORATE OF EMPLOYMENT             |
| NGOS               | NON- GOVERNMENTAL ORGANISATIONS                |
| NPF                | NIGERIA POLICE FORCE                           |
| PABA               | PEOPLE AFFECTED BY AIDS                        |
| PHE                | PEER HEALTH EDUCATORS,                         |
| PLWHA <sub>s</sub> | PEOPLE LIVING WITH AIDS,                       |
| PSA                | PUBLIC SERVICE ANNOUNCEMENT,                   |
| RPHCC              | RURAL PRIMARY HEALTH CARE CLINIC,              |
| RP <sub>s</sub>    | RESOURCE PERSONS,                              |
| SACA               | STATE ACTION COMMITTEE ON AIDS                 |
| SMOH               | STATE MINISTRY OF HEALTH                       |
| SRMS               | STATE RURAL MOBILISATION REPRESENTATIVES       |
| STI                | SEXUALLY TRANSMITTED INFECTION                 |
| TOR                | TERMS OF REFERENCE                             |
| TOT                | TRAINING OF THE TRAINERS                       |
| TWC                | TECHNICAL WORKING COMMITTEE                    |
| VCCT               | VOLUNTARY COUNSELING AND TESTING               |

## **Acknowledgements**

With the national prevalence of HIV seropositivity now reported to be 5.4% from the results of the 1999 seroprevalence survey, Nigeria is currently on the threshold of the explosive phase of the epidemic. Fortunately, hope has been offered by political commitment expressed at the highest levels with the proclamation of the Presidential Committee on AIDS and the National Action Committee on AIDS to lead a new multi-sectoral response to the epidemic in this country.

For an effective and coordinated response there is a need for the development of a National Strategic Plan. The process of doing this encompasses several elements of which the situation and response analyses have already been completed. The development and implementation of an HIV/AIDS Emergency Action Plan is critical to the mitigation of the impact of HIV/AIDS on our society. With its acceptance, dissemination, and application, the HEAP will allow the Government of Nigeria and its many partners to move ahead in supporting those essential activities whose progress will serve as a bridge to the longer-term strategic plan.

Special gratitude is expressed to all national and international partners whose editorial comments and constant effort have led to the acceptance of the HEAP as a guide for our efforts over the coming years. We should like to especially note the contributions of colleagues from the Line Ministries of the Federal Government of Nigeria, DFID, ILO, UNAIDS, USAID, UNICEF, UNIFEM, and the World Bank. We are also grateful for the contributions of our collaborators at State and Local Levels, and of those working with Non-Governmental and Private Sector Organizations.

It is anticipated that, following the adoption of this current document, Nigerian national and international professionals will join together in partnership toward the HEAP's execution thus ensuring that Nigeria will become one of the success stories from Africa in the fight against this scourge that has so ravaged this continent.

**Prof. Ibrionke Akinsete**  
Chairman, NACA

# **National Action Committee on HIV/AIDS In Nigeria**

(NACA)

## **HIV/AIDS Emergency Action Plan (HEAP)**

### **Executive Summary**

**Overview of the HEAP:** With the establishment of the Presidential Council on AIDS (PCA) and the formation of the multi-sectoral and multi-disciplinary National Action Committee on AIDS (NACA), the President and his ministers have joined together with the private sector in promoting a proactive approach to the development of a reasoned and realistic HIV/AIDS program of control and prevention. The HIV/AIDS Emergency Action Plan (HEAP), developed as a response strategy to the HIV/AIDS epidemic, identifies over two hundred activities, which the Federal Government of Nigeria intends to pursue over the period 2001 to 2004. Most activities under the HIV/AIDS Emergency Action Plan are conceived as short-term, high impact interventions whose implementation will form the base for a medium term Strategic Plan for HIV/AIDS in Nigeria. The HEAP will therefore serve as an important testing ground for deriving best practices, coordinating strategies and high impact responses and as a bridge to the definition of a longer-term vision for the future. The HEAP was designed to promote a multi-sectoral, participatory response to HIV/AIDS prevention and impact mitigation. Moreover, as a document for use in guiding the implementation of activities and the appropriate assignment of available resources, the HEAP is intended to serve as an expression of the Government of Nigeria's interest in and commitment to a dynamic and proactive response to the HIV/AIDS epidemic.

**NACA's Role and Responsibilities:** As defined through an extensive series of multi-sectoral meetings and as illustrated in the HEAP itself, the National Action Committee on AIDS, situated structurally within the Presidency, will assume principal responsibility for advocating the government's proactive approach to responding to the HIV/AIDS epidemic. In addition, NACA is responsible for coordinating the timely and effective execution of the HIV/AIDS Emergency Action Plan. As such, NACA's role is to ensure that those entities responsible for the implementation of a specific activity receive the financial, organizational, and human resources support required to undertake and complete assigned activities in a multi sectoral environment. At the same time, NACA will encourage all partners in this effort to view the HEAP as a framework for national and nation-wide coordination of a unified effort. While multidimensional in its approach to the epidemic, this effort will focus both on creating an environment for the management and mitigation of HIV/AIDS in Nigeria and on ensuring that an appropriate level of resources is directed toward effective and specific HIV/AIDS interventions. NACA will undertake to monitor and report upon progress achieved in responding to identified HEAP objectives. As such, NACA will facilitate an annual review and update of the HEAP. In its role as coordinator of the HEAP's execution of activities, NACA will share a fiduciary responsibility with implementing agencies in the interest of ensuring transparent and accurate reporting on the utilization of financial and material resources. Finally, NACA will undertake to develop the institutional capacity of SACAs and LACAs which, when sufficiently capacitated, will undertake to advocate and support the development of HIV/AIDS activities originating at the state and local levels.

**The HEAP Development Process:** In defining the breadth and depth of the HEAP's framework for implementation, NACA, supported by the Government of Nigeria and by its development partners, facilitated an extensive process of programme formulation whose elements included a situation analysis, extensive consultations with national and international professionals in both the public and private sectors and the identification and mobilization of resources. The document presented in these pages represents the final of four HEAP developed between July 2000 and February 2001.

**Epidemiological situation of HIV/AIDS in Nigeria:** As noted in the HEAP's preface, Nigeria ranks as Africa's most populace nation. With its first recorded case of HIV/AIDS occurring in 1987, estimates

now indicate that the epidemic has spread to the point that there are more than 2.7 million Nigerians infected with the virus. With a prevalence rate conservatively estimated at more than 5 percent of groups surveyed in sporadic sentinel surveillance efforts, Nigeria's prevalence rate places the nation in real jeopardy for explosive growth of the epidemic beyond high-risk groups and into the commonly classified low-risk general population. By all indications, however inaccurate and conservative, the HIV/AIDS epidemic has extended its devastating impact on a relatively equal gender basis to urban and rural areas, through largely heterosexual unprotected sexual encounters, through mother-to-child transmission and through contaminated blood products.

**The HEAP's Rationale:** The magnitude and impact of determinants of the HIV/AIDS epidemic varies considerably from state to state and from community to community in Nigeria. However, as a summary statement, the HEAP partners will aggressively and proactively respond to the following key determinants:

- *Social Determinants:* The role and impact of commercial sex workers, of non-acceptance by religious and conservative groups of all proven HIV preventive methods, of stigma and discrimination against PLWHAs (persons living with and affected by HIV/AIDS), of low to irregular incomes, of peer pressure for high-risk behaviour, of culturally-dictated subjugation and subordination of women, of weaknesses in the legal and political framework and of lack of support for out-of school youths;
- *Behavioral Determinants:* Unprotected sexual behaviour among mobile population groups, unwillingness to acknowledge infection and seek assistance, and deterioration of traditional social discipline and norms of behavior; and
- *Biological determinants:* Uncontrolled proliferation of infection associated with sexually transmitted diseases and both unsafe and unregulated blood transfusions.

**The HEAP's Guiding Principles:** The Government of Nigeria and its many partners in the implementation of the HEAP's response to the HIV/AIDS epidemic will be guided by an agenda of 16 proactive principles. Considered as a set of guidelines, the HEAP's principles represent a truly multi-sectoral consensus on priorities for action during the immediate future:

1. To promote a national multi-sectoral and multi-disciplinary mobilization for HIV/AIDS prevention;
2. To increase awareness and sensitization among the general population and strategically-targeted stakeholders;
3. To promote behavior change in both low and high-risk populations;
4. To promote a national understanding and acceptance of the principle that all persons must accept responsibility for prevention of HIV transmission.
5. To promote a national understanding and acceptance of the principle that all communities and all persons must accept responsibility for providing care and support for those infected and affected by HIV/AIDS;
6. To ensure that communities are empowered to design and initiate community-specific action plans;
7. To remove human resource, financial, cultural and informational barriers to HIV/AIDS prevention;
8. To ensure that the nation's laws and policies complement and assist the Government of Nigeria's resolve to remove all barriers to an effective and proactive approach to the mitigation of HIV/AIDS's impact on Nigeria;
9. To develop and implement a multi-sectoral, multi-disciplinary institutional framework and legal machinery for HIV/AIDS prevention;
10. To develop standards and guidelines leading to the institutionalization of best practices in care giving and support to people infected by HIV/AIDS;
11. To implement the activities of the HEAP using a decentralized and participatory approach;
12. To mitigate the impact of AIDS by
  - providing affordable and accessible drugs;
  - encouraging counseling to those infected and affected by AIDS;
  - providing financial assistance to AIDS Orphans; and
  - providing micro-credit facilities to people infected and affected with HIV/AIDS.

13. To empower people infected and affected by AIDS to form networks and contribute to HIV/AIDS planning and programming at National, State, local government and community levels;
14. To ensure that the HIV/AIDS surveillance system is effective in providing accurate, periodic and timely information;
15. To stimulate research, documentation and research networks on HIV/AIDS in Nigeria; and
16. To recognize that a proactive and aggressive response to gender issues rests at the very heart of the development of a cohesive and cross-cutting strategy for the prevention and mitigation of HIV/AIDS impact on Nigerian society.

### **The HIV/AIDS Emergency Action Plan: Summary of Strategies and Program Phasing**

As summarized in Table 1, ([Strategy Summary.xls](#)), Nigeria's HIV/AIDS Emergency Action Plan (HEAP) is built around two strategic components: *CREATION OF AN ENABLING ENVIRONMENT* and *SPECIFIC HIV/AIDS INTERVENTIONS*. The wording and substance of these two components and of the HEAP's 15 strategies and of its over 200 activities was purposely chosen to reflect both the HEAP's currently limited timeframe as well as the urgency associated with the establishment of the programme's structure and of legislation and policies. While the HEAP's first objective is to summarize each of the strategies in terms of its activities' foci, an equally important objective of this summary is to provide Nigeria's many potential private sector and international partners with an opportunity to identify specific components, strategies, objectives and activities which best lend themselves to support based on each of our partner's comparative advantage. A third management objective of the HEAP is to foster the development of a dialogue with States and local communities so that, within the HEAP's first four quarters of approval by the Government of Nigeria, 18 of Nigeria's states – those which are currently assumed to be facing the true impact of the epidemic – will develop a state-specific action plan for implementation during the second year following the Government of Nigeria's approval of the HEAP. Current HEAP development strategy calls for state-level activities to be developed, funded, and launched first within Nigeria's six so-called *hot spot* states of Benue, Plateau, Kaduna, Ebonyi, Lagos, and Akwa Ibom.

# NATIONAL ACTION COMMITTEE ON HIV/AIDS IN NIGERIA (NACA)

## HIV/AIDS EMERGENCY ACTION PLAN (HEAP)

### 1. Introduction

#### 1.1 Overview of the HEAP

The HIV/AIDS Emergency Action Plan (HEAP) identifies over two hundred activities which the Federal Government of Nigeria intends to pursue over the period 2001 to 2004. Most activities under the HIV/AIDS Emergency Action Plan are conceived as short-term, high impact interventions whose implementation will form the base for a medium term Strategic Plan for HIV/AIDS in Nigeria. The HEAP will therefore serve as an important testing ground for deriving best practices, coordinating strategies and high impact responses and as a bridge to the definition of a longer-term vision for the future.

As illustrated in Appendix 1 and in the computerized tables of activities [HEAPTables.xls](#) and in Appendix 2 and in the computerized timeline of major activities [HEAPGANTT.xls](#), the HEAP was designed to promote a multi-sectoral, participatory response to HIV/AIDS prevention and impact mitigation. Moreover, as a document for use in guiding the implementation of activities and the appropriate assignment of available resources, the HEAP is intended to serve as an expression of the Government of Nigeria's interest in and commitment to a dynamic and proactive response to the HIV/AIDS epidemic. As such, NACA will facilitate an annual review and update of the HEAP. At the same time, NACA will encourage all partners in this effort to view the HEAP as a framework for national and nation-wide coordination of a unified effort. While multidimensional in its approach to the epidemic, this effort will focus both on creating an environment for the management and mitigation of HIV/AIDS in Nigeria and on ensuring that an appropriate level of resources is directed toward effective and specific HIV/AIDS interventions.

#### 1.2 Historical Perspective

The Government of Nigeria established an AIDS/STDs Control Program (NASCP) in 1987 under its first Medium Term Plan (MTP1) followed by a largely ineffectual MTP2 which ended in 1997. Although specific donors have been effective in working with private sector NGOs in establishing HIV/AIDS networks, Nigeria's national policy on HIV/AIDS/STIs was only approved in 1997. Thankfully, with the 1999 election of its current government, Nigeria has indicated its understanding of the seriousness of the situation in which we find ourselves. With the establishment of the Presidential Council on AIDS (PCA) and the formation of the multi-sectoral and multi-disciplinary National Action Committee on AIDS (NACA), the President and his ministers have joined together with the private sector in promoting a proactive approach to the development of a reasoned and realistic HIV/AIDS program of control and prevention.

#### 1.3 NACA's Role and Responsibilities

As defined through an extensive series of multi sectoral meetings and as illustrated in the HEAP itself, the National Action Committee on AIDS, situated structurally within the Presidency, will assume principal responsibility for advocating the government's proactive approach to responding to the HIV/AIDS epidemic. In addition, NACA is responsible for coordinating the timely and effective

execution of the HIV/AIDS Emergency Action Plan. As such, NACA's role is to ensure that those entities responsible for the implementation of a specific activity receive the financial, organizational, and human resources support required to undertake and complete assigned activities in a multi sectoral environment. In all instances, NACA will undertake to monitor and report upon progress achieved in responding to identified HEAP objectives. In its role as coordinator of the HEAP's execution of activities, NACA will share a fiduciary responsibility with implementing agencies in the interest of ensuring transparent and accurate reporting on the utilization of financial and material resources. Finally, NACA will undertake to develop the institutional capacity of SACAs and LACAs which, when sufficiently capacitated, will undertake to advocate and support the development of HIV/AIDS activities originating at the state and local levels.

#### 1.4 The HEAP Development Process

In defining the breadth and depth of the HEAP's framework for implementation, NACA, supported by the Government of Nigeria and by its development partners, facilitated an extensive process of programme formulation whose elements included a situation analysis, extensive consultations with national and international professionals in both the public and private sectors and the identification and mobilization of resources. The first draft of the HEAP, produced in July 2000, was widely circulated to all stakeholders for comments, suggestions and recommendations on the contents and suggestions on the processes and mechanisms outlined in the HEAP. Comments and recommendations received indicated the need for broader-based participation in the development of the final document.

In September 2000, comments and recommendations developed during a stakeholder's workshop were incorporated into the HEAP's second draft, which was produced in October 2000. Subsequent to the production of the HEAP's second draft, with the HEAP's revision to include input from the private sector, NACA produced the HEAP's third draft in January 2001. Finally, in February 2001, key individuals associated with the HEAP's development once again met in Abuja to agree upon final changes to the HEAP prior to its development for approval and presentation to the nation. The document presented in these pages represents the final and penultimate stage of development.

## **2. Situation analysis of HIV/AIDS in Nigeria**

### 2.1 Epidemiological situation of HIV/AIDS in Nigeria

As noted in the HEAP's preface, Nigeria ranks as Africa's most populous nation. With its first recorded case of HIV/AIDS occurring in 1987, estimates now indicate that the epidemic has spread to the point that there are more than 2.7 million Nigerians infected with the virus. With a prevalence rate conservatively estimated at more than 5 percent of groups surveyed in sporadic sentinel surveillance efforts, Nigeria's prevalence rate places the nation in real jeopardy for explosive growth of the epidemic beyond high-risk groups and into the commonly classified low-risk general population. By all indications, however inaccurate and conservative, the HIV/AIDS epidemic has extended its devastating impact on a relatively equal gender basis to urban and rural areas, through largely heterosexual unprotected sexual encounters, through mother-to-child transmission and through contaminated blood products.

### 2.2 Determinants of the epidemic

Much of the HEAP's focus results from the Government of Nigeria's situation analysis completed prior to the formulation of the HEAP's first draft. While a full accounting of the findings of the analysis are appropriately contained in a separate report, the HEAP's contributors have recognized that the determinants of Nigeria's HIV/AIDS epidemic are similar to those found in sub-Saharan Africa's multitude of HIV/AIDS infected nations. While the magnitude and impact of determinants of the epidemic varies from country to country, Nigeria analysis of HIV/AIDS determinants shares a common portfolio of:

- *Social Determinants*: The role and impact of commercial sex workers, non-acceptance by religious and conservative groups of all proven HIV preventive methods, of stigma and discrimination against PLWHAs (persons living with and affected by HIV/AIDS), of low to irregular incomes, of peer pressure for high-risk behaviour, of culturally-dictated subjugation and subordination of women, of weaknesses in the legal and political framework and of lack of support for out-of school youths;
- *Behavioral Determinants*: Unprotected sexual behaviour among mobile population groups, unwillingness to acknowledge infection and seek assistance, and deterioration of traditional social discipline and norms of behavior; and
- *Biological determinants*: Uncontrolled proliferation of infection associated with sexually transmitted diseases and both unsafe and unregulated blood transfusions.

### 2.3 Impact of the AIDS epidemic

Despite the paucity of information on the current true extent and impact of HIV/AIDS on our communities and on our socio-cultural structures, there is no reason to assume that the epidemic's impact will not replicate many of the conditions which we have seen in other sister nations in sub-Saharan Africa. For example, without access to more precise information, we can nevertheless expect that the growing prevalence of HIV/AIDS in Nigeria will:

- Markedly reduce gains in life expectancy which Nigeria has achieved over the past four decades since her independence;
- Result in drastic and unsettling medical, emotional, and social costs on PLWHAs;
- Promote social disruption within our families and our communities as they confront issues associated with the need to respond to increased incidence of HIV/AIDS among their citizenry and their family members;
- Reduce the amount of individual and family discretionary funding for such items as education, health and improved living standards;
- Exponentially increase Nigeria's national and state health care costs associated with professional care, access to hospital beds, drugs and medical supplies, and with a host of opportunistic diseases such as respiratory infections, tuberculosis and sarcomas.
- Undermine Nigeria's economic growth, with special emphasis on the oil, mining and transport sectors of the economy, through the loss of critical and experienced human resources and through a net reduction in the mean age of the labour force in both formal and informal sectors;
- Gradually but noticeably reduce the production of food and cash crops currently provided by those who have or will contract HIV/AIDS;
- Produce a sub-society of orphans whose numbers, while difficult to predict with any accuracy, will represent a daily reminder of the epidemic's impact.

### 2.4 Advocacy and Policies for HIV/AIDS

If Nigeria is to confront the growth of HIV/AIDS throughout our nation, a concomitant growth in government leadership and commitment is crucial for HIV/AIDS prevention and control activities. While Nigeria's president has designated NACA as the coordinator of Nigeria's programme of action on HIV/AIDS, responsibility for successful and timely development and advocacy of targeted legislation and policies must rest not only with NACA and selected ministries but with the Federal, State and local governments as a whole, with representatives of the labour force, with representatives of communities, with the media, and with representatives of women's organizations, of Nigeria's religious community, of our youth and of our senior citizens. While each of these groups has a specific role to play and contribution to make, all must be united with one purpose: prevention and mitigation of HIV/AIDS' impact on our nation.

## 2.5 Guiding Principles for the response to the HIV/AIDS epidemic in Nigeria

As indicated in BOX 1, the Government of Nigeria and its many partners in the implementation of the HEAP's response to the HIV/AIDS epidemic will be guided by an agenda of 16 proactive principles. Considered as a set of guidelines, the HEAP's principles represent a truly multi-sectoral consensus on priorities for action during the immediate future.

### **Box 1. The HEAP's Governing Principles**

1. To promote a national multi-sectoral and multi disciplinary mobilization for HIV/AIDS prevention;
2. To increase awareness and sensitization among the general population and strategically -targeted stakeholders;
3. To promote behavior change in both low and high-risk populations;
4. To promote a national understanding and acceptance of the principle that all persons must accept responsibility for prevention of HIV transmission.
5. To promote a national understanding and acceptance of the principle that all communities and all persons must accept responsibility for providing care and support for those infected and affected by HIV/AIDS;
6. To ensure that communities are sensitized on area-specific preventable risk factors and empowered to assess and analyze issues and to design appropriate action through genuine community involvement;
7. To remove human resource, financial, cultural and informational barriers to HIV/AIDS prevention;
8. To ensure that the nation's laws and policies complement and assist the Government of Nigeria's resolve to remove all barriers to an effective and proactive approach to the mitigation of HIV/AIDS effect on the general population with a specific and concerted effort focused on access to safe blood supply, workplace conditions, and to human rights issues as they relate to gender and to discrimination in whatever form directed towards persons infected and affected by HIV/AIDS;
9. To develop and implement a multi-sectoral, multi disciplinary institutional framework and legal machinery for HIV/AIDS prevention;
10. To develop standards and guidelines leading to the institutionalization of best practices in care giving and support to people infected by HIV/AIDS;
11. To implement the activities of the HEAP using a decentralized and participatory approach, which incorporates all tiers of government as well as the private profit and non-profit sectors;
12. To mitigate the impact of AIDS by
  - providing affordable and accessible drugs;
  - encouraging counseling to those infected and affected by AIDS;
  - providing financial assistance to AIDS Orphans; and
  - providing micro-credit facilities to people infected and affected with HIV/AIDS.
13. To empower people infected and affected by AIDS to form networks and contribute to HIV/AIDS planning and programming at National, State, local government and community levels;
14. To ensure that the HIV/AIDS surveillance system is effective in providing accurate, periodic and timely information to individuals responsible for the development of program policy, to key decision makers and program managers and to influential opinion leaders at national, state, and local levels;
15. To stimulate research, documentation and research networks on HIV/AIDS in Nigeria; and
16. To recognize that a forceful response to gender issues centered on removing discrimination, empowering women, providing free access to preventive measures and ensuring adequate care and support of persons infected and affected by the epidemic is an issue at the very heart of the development of a cohesive and cross-cutting strategy for the prevention and mitigation of HIV/AIDS impact on Nigerian society.

### 3. The HIV/AIDS Emergency Action Plan: Summary of Strategies and Program Phasing

As summarized in the following paragraphs, Nigeria's HIV/AIDS Emergency Action Plan (HEAP) is built around two strategic components: *CREATION OF AN ENABLING ENVIRONMENT* and *SPECIFIC HIV/AIDS INTERVENTIONS*. The wording and substance of these two components and of the HEAP's 15 strategies and of its over 200 activities was purposely chosen to reflect both the HEAP's currently limited timeframe as well as the urgency associated with the establishment of the programme's structure and of legislation and policies. While the first objective of this section is to summarize each of the strategies in terms of its objectives and its activities' foci, an equally important objective of this summary is to provide Nigeria's many potential private sector and international partners with an opportunity to identify specific components, strategies, objectives and activities which best lend themselves to support based on each of our partner's comparative advantage. A third management objective of the HEAP is to foster the development of a dialogue with States and local communities so that, within the HEAP's first four quarters of approval by the Government of Nigeria, 18 of Nigeria's states – those which are currently assumed to be facing the true impact of the epidemic – will develop a state-specific action plan for implementation during the second year following the Government of Nigeria's approval of the HEAP. Current HEAP development strategy calls for state-level activities to be developed, funded, and launched first within Nigeria's six so-called *hot spot* states of Benue, Plateau, Kaduna, Ebonyi, Lagos, and Akwa Ibom.

#### 3.1 COMPONENT A (HEAP Headings 1): CREATION OF AN ENABLING ENVIRONMENT

**SUMMARY:** As identified in the HEAP's earlier brief discussion of determinants of the epidemic and of the HEAP's governing principles, NACA and the HEAP's draft team specified four strategies whose foci would center on a systematic approach to the development of an environment in which the government and its partners could work together in establishing an operational base for the post-HEAP longer-term strategic plan.

##### 3.1.1 Strategy 1: Removal of Socio-Cultural Barriers

Under Strategy 1, NACA and its implementers will focus on largely advocacy initiatives. Under this strategy, it is expected that NACA and its partners will address the need to sensitize the general public and to support the advocacy and activities through the development of legislation and policies centered on human rights of PLWHAs as well as those of women in a less than supportive legal and political environment. Due to the importance of this strategy, it is planned to complete the majority of the strategy's activities within the four quarters following the HEAP's approval by the Government of Nigeria.

##### 3.1.2 Strategy 2: Removal of Information Barriers

Under Strategy 2, NACA and its implementers will focus on the development of an information base at all national and state levels. Under this strategy, it is expected that NACA and its partners will address the need to develop a reliable and timely flow of information to decision makers and program implementers. As part of this strategy, NACA will work with key ministries in establishing an overall framework for HIV/AIDS research. Once developed, the framework will guide the public and private sector in the definition of issues to be addressed, protocols to be followed, and dissemination processes to follow. Due to the long-term development nature of this strategy, it is anticipated that, within the four quarters following the HEAP's approval by the Government of Nigeria, guidelines will be developed for the definition of the desired information system and that sentinel surveillance activities will start on the basis of periodic surveillance initiatives. However, with a few exceptions, research initiatives themselves will follow during subsequent quarters.

### 3.1.3 Strategy 3: Removal of Systemic Barriers

Under Strategy 3, NACA will address its own need for organizational and capacity development as well as that of SACAs and LACAs. Due to the long-term development nature of this strategy, it is anticipated that, within the four quarters following the HEAP's approval by the Government of Nigeria, NACA's organizational structure will be developed and that NACA will hire essential human resources to guide its coordination of the HEAP. However, as with any issue of such complexity, NACA will address its organization development needs as well as the HEAP's specificity over time and as conditions change and call for modification. Similarly, NACA will identify SACA and LACA's capacity development with an eye towards implementing concrete activities only after the four quarters following the HEAP's approval by the Government of Nigeria.

### 3.1.4 Strategy 4: Catalyzing Community-Based Responses:

Under Strategy 4, NACA and the HEAP's drafting team, recognized the importance of including a separate strategy for catalyzing communities. In doing so, the HEAP's drafting team and respondents recognized that, given the decentralized nature of the nation's political environment, mobilization of local communities is critical to the HEAP's success. Accordingly, the strategy's main thrust is the creation of a community-based fund to ensure unobstructed flow of resources to local communities. The fund will support community mobilization, selection and training of community volunteers, and the design and implementation of a Community Action PLAN (CAP). LACA will provide technical support to local communities in the development of their action plans while funds will flow direct to communities whose plans are approved by SACA. Due to the long-term development nature of this strategy, it is anticipated that, within the four quarters following the HEAP's approval by the Government of Nigeria, guidelines will be developed for the definition of CAPs. However, it is not anticipated that this initiative will be sufficiently defined for funding to flow prior to the end of HEAP's first four quarters.

## 3.2 COMPONENT B: (HEAP Headings 2) SPECIFIC HIV/AIDS INTERVENTIONS

**SUMMARY:** As identified in the HEAP's earlier brief discussion of determinants of the epidemic and of the HEAP's governing principles, NACA and the HEAP's draft team specified, in consultation with numerous partners, four separate but linked strategies to address the development of specific HIV/AIDS interventions. In addition, under Strategy 5 (Preventive Interventions Targeted to High-Risk Populations), the HEAP incorporates 8 separate sub-strategies targeted to specific high-risk populations.

### 3.2.1 Strategy 5: Preventive Interventions Targeted to High-Risk Populations

#### 3.2.1.1 Substrategy 5.1: Youth (High risk youth population and non-high risk youth population):

Under Strategy 5.1, NACA will work with line ministries at the federal level and, where appropriate, with their counterparts at State level. As specified, the thrust of the activity will be upon developing Nigerian youth's capacity to define preventive strategies for responding to the HIV/AIDS epidemic. As both in-school and out-of school youths will be incorporated in the program, NACA will work with the Federal level to define appropriate strategies and with State and local levels to implement the strategy. Due to the long-term development nature of this strategy, it is anticipated that, within the four quarters following the HEAP's approval by the Government of Nigeria, guidelines will be developed for the state inclusion in their implementation plans. Actual implementation of statewide activities will most probably not begin until at least the 5<sup>th</sup> semester following the HEAP's approval.

#### 3.2.1.2 Substrategy 5.2: Empowerment of Women to Negotiate Safer Sex

Under Strategy 5.2, NACA will work with line ministries at the federal level and, where appropriate, with their counterparts at State level. As specified, the thrust of the activity will be upon empowering women to determine their own standards of sexual behaviour. As this substrategy is one of several of the HEAP's substrategies, which require intensive development, actual implementation of statewide activities will most probably not begin until at least the 5<sup>th</sup> semester following the HEAP's approval.

### 3.2.1.3 Substrategy 5.3: HIV/AIDS Intervention with the Armed Forces and the Police.

Under substrategy 5.3, NACA is not expected to play a role in this strategy other than to ensure that the Armed Forces and POLICE activities are both coordinated with other strategies and provided with IEC and training materials as needs dictate. All activities included in this substrategy are scheduled for completion during the first four semesters following approval of the HEAP. In reality, many of these activities are already in progress, thus illustrating the importance of ensuring that all HIV/AIDS related activities are coordinated in both the public and private sectors.

### 3.2.1.4 Substrategy 5.4: Prevention of Infection through MTCT

Under substrategy 5.4, NACA and its implementers will focus on developing a strategy to support efforts to prevent HIV/AIDS transmission between mothers and their children. As such, this substrategy calls for the development of IEC materials, the organization of rallies, the training of health workers. As this substrategy is one of several of the HEAP's substrategies, which require intensive development, actual implementation of statewide activities will most probably not begin until at least the 5<sup>th</sup> semester following the HEAP's approval. However, due to the importance of this strategy, NACA and its partners will need to address logistics and procurement issues for drugs and medical supplies early on in the 1<sup>st</sup> four quarters following the HEAP's approval by the Government of Nigeria.

### 3.2.1.5 Substrategy 5.5: Commercial Sex Workers

Under Strategy 5.5, during the 1<sup>st</sup> four quarters following the HEAP's approval by the Government of Nigeria, NACA and its implementers will address the definition of the universe of CSWs in Nigeria, the development of training materials for CSW, and the definition of rallies focused on CSW issues. Due to the importance of this strategy, it is planned to develop activities associated with this strategy during the 1<sup>st</sup> four quarters and to focus on the substrategy's implementation in subsequent quarters.

### 3.2.1.6 Substrategy 5.6: HIV/AIDS intervention in Prisons and Immigration Border Control

Under substrategy 5.6, NACA is not expected to play a role in this substrategy other than to ensure that the Prisons and Immigration Border Control are both coordinated with other strategies and provided with IEC and training materials as needs dictate. All activities included in this substrategy are scheduled for completion during the first four semesters following approval of the HEAP. In reality, many of these activities are already in progress, thus illustrating the importance of ensuring that all HIV/AIDS related activities are coordinated in both the public and private sectors.

### 3.2.1.7 Substrategy 5.7: Workplace policies and programs related to HIV/AIDS

As identified in the HEAP's earlier brief discussion of determinants of the epidemic and of the HEAP's governing principles, workplace issue figure prominently in the nation's response to HIV/AIDS program development. Consequently, under substrategy 5.7, NACA and its implementers need to develop a sensitization program for the public and private, formal and informal work sector. Due to the importance of this strategy, it is planned to complete the initial groundwork on this strategy so that states and the private sector can benefit from a coordinated strategy.

### 3.2.1.8 Substrategy 5.8: HIV/AIDS Intervention For Transport-Related Workers:

With a marked similarity to the workplace substrategy, it is expected that NACA and its partners will address the need to sensitize the general public and to support advocacy and information activities designed to sensitize the general public and this specific category of the workforce. Due to the importance of this strategy, it is planned to complete the initial groundwork on this strategy so that states and the private sector can benefit from a coordinated strategy.

## 3.2.2.Strategy 6: Preventive Interventions for the General Population.

Under Strategy 6, the HEAP focuses on ensuring that:

- Health workers are provided with materials and training related to syndromic management of STIs;

- Policies and regulations with reference to safe blood supply are developed and implemented; and
- Structures and systems for providing affordable VCCT services are developed.

As this strategy is one of several of the HEAP's strategies and substrategies which require intensive development, actual implementation of statewide activities will most probably not begin until at least the 5<sup>th</sup> quarter following the HEAP's approval. However, due to the importance of this strategy, NACA and its partners will need to address logistics and procurement issues for drugs and medical supplies early on in the 1<sup>st</sup> four quarters following the HEAP's approval by the Government of Nigeria.

### 3.2.3 Strategy 7: Care & Support for Persons Infected by HIV/AIDS

Under Strategy 7, NACA and its implementers will address the numerous problematic issues associated with persons infected by HIV/AIDS. Accordingly, this strategy focuses on the development of guidelines on such issues as appropriate and effective care for PLWHAs infected with TB, development of guidelines for training health workers and PLWHAs themselves, and establishing parameters on home-based care, this strategy is one of several of the HEAP's strategies and substrategies which require intensive development. Thus, actual implementation of statewide activities will most probably not begin until at least the 5<sup>th</sup> semester following the HEAP's approval. However, due to the importance of this strategy, NACA and its partners will need to address logistics and procurement issues for drugs and medical supplies early on in the 1<sup>st</sup> four quarters following the HEAP's approval by the Government of Nigeria.

### 3.2.4 Strategy 8: Care & Support for Persons Affected by HIV/AIDS

Under Strategy 8, NACA and its implementers will address the numerous problematic issues associated with persons affected by HIV/AIDS. As the strategy focuses on the development of guidelines to assist communities in developing a welfare scheme for orphans and family members affected by HIV/AIDS, actual implementation of statewide activities will most probably not begin until at least the 9<sup>th</sup> quarter following the HEAP's approval.

## **APPENDICES**

Appendix 1. The HIV/AIDS Emergency Action Plan: Component Strategies by Objectives, Activities, Timing, Location, Output Indicators, and Assumptions and Risks

Appendix 2. The HIV/AIDS Emergency Action Plan: Summary Timeline by Component Strategies and Principal Activities

Appendix 3. Summary Cost Tables

Appendix 1. The HIV/AIDS Emergency Action Plan: Component Strategies by Objectives, Activities, Timing, Location, Output Indicators, and Assumptions and Risks

## Preface to Appendix 1

As illustrated in Appendix 1 and in the computerized tables of activities [HEAPTables.xls](#), the HEAP was designed to promote a multi-sectoral, participatory response to HIV/AIDS prevention and impact mitigation. As such, the HEAP incorporates the following levels of detail:

- Each of the HEAP's activities is included with reference to a specific objective, to an equally specific and measurable output indicator, and to a longer-term expected outcome indicator;
- As indicated in the HEAP, The National Action Committee on HIV/AIDS in Nigeria (NACA) has designated a responsible authority for each activity. While this designation is a result of negotiations with representatives of the Federal Government of Nigeria's ministries, it is understood that the large majority of the activities will call for multisectoral contributions from both private and public sectors. Toward that end, NACA will serve as a facilitator in ensuring that all appropriate ministries and entities are enlisted to assist in implementing specific activities;
- While responsibility for the implementation of many activities rests, by necessity, with national level authorities, a considerable number of activities are most appropriately identified as being the responsibility of state or local authorities. In such instances, NACA will work within the HEAP's first year to assist the State Action Committees on HIV/AIDS in Nigeria (SACAs) and with Local National Action Committees on HIV/AIDS in Nigeria (LACAs) in defining localized action plans; and
- Finally, in an attempt to structure the nation's response to the HIV/AIDS epidemic in a systematic manner, the HEAP specifies a time frame – both in terms of sequencing (or timing) and in terms of duration – for each activity.

## Preface to Appendix 2

As illustrated in Appendix 2 and in the computerized tables of activities [HEAPGANTT.xls](#) , the HEAP's activities are scheduled to be initiated during the first twelve quarters following the Government of Nigeria's approval of the HIV/AIDS Emergency action plan. While many of the HEAP's activities will be implemented within the first four quarters following the government's HEAP approval, most activities are those which, in setting the stage for Nigeria's longer term attack on the HIV/AIDS epidemic, should be viewed as development activities. For the purposes of brevity, the timeline presented in Appendix 2 includes a selective number of key activities for each of the HEAP's two components and fifteen strategies. A more complete list of all planned activities is provided in Appendix 1.

## Preface to Appendix 3

### **Basis of the Budget**

The basis for the costing in the budget derived from several factors - consultations with international donors (UNAIDS, DFID, UNICEF, UNIFEM, UNFPA, WORLD BANK and others) on their payment scales and accounting systems, consultation of regulations of the Federal Government of Nigeria, a comprehensive survey of current rates of equipment, supplies and services, a cost effective approach to financial management and the use of rating scales rather than one singular rate. The basis of conversion from Naira to US dollars was an average of exchange rates in the 6 months prior to the completion of the draft HEAP. As will be seen from a perusal of the budget, rates sometimes varied for the same item based on where they were located on the rating scale. Rating scales varied from a lower end of least cost/least quality/competence to highest cost/highest quality/competence.

## APPENDIX 3: Summary Cost Tables

Nigeria

HIV/AIDS Program Development Project

### Components by Financiers

US Dollars

|   | Government          |             | DFID                |             | CDC (USA)      |          | IDA                 |             | UNAIDS             |            | USAID               |             |
|---|---------------------|-------------|---------------------|-------------|----------------|----------|---------------------|-------------|--------------------|------------|---------------------|-------------|
|   | Amount              | %           | Amount              | %           | Amount         | %        | Amount              | %           | Amount             | %          | Amount              | %           |
| <b>A. Ntl HIV/AIDS Response</b>         |                     |             |                     |             |                |          |                     |             |                    |            |                     |             |
| 1. Removal Socio-cultural etc. Barriers | 14,132,594.1        | 89.5        | -                   | -           | -              | -        | -                   | -           | 1,063,743.6        | 6.7        | 588,781.2           | 3.7         |
| 2. Removal Information Barriers         | 539,864.1           | 19.2        | 1,338.8             | -           | 2,677.5        | 0.1      | 539,864.1           | 19.2        | -                  | -          | 163,571.0           | 5.8         |
| 3. Removal Systemic Barriers            | 10,317,541.3        | 50.0        | -                   | -           | -              | -        | 10,317,541.3        | 50.0        | -                  | -          | -                   | -           |
| 4. Mobilize Community Response          | -                   | -           | 6,768,468.0         | 100.0       | -              | -        | -                   | -           | -                  | -          | -                   | -           |
| <b>Subtotal Ntl HIV/AIDS Response</b>   | <b>24,989,999.5</b> | <b>54.3</b> | <b>6,769,806.8</b>  | <b>14.7</b> | <b>2,677.5</b> | <b>-</b> | <b>10,857,405.4</b> | <b>23.6</b> | <b>1,063,743.6</b> | <b>2.3</b> | <b>752,352.2</b>    | <b>1.6</b>  |
| <b>B. HIV/AIDS Interventions</b>        |                     |             |                     |             |                |          |                     |             |                    |            |                     |             |
| 1. Highest Risk Groups                  | -0.0                | -0.0        | 32,405.3            | 0.8         | -              | -        | -                   | -           | -                  | -          | 2,347,499.6         | 56.1        |
| 2. General Population                   | 29,203,397.1        | 27.4        | 15,203,397.1        | 14.3        | -              | -        | 46,324,900.0        | 43.5        | -                  | -          | 13,877,040.0        | 13.0        |
| 3. Infected Populations                 | -                   | -           | 7,157,250.0         | 57.7        | -              | -        | 1,672,871.3         | 13.5        | -                  | -          | 2,174,999.9         | 17.5        |
| 4. Affected Populations                 | -                   | -           | 7,157,250.0         | 55.0        | -              | -        | 2,717,165.4         | 20.9        | -                  | -          | 2,871,672.5         | 22.1        |
| <b>Subtotal HIV/AIDS Interventions</b>  | <b>29,203,397.1</b> | <b>21.5</b> | <b>29,550,302.4</b> | <b>21.7</b> | <b>-</b>       | <b>-</b> | <b>50,714,936.7</b> | <b>37.3</b> | <b>-</b>           | <b>-</b>   | <b>21,271,211.9</b> | <b>15.6</b> |
| <b>Total Disbursement</b>               | <b>54,193,396.6</b> | <b>29.8</b> | <b>36,320,109.2</b> | <b>19.9</b> | <b>2,677.5</b> | <b>-</b> | <b>61,572,342.0</b> | <b>33.8</b> | <b>1,063,743.6</b> | <b>0.6</b> | <b>22,023,564.2</b> | <b>12.1</b> |

Nigeria

HIV/AIDS Program Development Project

### Components by Financiers

US Dollars

|   | UNICEF             |            | US (Labor)         |            | US (Defense)     |            | WHO                |            | Others           |            | Total                |              |
|---|--------------------|------------|--------------------|------------|------------------|------------|--------------------|------------|------------------|------------|----------------------|--------------|
|   | Amount             | %          | Amount             | %          | Amount           | %          | Amount             | %          | Amount           | %          | Amount               | %            |
| <b>A. Ntl HIV/AIDS Response</b>         |                    |            |                    |            |                  |            |                    |            |                  |            |                      |              |
| 1. Removal Socio-cultural etc. Barriers | -                  | -          | -                  | -          | -                | -          | -                  | -          | -                | -          | 15,785,118.9         | 8.7          |
| 2. Removal Information Barriers         | -                  | -          | 1,568,700.0        | 55.7       | -                | -          | 1,338.8            | -          | -                | -          | 2,817,354.2          | 1.5          |
| 3. Removal Systemic Barriers            | -                  | -          | -                  | -          | -                | -          | -                  | -          | -                | -          | 20,635,082.6         | 11.3         |
| 4. Mobilize Community Response          | -                  | -          | -                  | -          | -                | -          | -                  | -          | -                | -          | 6,768,468.0          | 3.7          |
| <b>Subtotal Ntl HIV/AIDS Response</b>   | <b>-</b>           | <b>-</b>   | <b>1,568,700.0</b> | <b>3.4</b> | <b>-</b>         | <b>-</b>   | <b>1,338.8</b>     | <b>-</b>   | <b>-</b>         | <b>-</b>   | <b>46,006,023.8</b>  | <b>25.3</b>  |
| <b>B. HIV/AIDS Interventions</b>        |                    |            |                    |            |                  |            |                    |            |                  |            |                      |              |
| 1. Highest Risk Groups                  | 1,000,000.0        | 23.9       | -                  | -          | 508,323.5        | 12.1       | 34,028.4           | 0.8        | 264,204.8        | 6.3        | 4,186,461.6          | 2.3          |
| 2. General Population                   | -                  | -          | 229,512.3          | 0.2        | -                | -          | 1,656,960.0        | 1.6        | -                | -          | 106,495,206.5        | 58.5         |
| 3. Infected Populations                 | 1,393,599.9        | 11.2       | -                  | -          | -                | -          | -                  | -          | -                | -          | 12,398,721.1         | 6.8          |
| 4. Affected Populations                 | 268,000.0          | 2.1        | -                  | -          | -                | -          | -                  | -          | -                | -          | 13,014,087.9         | 7.1          |
| <b>Subtotal HIV/AIDS Interventions</b>  | <b>2,661,599.9</b> | <b>2.0</b> | <b>229,512.3</b>   | <b>0.2</b> | <b>508,323.5</b> | <b>0.4</b> | <b>1,690,988.4</b> | <b>1.2</b> | <b>264,204.8</b> | <b>0.2</b> | <b>136,094,477.1</b> | <b>74.7</b>  |
| <b>Total Disbursement</b>               | <b>2,661,599.9</b> | <b>1.5</b> | <b>1,798,212.3</b> | <b>1.0</b> | <b>508,323.5</b> | <b>0.3</b> | <b>1,692,327.2</b> | <b>0.9</b> | <b>264,204.8</b> | <b>0.1</b> | <b>182,100,500.8</b> | <b>100.0</b> |

| Nigeria<br>HIV/AIDS Program Development Project<br>Components Project Cost Summary |                        |                        |                         |                     |                     | %<br>Foreign<br>Exchange | % Total<br>Base<br>Costs |
|--|------------------------|------------------------|-------------------------|---------------------|---------------------|--------------------------|--------------------------|
| Local  | (Naira)                |                        | Local                   | (US\$)              |                     | Foreign<br>Exchange      | % Total<br>Base<br>Costs |
|  | Foreign                | Total                  |                         | Foreign             | Total               |                          |                          |
| <b>A. Ntl HIV/AIDS Response</b>  |                        |                        |                         |                     |                     |                          |                          |
| 1. Removal Socio-cultural etc. Barriers  | 287,521,104.0          | 1,216,680,700.0        | 1,504,201,804.0         | 2,875,211.0         | 12,166,807.0        | 15,042,018.0             | 81 9                     |
| 2. Removal Information Barriers  | 18,847,752.2           | 246,361,164.8          | 265,208,917.0           | 188,477.5           | 2,463,611.6         | 2,652,089.2              | 93 2                     |
| 3. Removal Systemic Barriers   | 1,300,326,206.0        | 638,283,718.0          | 1,938,609,924.0         | 13,003,262.1        | 6,382,837.2         | 19,386,099.2             | 33 11                    |
| 4. Mobilize Community Response   | 483,696,000.0          | 173,916,000.0          | 657,612,000.0           | 4,836,960.0         | 1,739,160.0         | 6,576,120.0              | 26 4                     |
| <b>Subtotal Ntl HIV/AIDS Response</b>  | <b>2,090,391,062.2</b> | <b>2,275,241,582.8</b> | <b>4,365,632,645.0</b>  | <b>20,903,910.6</b> | <b>22,752,415.8</b> | <b>43,656,326.5</b>      | <b>52 25</b>             |
| <b>B. HIV/AIDS Interventions</b>   |                        |                        |                         |                     |                     |                          |                          |
| 1. Highest Risk Groups   | 306,266,856.0          | 102,801,780.0          | 409,068,636.0           | 3,062,668.6         | 1,028,017.8         | 4,090,686.4              | 25 2                     |
| 2. General Population  | 3,151,068,800.0        | 6,815,862,884.0        | 9,966,931,684.0         | 31,510,688.0        | 68,158,628.8        | 99,669,316.8             | 68 58                    |
| 3. Infected Populations  | 1,015,242,485.0        | 166,325,000.0          | 1,181,567,485.0         | 10,152,424.9        | 1,663,250.0         | 11,815,674.9             | 14 7                     |
| 4. Affected Populations  | 1,112,952,048.0        | 146,325,000.0          | 1,259,277,048.0         | 11,129,520.5        | 1,463,250.0         | 12,592,770.5             | 12 7                     |
| <b>Subtotal HIV/AIDS Interventions</b>   | <b>5,585,530,189.0</b> | <b>7,231,314,664.0</b> | <b>12,816,844,853.0</b> | <b>55,855,301.9</b> | <b>72,313,146.6</b> | <b>128,168,448.5</b>     | <b>56 75</b>             |
|  | 7,675,921,251.2        | 9,506,556,246.8        | 17,182,477,498.0        | 76,759,212.5        | 95,065,562.5        | 171,824,775.0            | 55 100                   |
| Physical Contingencies   | 155,741,119.0          | 871,831,464.3          | 1,027,572,583.4         | 1,557,411.2         | 8,718,314.6         | 10,275,725.8             | 85 6                     |
| Price Contingencies  | -                      | -                      | -                       | -                   | -                   | -                        | - -                      |
|  | 7,831,662,370.2        | 10,378,387,711.1       | 18,210,050,081.4        | 78,316,623.7        | 103,783,877.1       | 182,100,500.8            | 57 106                   |

| Nigeria<br>HIV/AIDS Program Development Project<br>Expenditure Accounts by Components –<br>Totals Including Contingencies<br>US Dollars |  |                                       |                                    |   |  |  |                     |                     |                      |
|---|--|---------------------------------------|------------------------------------|---|--|--|---------------------|---------------------|----------------------|
|   | Establishing Enabling Environment        |                                       |                                    |   | Specific HIV/AIDS Interventions                  |  |                     |                     | Total                |
|   | Removal of<br>Socio-cultural<br>Barriers | Removal of<br>Information<br>Barriers | Removal of<br>Systemic<br>Barriers | Mobilization<br>of<br>Community<br>Response | Prevention targeted at<br>Highest Risk<br>Groups | Care and Support of<br>General<br>Population | Infected<br>Persons | Affected<br>Persons |                      |
| <b>I. Investment Costs</b>  |  |                                       |                                    |   |  |  |                     |                     |                      |
| A. Vehicles   | -  | -                                     | -                                  | 627,000.0                                   | 110,000.0  | -  | -                   | -                   | 737,000.0            |
| B. Equipment  | -  | 843,920.0                             | 6,676,998.2                        | 939,180.0                                   | 16,231.6   | 41,963,323.6                                 | 1,453,650.0         | 1,453,650.0         | 53,346,953.4         |
| C. Medical  | -  | -                                     | -                                  | -   | -  | 32,670,000.0                                 | 320,925.0           | 155,925.0           | 33,146,850.0         |
| D. Studies  | -  | 151,448.8                             | 134,914.5                          | -   | 199,898.0  | -  | -                   | -                   | 486,261.2            |
| E. Training   | 2,640,971.6                              | 17,633.7                              | 13,099,207.9                       | 529,200.0                                   | 714,360.6  | 536,222.4                                    | 8,803,646.1         | 5,774,840.4         | 32,116,082.7         |
| F. Info, Educ, Commun.  | 12,491,647.4                             | 1,690,363.0                           | 247,532.0                          | 47,628.0                                    | 813,414.4  | 325,660.5                                    | 52,500.0            | -                   | 15,668,745.2         |
| G. Local Consultants  | 180,000.0                                | 113,988.8                             | 444,030.0                          | 3,703,680.0                                 | -  | -  | -                   | -                   | 4,441,698.8          |
| H. Grants   | -  | -                                     | 32,400.0                           | 449,280.0                                   | 2,289,937.5                                      | 31,000,000.0                                 | 1,768,000.0         | 5,629,672.5         | 41,169,290.0         |
| I. International Technical Assistance   | 472,500.0                                | -                                     | -                                  | 472,500.0                                   | 42,619.5   | -  | -                   | -                   | 987,619.5            |
| <b>Total Investment Costs</b>   | <b>15,785,118.9</b>                      | <b>2,817,354.2</b>                    | <b>20,635,082.6</b>                | <b>6,768,468.0</b>                          | <b>4,186,461.6</b>                               | <b>106,495,206.5</b>                         | <b>12,398,721.1</b> | <b>13,014,087.9</b> | <b>182,100,500.8</b> |
| <b>II. Recurrent Costs</b>  |  |                                       |                                    |   |  |  |                     |                     |                      |
| <b>Total PROJECT COSTS</b>  | <b>15,785,118.9</b>                      | <b>2,817,354.2</b>                    | <b>20,635,082.6</b>                | <b>6,768,468.0</b>                          | <b>4,186,461.6</b>                               | <b>106,495,206.5</b>                         | <b>12,398,721.1</b> | <b>13,014,087.9</b> | <b>182,100,500.8</b> |
| Taxes   | -  | -                                     | -                                  | -   | -  | -  | -                   | -                   | -                    |
| Foreign Exchange  | 12,775,147.4                             | 2,625,152.2                           | 7,005,479.0                        | 1,897,308.0                                 | 1,085,156.5                                      | 74,958,984.1                                 | 1,827,075.0         | 1,609,575.0         | 103,783,877.1        |