

# ONDO STATE HIV/AIDS STRATEGIC PLAN

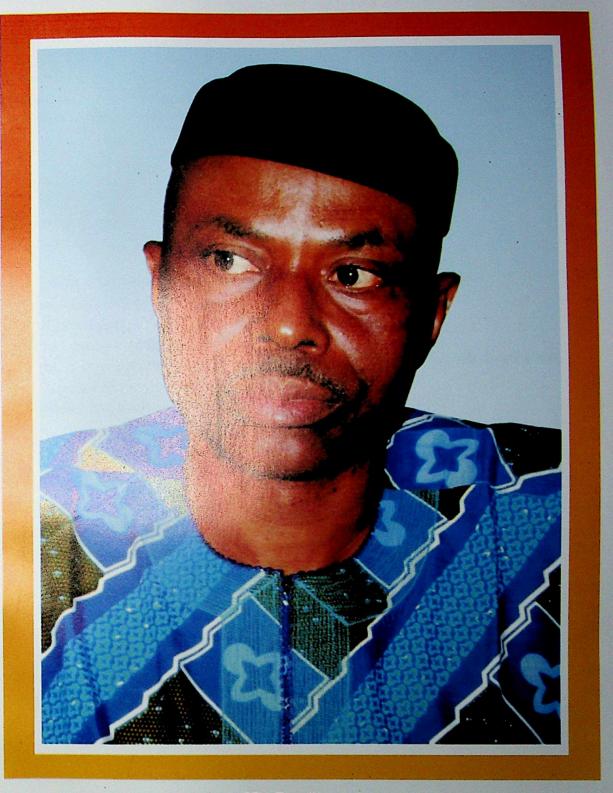
(2010-2015)





Ondo State Agency for the Control of AIDS





His Excellency

Dr. Olusegun Mimiko

The Governor of Ondo State

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ACTUITYTHIS

ACRWC African Charter on the Rights and Welfare of Children

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Clinic

ART Anti Retroviral Therapy

ARV Antiretroviral

BCC Behaviour Change Communications
CBO Community Based Organizations
CCEs Constituent Coordinating Entity

CD4 Cluster of Differentiation 4

CEDAW Convention on the Elimination of Discrimination Against Women

CISNHAN Civil Society Organizations for HIV and AIDS in Nigeria

CPT Co-trimoxazole prophylactic treatment

CSO Civil Society Organizations

C&S Care and Support

DOT Directly Observed Treatment

EID Early infant diagnosis
EIT Early infant treatment

ERPS Epidemiological Response and Policy Synthesis

FBOs Faith Based Organizations
FHI Family Health International
FLHE Family Life Health Education

FMC Federal Medical Centre
FP Family Planning
FSW Female Sex Worker

GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria

GMS Gender Management System

GHAIN Global HIV/AIDS Initiative Nigeria

HAF HIV and AIDS Fund

HCT HIV Counseling and Testing

HF Health Facility

HIV Human Immunodeficiency Virus

IBBSS Integrated Bio-Behavioral Surveillance Survey

IDU Intravenous Drug User

ILO International Labour Organization
IMNCH Integrated Mother and Child Health

IPEC International Programme on the Elimination of Child Labour

LACA Local Action Committee on AIDS

LGA Local Government Area
LG Local Government
MARPS Most at Risk Persons

MDGs Millennium Development Goals
M&E Monitoring and Evaluation
MSM Men who have Sex with Men

NA Not available

NACA National Agency for the Control of AIDS

NARHS National Adolescent and Reproductive Health Survey

NEEDS National Economic Empowerment and Development Strategy

NDHS National Demographic and Health Survey

NEPWHAN Network of People Living with HIV and AIDS in Nigeria

NGO Non -Governmental Organization

NNRIMS Nigeria National Response Information Management System for HIV

and AIDS

OVC-NPA OVC National Programme of Action

NSF National Strategy Framework
NSP National Strategic Plan

NYNETHA Nigeria Youth Network on HIV and AIDS
ODSACA Ondo State Action Committee on AIDS

OIs Opportunistic Infections

PEP

SBTS

SOPs

OVC Orphan and Vulnerable Children

Post Exposure Prophylaxis

PEPFAR President's Emergency Plan for AIDS Relief

PHC Primary Health Care Centre

PHDP Positive Health dignity and Prevention

PLP People Living Positively

PLHIV People Living with HIV/AIDS

PMTCT Prevention of Mother-To-Child Transmission

SACA State Agency for the Control of AIDS
SASA State AIDS Spending Assessment
SASCP State AIDS and STI Control Programme

State Blood Transfusion Services

SD Service Delivery

SDPs Service Delivery Points

SEEDs State Economic Empowerment and Development Strategy

SMOH State Ministry of Health

SMWA State Ministry of Women Affairs

Standard of Practice

SRH Sexual and Reproductive Health

SSP State Strategic Plan

STIs Sexually Transmitted Infection(s)
TRA Traditional Birth Attendants

BD Tuberculosis
To be determined

BDOTs Tuberculosis Directly Observed Treatment Shortcourse

VG Technical Working Group

I Transfusion Transmissible Illnesses

E Universal Basic Education

AID Joint United Nations Programme on AIDS
DP United Nations Development Program

GASS United Nations General Assembly Special Session

CEF United Nations Children Fund

**United Nations** 

D United States Agency for International Development

Voluntary Counselling and Testing

World Health Organizations

## **FOREWORD**

The development of a second state strategic plan for the control and prevention of HIV and AIDS is a clear indication of the resolve of the stakeholders in this tedious battle against the scourge to give their best. The period which the first strategic plan covered (2007-2010) was marked by various achievements ranging from expansion of HCT coverage to increased coverage of the PMTCT programs. This saw a decline in the state sero-prevalence from the previous 3.2% to 2.4%. These achievements and more are products of concerted efforts of the Ondo State Government through the State Action Committee on AIDS (ODSACA), a group of committed Civil Society Organizations (CSOs) and other interest groups in the state.

Though the achievement so far is worth celebrating, there is still a lot more to be done especially in the areas of providing for those affected by the disease (PABA) such as orphans, those living with the virus (PLWHA) as well as preventing new infections. The plan aims to cover all pregnant women through the PMTCT program to ensure that vertical transmission of HIV is eliminated in the state. The state response has scored very high in eliminating silence and denial within its communities. It has also gone beyond the stage of mere awareness and is presently focusing on behavior change communication which is a call to action by all and sundry.

In the implementation of the first strategic plan, many gaps and limitations were encountered and reported. Some of these include the presence of few development partners, non participation of the organized private sector in the state as well as the difficulties associated with transforming the State Action Committee on AIDS into an Agency amongst many others.

If majority of these gaps and limitations are ameliorated, we are convinced that the state response to the HIV and AIDS scourge will be more effective and record breaking heights attained in the prevention and mitigation of the impact of HIV and AIDS.

It is comforting to note that the relentless commitment of all stakeholders in the state to the prevention and mitigation of the impact of HIV and AIDS are yielding positive results and we hope these achievements will continue to provide the necessary motivation needed to win the fight. The energy and resources invested in the development of this plan is an eloquent testimony of this commitment. It is our firm believe that this document would provide a platform on which we will win this battle against HIV and AIDS in Ondo state.

Dr. Olusegun Mimiko, Governor of Ondo State.

## **ACKNOWLEDGEMENT**

Since the creation of the State Action Committee on AIDS (SACA) in 2001; a truly multidisciplinary establishment, steady progress has been made towards ensuring the reduction in the spread of the HIV/AIDS virus in the State as can be witnessed from the last sentinel survey of 2008 which pitched the State at 2.4%, a decline from the 3.2% hitherto seen. In its capacity, the Ondo State Action Committee on AIDS (ODSACA) through its awareness campaign, social mobilization, production and distribution of IEC materials, prevention activities, care and support activities, scaling up of the states response, has produced another State Strategic Plan aimed at directing her activities through another five (5) years (2010-2015).

In these efforts, certain individuals and interest groups have played very key, commendable and significant roles. Our sincere acknowledgement goes to his Excellency, the Executive Governor of Ondo State Dr. Olusegun Mimiko under whose administration we have witnessed this great improvement in the prevalence reduction in the state. Also, members of the State executive council have roles in reviewing and approving this document.

We acknowledge the State Ministry of Health, which serves as a pivot for most activities of the state in disease control, the State Commissioner for Health Dr. Adegbenro Lawerence is heartily acknowledged. In a special way to, we acknowledge the efforts of Dr. Bade Omoloja the Permanent Secretary Ministry of Health, Dr Godwin Olawale Director of Primary Health Care/Disease Control and Mr. Segun Ademodi SAPC for ensuring the success of this document.

We also wish to acknowledge the Lead consultant; Dr. Nnena Mba-Oduwusi (Insight ventures) and other consulants, Dr. Peju Esimai (Obafemi Awolowo University) and Dr. Olusegun Afolabi (Obafemi Awolowo University). In the same vein, the effort of the State project team led by Dr. Adedayo Adegbulu (Project manager ODSACA), with Mr. Kola Oloye, Mr. Akintunde Edmund, Mr. Falana S.F., Mrs. Adebayo Kehinde, Mrs. Aladenola and Mrs. Akinrelere who carried out the administrative and technical coordination of the whole process is hereby acknowledged.

The SSP enjoyed tremendous support of the following agencies and institutions; National Agency for the control of AIDS (NACA), Family Health International, Society for Family Health, World Bank team, Specialist Hospitals in the state and Federal Medical Center Owo. The SSP also benefitted from the contributions of 110 technical working group members whose membership were drawn from SACA, LACA, CiSHAN, FBO's, Private sectors, State ministries and parastatals, Youth organizations, uniform personnel's, PLWHA, Media, Physically challenged, Traditional rulers, Religious leaders, Traditional medicine practitioners, NURTW, Market women association, NYSC, Professional associations and other relevant stakeholders.

Finally, profound appreciation goes to all members of the Local Government Action Committee on AIDS (LACA) and the unrelenting members of the State Action Committee on AIDS (SACA). Undoubtedly, the production of this final document is a consolation and compensation for the inconveniences, endurance and their hard work.

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ecretary to the State Government

Section 1: State Response Analysis

# Background

The present Ondo State came into being in 1996 when Ekiti State was carved out of the "old" Ondo State. It lies between longitude 40 451 and 60 001 East of the Greenwich Meridian and latitudes 50 451 and 80 151 North of the Equator. It has an area of about 15,317km² with two distinct seasons {rainy and dry seasons}. The State is bounded by Osun in the northwest, Kogi states in the northeast, Ekiti state in the north central, Edo state on the east, Ogun state in the southwest, Delta state in the southeast and the Atlantic Ocean in the South. It is the gateway of road transport from the south western part of the country to the east, south-south and northern parts of the country.

Ondo State has 3 Senatorial Districts, 18 Local Governments, and 203 Electoral Wards. The people of Ondo State are largely Yorubas (The Akure, 0wo, Ondo, Ikale, Akoko and Ilaje) other ethnic inhabitants are the Apoi and the Arogbo Ijaw.

The effective languages of communication are Yoruba, Ijaw and English. The 2006 National Population Census figure put Ondo State population at 3,441,024 with male to female distribution of 51.2% and 48.8% respectively. Records indicate that approximately 40% of the population live in the urban areas with the remaining 60% residing in the rural areas.

The state is predominantly made up of youthful population in which approximately 43% is aged below 15 years. About 84% of the people are Christians while about 13% are Muslims with the remaining people (3%) practicing traditional religion.

Subsistence agriculture remains the major occupation of the people of the state. The main cash crops from agriculture are cocoa and palm produce. About 75% of the population are engaged in subsistence agriculture while about 5% are involved in petty commerce and the civil service <sup>1</sup>.

Figure 1: Map of Ondo State



The first case of Acquired Immune Deficiency Syndrome (AIDS) in Nigeria was reported in 1986. Since then, infection with Human Immunodeficiency Virus (HIV) has spread to become a generalized epidemic, affecting all population groups and sparing no geographical area in the country. HIV and AIDS have so far impacted every sector of the economy negatively, and continue to threaten the national development gains of the past decades. The effect of HIV and AIDS remains great as they continue to devastate individuals, families and households, affecting their physical, social, psychological, and economic well-being. Unarguably, HIV and AIDS constitute a leading development challenge and a major threat to the general advancement of the nation as well as her capacity to achieve the Millennium Development Goals (MDGs). In the almost two and a half decades of the existence of the HIV/AIDS challenge, Nigeria has continued to strengthen her response. The review of the efforts of the past, the development of a new policy and the imminent development of a new HIV/AIDS National Strategic Plan (NSP) present a new opportunity for re-invigorating the national response and reversing the trends of the epidemic

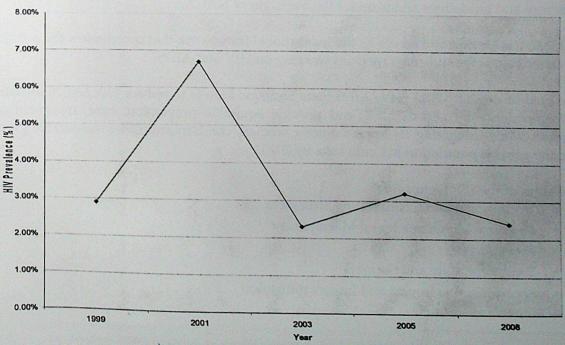
## Overview of the HIV/AIDS Epidemic in Ondo State

The first case of HIV was diagnosed in 1989 and numerous cases have since been reported. The HIV and AIDS control programme therefore commenced in the "Old Ondo State" in 1989 <sup>1</sup>. Since then there has been a steady increase in the burden of the disease which is estimated using the NDHS 2008 <sup>2</sup> to be about 40,800 with about 1344 new adult infections and 806 HIV+ births. It is estimated that 8000 people living with HIV/AIDS will require ART. However, only 2134 cases were reported in 2008 <sup>3</sup>.

## Sentinel Surveillance of HIV Prevalence among Pregnant Women

The most recent HIV sentinel surveillance data among pregnant women (2008) <sup>5</sup> puts prevalence in Ondo State at 2.4%. Over the years, the State has recorded prevalences of 2.9% in 1999, 6.9% in 2001, 2.3% in 2003 and 3.2% in 2005.

Figure 2: HIV Prevalence Rates in Ondo State (1999-2008)



The prevalence has remained consistently higher in the urban populations and while there is a decrease over time, the rate of decrease in the rural populations appears to be at a slower rate than the urban populations.

#### Age Distribution

The 15-24 year olds in the epidemiology of HIV/AIDS is the proxy age group for new infections and gives an insight into what the epidemiology might look like a few years to come. The median prevalence in this age group in year 2005 was 2.7% and in year 2008 was 1.5%. These figures are below the State average of 3.2% and 2.4% in 2005 and 2008 respectively. As in the overall picture urban prevalence is higher than rural prevalence in both years under review with significant drops in prevalence figures from 3% to 1.8% and 2.4% to 1.2% in urban and rural areas respectively. This pattern may be suggestive of a real decline and that there may be a change in behaviour in this age group.

## Trends in the State Response to HIV and AIDS

Nigeria's national response was essentially health sector oriented until 1999 when the National Action Committee on HIV/AIDS was established to coordinate the multi-sectoral response.

Ondo State followed suit with the establishment of Ondo State Action Committee on AIDS (ODSACA) was constituted in 2001, with representation from different Stakeholder Groups and located within the directorate of primary Health and Disease Control of Ministry of Health. Activities implemented during this period were mainly Health related. In 2006, SACA was reconstituted according to NACA guidelines and its secretariat situated within the Governor's office to give the body the real multisectoral structure and outlook. ODSACA has designated staff, including the Project Manager, Community Mobilization Officer, Accountant, Procurement Officer, Internal Auditor and Monitoring and Evaluation Officer and other secretarial staff. ODSACA as presently constituted is patterned after NACA's structure and guidelines and is under the oversight of NACA.

ODSACA in Ondo State serves as the institutional framework that coordinates the activities of various agencies and constituencies working on HIV and AIDS.

The goal of the 2007-2010 HIV/AIDS State Strategic Plan is to reduce HIV/AIDS incidence and prevalence by at least 25% and provide equitable prevention, care, treatment and support while mitigating its impact among women, children and other vulnerable groups and the general population in Ondo state by 2010 <sup>14</sup>.

The areas of the SSP focus were1:

- Institutional and Coordinating Structures
- Resource Mobilization and Management
- Prevention
- Treatment, Care and Support
- Socioeconomic Impact and Impact mitigation

<sup>&</sup>lt;sup>1</sup> National Committee on AIDS, 2004. HIV/AIDS National Strategic Framework for Action (NSF).

- Monitoring and Evaluation
- Research, Surveillance and New Technologies
- · Policy, Advocacy, Legal and Human Rights

The result of the joint mid-term review<sup>2</sup> of the implementation of the SSP in December 2007 documented several achievements in the state response. These include stronger coordination machinery with increasing CSO, LACA and line ministry involvement; numerous BCC efforts; increased HIV (and related) service provision; increased capacity for monitoring and evaluation and some effort to mitigate the socio-economic impact of HIV/AIDS in the state.

The mid-term review also showed that significant challenges exist on several fronts. These include limited capacity of LACAs, weak policy environment for HIV/AIDS, coordination challenges, inadequate funding and inadequate coverage of the health sector and non-health sector responses to mention a few<sup>3</sup>.

Following the mid-term review, the state embarked on a participatory process to develop the State Priority Plan (2009-2010). The State Priority Plan served to streamline planned activities taking cognizance of accomplishments, challenges and realistic opportunities for funding.

Ondo State has aggressively risen to the challenge in orchestrating a multi-sectoral response to HIV. Highlight of the response include placing approximately 900 clients on ART, providing VCT to over 4,000 pregnant women, testing services to over 6,000 of the general population to mention a few. Detailed implementation highlights of the state response are documented in section two.

<sup>&</sup>lt;sup>2</sup> National Agency for the Control of AIDS (NACA), 2008. Mode of transmission analysis.

<sup>3</sup> Joint Mid-Term Review of the Nacional Control of AIDS (NACA), 2008.

Joint Mid-Term Review of the National Strategic Framework 2005-2009, Ondo State Reports

# Methodology

The response analysis was undertaken by a team of 3 consultants. The response analysis was primarily a desk review. It entailed a critical analysis of available evidences, drawing on a mix of qualitative and quantitative data, and triangulating information from different sources. The process was supplemented by additional information obtained during a validation meeting with a team of experts within the state who were members of the Technical Working Group for each of the focal areas. The processes are further described below.

#### The desk review

The desk review was a 5-day exercise during which the consultants critically analyzed available documentary evidences relating to their area of focus. The sources of the data belonged broadly to the following categories:

- National survey and research reports: These included the National HIV/Syphilis Sero-prevalence Survey, National HIV/AIDS and Reproductive Health Survey, Nigeria Demographic and Health Survey, HIV/AIDS Behavioral Surveillance Survey, HIV/AIDS Integrated Biological and Behavioral Surveillance;
- Policies and policy guidelines, including the State Strategic Plan for HIV/AIDS (2007-2010), the State HIV/AIDS Priority Plan (2009-2010) and relevant national policy documents and guidelines.
- Response Review Documents: these included the report of the Joint Mid-Term Review, World Bank reports, SACA reports and other available programme documentation in the state.
- Technical Reports including Global HIV/AIDS Report from UNAIDS, Progress Report on Universal Access, and reports from USAID, World Bank, WHO, and UNICEF.
- Program documents from government agencies, civil society organizations and international development partners, including those from CSO constituency coordinating entities and government ministries, departments and agencies
- Peer-reviewed research publications.

#### Stakeholder Consultation

A 5-day consultation meeting involving interaction between each of the thematic consultants and members of their focal Technical Working Group (TWG) was organized. One of the responsibilities of the TWG was to validate the draft response analysis written by the Thematic Consultants. The process involved a critical review of the draft response analysis during which additional information and data were provided, technical issues clarified and relevant corrections made to the document as considered necessary. Members of the TWG for the purpose of the validation meeting consisted of members of ODSACA's standing TWGs with additional experts drawn from highly experienced field practitioners and technical experts drawn from both the public sector and from bilateral and multilateral agencies working in various areas of HIV/AIDS response.

# Promotion of Behaviour Change and Prevention of New Infections

#### Introduction

The importance of strengthening the focus on HIV prevention cannot be overemphasized as this is critical to changing the trajectory of the AIDS epidemic. According to UNAIDS (2009)<sup>4</sup>, for every two people who start HIV treatment, five are newly infected. Data from the 2008 National HIV sero-prevalence sentinel survey indicates a state prevalence of 2.4% among women attending ANC services. The general-population based NARHS survey in 2007 indicates a prevalence rate of 0.9% among men and women of reproductive age. i.e. females aged 15-49 and males aged 15-64.

Whilst these prevalence rates are encouraging with regards to the burden of HIV infection in the state, they also pose a challenge to prevention. Applying state population information, at least 97.6% of the state population, amounting to 3,358,440 is free from HIV infection. It is essential that this larger population is equipped to continue to prevent and stay free of HIV infection.

The NARHS 2007 report only 12.6% of the surveyed population in Ondo state had ever received a HIV test reflecting a low uptake of HIV services. The NDHS 2008 survey also showed that condom use in the state is reported as 52.5% in females and 70.1% in males.

For STI, the data available is for the south west zone in which NARHS reflects self-reporting for STIs in the general population as 6.1% in 2003, 8.6% in 2005, and 4.9% in 2007. In terms of blood safety, national data report the prevalence of STI among blood donors in Nigeria as 2.6% for HIV (<0.1% amongst regular blood donors), 9.7% for Hepatitis B, 2.5% for Hepatitis C, and 0.3% for syphilis<sup>5</sup>. It can be assumed that this gives some insight into the Ondo state situation.

Finally, it is widely acknowledged that sexual and reproductive health (SRH) services are closely linked with HIV/AIDS and stronger linkages between the two fields will result in better synergy that will impact positively on prevention of HIV. Such linkage will also result in better and more efficient use of resources. Thus, it is critical at this stage of the state response to more strongly integrate SRH and HIV services, particularly with special focus on constellation of HCT, family planning (FP), prevention and management of sexually transmitted infections (STIs) and PMTCT services.

## Accomplishments

Communication Interventions

- The level of awareness regarding HIV/AIDS is high in Ondo state with 84.2% of females and 93.2% of males reporting that they had heard of HIV/AIDS in the NDHS 2008 survey
- The larger proportion of people (59.4%) is reported to have complete knowledge of HIV (UNAIDS indicator).
- The "National HIV/AIDS Behaviour Change Communication Strategy 2009-2014" has been developed by SACA (2008). The document provides a good platform for enhancing

UNAIDs, 2009: Joint action for Results. UNAIDS Outcome Framework. 2009 - 2011.

<sup>&</sup>lt;sup>3</sup> Stephen R, wang H, Osika J, Kombe G, Lecky M, 2008. Sustainability Analysis of HIV/AIDS Services in Nigeria (Draft). Bethesda, MD. Health System 20/20 Project. Abt Associates Inc.

communication-related interventions and making them more effective. A three-year National Prevention Plan which aims at according greater attention to the issue of HIV prevention, with communication interventions as part of the major elements, has also been produced and domesticated.

 The increase in communication activities and the participation of a wider group of stakeholders like; government agencies, CSOs, including faith-based organizations, and international development partners has also strengthened the HIV response in the state

• 600 principals, 1,500 teachers have been trained to implement the FHLE curriculum and 1500 students have been trained as peer educators

## HIV Counselling and Testing

- Several sites have been established to provide HCT services. As at October 2009, there are 69 HCT sites spread unevenly over 17 of the 18 local governments of the state. Ose local government does not currently have HCT facilities.
- A total of 24,795 persons, 75% of which are female, have ever been tested for HIV.

## Prevention of Mother-to-Child-Transmission of HIV (PMTCT)

- There are currently 10 PMTCT centres serving the state spread over 7 local governments. The sites are: (1) Federal Medical Centre, Owo, (2) General Hospital, Owo, (3) Okitipupa State Specialist Hospital, (4) Ikare, State Specialist Hospital, (5) Iwaro-Oka Akoko Daughter of Charity, 6) Akure State Specialist Hospital, (7) Ondo State Specialist Hospital, (8) Igbokoda General Hospital (9) Ore General Hospital and First Mercy hospital.
- A total of 24, 388 pregnant women have been screened for HIV
- ARV prophylaxis has been provided to 43 women
- To date, 37 infants have received ARV prophylaxis

## Prevention of Biomedical Transmission of HIV

- There is one functional, central blood bank in the state
- There are national guidelines on safe blood transfusion, injection safety and waste management
- Some facilities (donor-supported) have safety boxes available

# Early Detection, Treatment and Control of STIs

There is one state facility for the treatment and control of STIs in the state

#### Condom Promotion

■ In the general population, 85.4% have ever heard of condoms while only 34.7% report ever using a condom NARHS 2007.

## Challenges

#### Communication Interventions

While awareness level is very high, the level of comprehensive knowledge (59.4%) is not as high reflecting a gap between awareness and accurate knowledge. It is also an indication that several misconceptions related to HIV/AIDS prevail in the general population. A review of the data for the south west region over time shows an even wider gap between awareness and knowledge over time.

Table 1: Trends in HIV-related knowledge among general population in South West

Nigeria, 2003 - 2007

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Indicators	2003	2005	2007
Awareness of HIV/AIDS	96.9	95.9	97.2
Knowledge of HIV transmission based on UNAIDS	23.9	27.7	24.9
indicator			

- In general, some groups that engage in high risk behaviour have not been adequately covered in the response. These groups include out-of-school youths and MARPS
- While high risk behaviours co-exist, for example, drug users are more likely to engage in risky sexual behaviours than their peers, there is poor linkage between HIV communication and other prevention interventions such as drug demand reduction activities, condom promotion, and other sexual and reproductive health programs.
- Many communication interventions had focused mainly on information dissemination with little or no attention to behaviour change, while most also lack evidence-base and not informed by any behaviour change communication theory, which potentially weakens their possible effect.

## HIV Counselling and Testing

- There is still limited access to HCT services generally, and more so with regards to communities of MARPs and hard-to-reach riverine populations
- Logistics of uninterrupted commodity supply are still a problem
- Quality assurance / quality improvement for HIV testing is still an issue.
- There is no state-specific information on MARPS to facilitate the provision of HCT services to this population

## Prevention of Mother-to-Child-Transmission of HIV (PMTCT)

- Uptake of PMTCT services is low. The overconcentration of PMTCT services at secondary and tertiary facilities naturally limits the accessibility of many pregnant women to PMTCT services as the proportion of women utilizing those facilities for antenatal care and delivery is still thought to be low.
- Large proportions of women still utilize the services of TBAs thus missing the opportunity for HIV testing and PMTCT.
- Hospital facilities for ANC are perceived by many as being expensive
- There are no EID facilities in the state
- There is inadequate focus on community involvement in PMTCT activities and services especially demand creation for services

#### Prevention of Biomedical Transmission of HIV

- There is only one central blood bank facility in the state and this is grossly inadequate to meet demand.
- Poor voluntary blood donation attitude, resulting in mostly remunerated and family replacement donors
- Lack of appropriate legislation to back up policy pronouncement on the banning of the use of unscreened blood and blood products

<sup>&</sup>lt;sup>6</sup> Fatusi AO, Jimoh A (2006): The Roles of Behavior Change Communication and Mass Media in Controlling HIV/AIDS in Nigeria. In: Adeyi O, Kanki P, Odutolu O, Idoko JA (eds.). AIDS in Nigeria: A Nation on the Threshold. Cambridge, Harvard University Press. USA. p. 323-348.

- Poor supervision and regulatory oversight of healthcare facilities to ensure compliance with minimum standard of practice regarding safer blood and other practices relevant to biomedical transmission of HIV
- There is poor knowledge and practices of health workers in injection safety, healthcare waste management, and other infection control practices
- Inadequacy in the availability of post-exposure prophylaxis and lack of national protocol on PEP
- There is currently no focus on the control of drug dependence, particularly injecting drug users, and monitoring of the infection prevention standards in traditional surgical and medical practices including male circumcision and harmful traditional practices such as female genital mutilation/cutting.

#### Early Detection, Treatment and Control of STIs

- There is a gross inadequacy of comprehensive STI diagnosis and treatment centers in the state
- Capacity for the syndromic management of STIs is low
- It is thought that there is poor health-seeking behaviours for STIs in the general population, with persons seeking care from traditional practitioners and patent medicine vendors rather than health facilities.

#### Condom Promotion

- There are challenges regarding the availability, accessibility, and affordability of the female condom that prevents its use. There are also still misconceptions about male condom its acceptability, efficacy and implication for satisfying sexual interaction in certain quarters.
- The high level of awareness about male condom in the state (85.4%) has not translated into correct and consistent use.

#### SRH/HIV Integration

- Integration is likely to technically task health workers more and calls for increased capacity to effective multi-task may also cause stress. It may also increase client load, which will likely further task the overburdened health system and facilities.
- The challenges of the logistics of essential drugs, commodities and supplies may hinder effective delivery of integrated services.

#### Recommendations

#### Communication Interventions

- Develop the capacity of workers in the communication field for evidence-based programming
- Improve the knowledge and develop the skills of health workers on HIV communication prevention in healthcare setting and provide them with relevant tools and materials to undertake communication activities
- Build the capacities of CSOs to effectively implement communication interventions
- Develop prevention interventions to meet the needs of MARPs and special groups such
  as riverine (hard to reach) communities, and the physically- and mentally-challenged
  persons

- Strengthen linkages between drug demand reduction (for drug users) and linkages to HIV prevention
- Actively promote the use of female condom
- Increase use of local languages and community involvement including local women's groups and networks in message and media material development for wider audience reach
- Ensure use of BCC Strategic plan by stakeholders through distribution, training, and monitoring of activities
- Effective implementation of the communication aspects of the National HIV Prevention
- Continue to engage the media as key stakeholder in HIV related issues

## HIV Counselling and Testing

- Integrate HCT into routine health care services at all levels to expand reach and access
- Expand community outreach/mobile HCT services targeting the grassroots and hard to reach, riverine areas
- Design and implement HCT to address the needs of different population groups including MARPs
- Promote couple counselling with the development of relevant materials and capacity building for service providers
- Ensure the availability of gender-sensitive and youth-friendly HCT services
- Ensure conformity of HCT services with national standards
- Scale-up provider-initiated HCT to minimize missed opportunities

## Prevention of Mother-to-Child-Transmission of HIV (PMTCT)

- Accelerate the scale up of PMTCT services especially at the grassroots with the development and/or adaptation of training and service manuals for PMTCT for PHC workers (community health practitioners).
- Strengthen PMTCT programs to include demand generation, promotion of community involvement and ownership of PMTCT programs with local women groups as key targets.
- Strengthen male and community involvement in PMTCT
- Involve PLP in PMTCT counselling
- Integrate TBAs and faith-based clinics into PMTCT programming at the community level
- Support the provision of material assistance to positive mothers

## Prevention of Biomedical Transmission of HIV

- Ensure state coordination and regulation of all blood transfusion services by SMOH/SBTS
- Increase capacity for medical transmission prevention at all levels
- Increase the availability of blood banking facilities
- Strengthen BCC activities to promote voluntary blood donation, injection safety and proper treatment and disposal of health care waste as a key part of HIV prevention activities.
- Develop state programs targeting injecting drug users on safety practices to avoid HIV transmission

 Educate traditional health practitioners on infection prevention practices, and monitor their practices thereafter for compliance with relevant safety standard.

## Early Detection, Treatment and Control of STIs

- Promote the linkage between HIV and STIs in program implementation
- Develop communication strategies to improve knowledge, attitude and behaviour regarding STI control
- Strengthen the use of syndromic management of STIs as part of HIV prevention.
- Expand the practice of syndromic management of STI to the informal sector by training and monitoring the practice of patent medicine store and chemist operators.
- Ensure accessibility to quality services with special focus on MARPs and the provision of youth friendly STI services
- Develop a systematic data collection on STI at all levels

#### Condom Promotion

- Implement extensive social marketing efforts and innovative communication interventions to promote condom use and address potential impediments to its use.
- Increase awareness, acceptance and use of the female condom including targeted advocacy efforts to leadership of faith-based organizations
- Ensure an increased availability and non discriminatory access across the country
  including making subsidized condoms available at non-traditional outlets and
  increase integration with other SRH/HIV services to expand reach.
- Ensure access to lubricants to improve condom efficacy among MSM

## Treatment of HIV/AIDS and Related Health Problems

#### Introduction

In response to the challenge of providing treatment for PLHIV, the Nigerian Government, fully committed to increasing access to treatment, targeting treatment of 1 million PLHIVs by 2009 and universal access by 2010. Appreciable progress has been made and there are over 150 ART sites nationwide supported by funds provided by GFATM, World Bank , PEPFAR . In addition faith based and private organizations are also providing services.

At the state level, the health sector response is managed by SASCP who are charged with three responsibilities – formulating and disseminating state health sector HIV/AIDS policies and guidelines informed by series of stakeholders meetings, training and providing technical support to Local government AIDS control program, health care facilities and development partners an facilitating the procurement of drugs (ARV) for the government plan of action of universal access to ARVs.

Utilizing the current prevalence of 2.4% there are an estimated 40,800 PLHIV of whom approximately 8000 will require ART, with the remaining requiring palliative care. In addition, it is projected that approximately 19,200 women will require PMTCT services.

## Accomplishments

- There are presently four ART centres in the state located within the Federal Medical Centre, Owo, Akure and Ondo State Specialist Hospitals and Daughter of Charity(private) which have provided services to a cumulative total of 1514 clients (517 males and 997 females). The state has 3 CD4 count machine in ART centres in 3 senatorial districts with accessories, chemical and haematological automated analysers at State specialist hospitals.
- The ART centres also provide OI management, in addition to the ones offered by the government, private facilities and support groups.
- There is a functional TB/HIV TWG. TB/HIV is being supervised by the SMOH with centres in DOT site, Akure and FMC, Owo There is a functional chest clinic in the State Specialist Hospital for the management of TB. The state has a TB DOTs program in several sites covering all LGAs in the state.
- Adherence counselling has been provided to over 180 persons on ARV to date.
- Palliative care is available mainly at the General Hospitals and few private facilities.
   Clients are currently been provided with closely linked services such as TB treatment and co-trimoxazole for OIs. Best practices are encouraged in the care of the terminally ill clients.
- Financial supports are given to some indigent PLHIV on admission and have been identified by NEPWHAN. ODSACA has given out monthly financial and nutritional support to 150 PLHIV in the state. This support is to assist them in living positively through good nutritional supplements and financial stipends to enable them access their anti-retroviral treatments. NGOs provide psychological support for identified PLHIV on admission and also provide home based care.

As part of the efforts to attain the Millennium Development Goals on Maternal and child Health, the State Government through the Ministry of Health and Hospitals Management Board has made Ante-natal care and Caesarean Section (Surgery) services free to all pregnant women accessing these services in all public hospitals in the State.

#### Challenges

- The current level of provision of ARVs is insufficient to meet the state's needs. The current coverage of ART services is very low with less than 20% of the projected need for ART being met. Inadequate skills, funding and equipments coupled with poor logistics, lack of management skills and technical support remain issues.
- The costs of related treatments are not affordable for many clients. In addition, issues such as drug resistance, treatment literacy and adherence to therapy are not yet receiving attention.
- There is inadequate manpower to manage opportunistic infections at all levels of healthcare. This situation is further aggravated by the constant transfer of personnel at the PHC level. For the management of TB, there are inadequate laboratory personnel and facilities for diagnosis.
- Fear of discrimination, the negative attitude of health workers and poverty remain challenges to treatment access
- Ondo State's difficult terrain poses challenge to reaching riverine and off-shore communities.
- There is no readily available funding for research and given the state's pressing desire to expand access to treatment and scale-up its prevention programs, research funding is not currently a priority.

#### Recommendations

- The state should strengthen her HIV/AIDS and STI Control Programme to develop and support the implementation of a comprehensive health sector plan in line with the national health sector strategy plan.
- The management of opportunistic infections and TB should be decentralized to all levels of health care through capacity building of health personnel with accompanying referral linkages, particularly with the TB DOTs programme, at all levels. The state should adopt and roll out the integration of TB and HIV services.
- Treatment services for OIs should be provided in partnership with CSOs and health institutions. Efforts should be made to ensure the availability of drugs for treatment of OIs and costs should be subsidized. Government policies on treatment should be widely disseminated and TB patients should be encouraged to access HIV Counselling and Testing services.
- As regards the provision of Anti Retroviral Therapy, laboratory investigations should be made free for clients. Efforts should also be made to provide some counterpart funding to the ARV programme as a means of ensuring sustainability.

- There is a need to build the capacity of health personnel in all aspects of ART and its supportive components/services.
- More NGOs should be encouraged to become involved in palliative care (including home-based care). Tested local remedies should be encouraged at the PHC level and effective referral linkages should be provided for comprehensive services. PLHIV should be encouraged to buy into government economic programmes like Micro credit, poverty alleviation, Youth in Agric etc. Innovative strategies should be explored to allow PLHIV access loans for income-generating activities.

# Care and Support for Persons Infected and Affected by HIV/AIDS

#### Introduction

Care and support involves provision of palliative care and social support to PLHIV and their families; and provision of social protection to children. AIDS-related care and support are key elements in the response to the HIV/AIDS epidemic: not only do they directly benefit PLHIV, but they also help to reduce the social and economic impact of the epidemic and to boost HIV prevention. Care and support services are offered to people living with HIV/AIDS, chronically ill people and their families to improve the quality and increase the length of their life. With its goal of improving quality of life and bringing comfort measures to those with life-threatening diseases, palliative care is the vehicle for care, support and treatment delivery for those infected with HIV and their families, as its holistic and comprehensive approach addresses the multifaceted problems they face. Referrals are also an important component in order to prioritize and facilitate contact with treatment, care and support service providers at the various levels of care.

Nigeria has one of the largest burdens of orphans and vulnerable children (OVC) in the world. The 2008 Situation Assessment and Analysis (SAA) of OVC revealed that 17.5 million (24.5%) of Nigerian children were OVC of which 7.3 million were orphans from various causes. Major causes of orphaning in Nigeria were identified to include HIV/AIDS. Childhood HIV new infection in 2005 were 73,550; 74,520 in 2006 and it is expected that this figure will rise to 75,780 in 2010? The Federal Government of Nigeria has initiated a number of policy frameworks directed at improving the situation of children (including OVC) that included the Child Rights Act and the National Economic Empowerment and Development Strategy (NEEDS) National OVC plan of action which takes cognizance of child protection measures targeting vulnerable groups8. Corresponding States Economic Empowerment and Development Strategies (SEEDS) were also enacted across the country. Other sub-sectoral policy frameworks targeting OVC are the National Health Sector Plan 2005-2009 which proposes strategic response for addressing critical challenges in the health sector including issues of the HIV/AIDS and OVC9 and National Education Sector HIV&AIDS Strategic Plan (2006-2010) which recognize the rights of OVC to education<sup>10</sup>

ODSACA is now truly multi-sectoral comprising all relevant stakeholders such as SASCP, Market Women, Uniformed Men, People With Disabilities, Youth Groups, CSOs, FBOs, Line Ministries, Private Sector, Media Group, PLHIV.

## Accomplishments

- To date, the non-health sector response, under which this thematic group falls, accounts for approximately 30% of the state's response in terms of resource allocation.
- A state steering committee on Care and Support for PLHIV has been established by the Ministry of Women Affairs. Also, the Ministry of Women Affairs has inaugurated a steering committee for OVC in the state.

<sup>&</sup>lt;sup>7</sup> ANC Sentinel Survey 2005

<sup>8</sup> FRN, 2004

<sup>9</sup> FMOH2005

<sup>10</sup> FMOE, 2007

The Ondo State Government, through SACA, initiated a nutritional support programme for 100 PLHIV through the existing support groups. The support comprises the provision of food stuffs, toiletries, nutritional supplements and a basic cash allowance. Prior to the government intervention, some of the support groups were also providing nutritional support (food stuffs and supplements).

#### Home-based Care

- Approximately 25% of the facilities in the state provide home-based care<sup>11</sup>
- Home-Base Care has been provided to a total of 248 persons Home-based care is mainly provided through the support group structure. The care-providers are NEPWHAN members, CSOs (working on care & support), registered nurses and trained volunteers who are mobilized to train primary care givers (PABAs) within the home to provide the necessary care to the PLHIV. SACA in collaboration with NEPWHAN facilitate once a month meeting with nutritional support and stipend for PLHIVs
- There is increased capacity for home-based care, achieved through trainings organized for various stakeholders

## Orphans and Vulnerable Children

- A mapping exercise of OVCs in the state has been conducted by the Ministry of Women Affairs. Over 350 Orphans and Vulnerable Children's households have benefited from external support in caring for the child. There are some efforts to provide support for OVCs. These efforts comprise of financial support, provision of accommodation facilities and skill trainings.
- NGOs like Community Life Advance Project in collaboration with ILO (IPEC), and ACASA, removed 235 children particularly from cocoa farms in Ondo state, returned back to schools, and provided them with educational materials. Of the 235 children supported, 27 were OVCs.

#### Challenges

#### Home-based Care

- A critical, cross-cutting constraint in the provision of treatment, care and support is the poor/minimal access to care in the rural areas of Ondo state because of difficult terrain.
- HBC and support services are inadequate
- Stigma and discrimination continue to hinder access to care, especially among health workers

#### Orphans and Vulnerable Children

There are no resources specifically reserved for the OVC in the various communities, services to OVC are mostly done by religious (Christian) organizations and NGOs. Government resources for OVC are restricted to the children in government's

<sup>11</sup> State Health Sector Response Assessment (2004)

- orphanage institutions and inadequate or virtually absent in most rural communities of Nigeria. Most orphanage institutions lacked adequate fund; are poorly understaffed; unable to access quality food and good health services and are also beset by corruption and administrative bottleneck.
- There is no budgetary allocation to OVC and available funds are sometimes diverted for other use. The current approaches to provide nutritional, economic and psychosocial support for OVCs, while commendable, are donor-dependent, limited in scope and not sustainable. The intervention for OVC in the state is grossly inadequate and public private partnership not adequately engaged.
- The key outstanding issues which are policies on stigma and discrimination are not in place, child right law not yet implemented, unfriendly attitude of the workers towards PLP, sexual and reproductive issues of the PLP not addressed and no concrete program put in place for OVC (such as work plan, policy and budget)

#### Recommendations

#### Home-based Care

- Home based activities in the state need to be scaled up
- Linkages between service delivery sites, support groups and community care providers should be strengthened
- The primary health care structure should be strengthened to support the delivery of home-based care services in the state

## Orphans and Vulnerable Children

- The SMWA&SD should facilitate the establishment of inter-sectoral coordinating task force at the state level to coordinate the implementation of the OVC-NPA.
- The State Ministry of Education needs to facilitate access and retention of OVC in schools taking advantage of the UBE Law.
- Immediate Scale up of the implementation of the IMNCH Strategy by the State Ministry of Health with deliberate effort directed at OVC in all settings
- Enforce the standards in the guideline for the establishment of child care institutions in Nigeria
- Initiate Universal Social Protection Agenda for Children
- The capacity of the Non-government sectors should be strengthened for the provision of psychological support. Community-based volunteers should be identified and trained. Training should be based on a developed guideline that articulates standard, acceptable approaches for the provision of psychological support. The establishment of post test clubs should be encouraged to comprise both HIV positive and negative persons
- Nutritional support should focus on nutritional counselling and education on use of locally available food materials. There should be community-based approaches to nutritional support to promote ownership and sustainability. ODSACA, LACAs and CSOs should collaborate with Ministry of Agriculture to explore innovative approaches to ensuring high nutritional value food security.

# Policy, Advocacy, Human Rights and Legal Issues

#### Introduction

In Nigeria, official policy documents do not constitute law and cannot be enforced in courts of law. They are administrative tools and guidelines that provide direction for governmental action. However, policy documents can elaborate and specify the goals, values and standards to which existing laws aspire and may be useful in interpreting the latter as well as guiding programmatic interventions by governments<sup>12</sup>.

As legal reforms have been notoriously slow in coming, government policy documents are paving the way for change for an effective national and state HIV/AIDS response

#### Achievements

Advocacy

SACA executes its leadership and advocacy role well by visibly supporting the state branches of umbrella organizations such as

Civil Society Network for HIV/AIDS in Nigeria (CiSNHAN)

- Network of People Living With HIV/AIDS in Nigeria (NEPWHAN)
- National Youth Network on HIV/AIDS (NYNETHA).
- Interfaith Coalition on HIV/AIDS
- Association of Women Living with HIV (ASHWAN) in Nigeria

Human Rights and Legislation

- Several policy documents address HIV/AIDS and related issues. The most relevant include: 2009 National HIV/AIDS Policy; National Policy and Plan of Action on Elimination of Female Genital Mutilation in Nigeria (2002); National Policy on Adolescents' Reproductive Health; National Health Policy; National Policy on Population for Development, Unity, Progress and Self Reliance; National Gender Policy; and National Workplace Policy on HIV/AIDS.
- The Nigerian constitution and international treaties such as CEDAW, the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of Children (ACRWC), provide the major sources of human rights for PLHIV and PABA in the country.
- The Nigerian constitution affirms some human rights and constitutional rights which are applicable to all citizens including PLHIV and PABA.
- The African charter, which is part of the Nigerian law, however provides more explicit source of law for the recognition and legal enforceability of economic, social and cultural rights of all Nigerians including PLHIV and PABA.
- The workplace policy has been developed and in use in Ondo State. The other policies, though not domesticated to the state, govern human rights and legislation in Ondo state as part of Nigeria.

 $<sup>^{12}</sup>$  UNIFEM; Analysis of the Human Rights of People Living with HIV/AIDS and People Affected by HIV/AIDS including Widows in Nigeria;  $P_{\rm E}$  11

#### Challenges

#### Advocacy

Despite efforts to advocate for a state-owned multi-sectoral response, there are still
challenges to obtaining state-funding for HIV/AIDS activities with an over
dependence on donor funding.

## Human Rights and Legislation

- It is evident there are no specific rights for PLHIV and PABA under Nigerian law; however, the rights of PLHIV and PABA are enforceable under the aegis of the existing rights of all people.
- There are no state-specific laws to protect against the discrimination of PLHIV
- The protection of the rights of PLHIV and PABA are not on the priority radar screen of law enforcement agencies.
- In spite of an array of guidelines prohibiting them, mandatory testing persists in the form of pre-marriage test and pre-employment tests requested by clergy and employers respectively.

#### Recommendations

#### Advocacy

 The coalition of Civil Society Organizations in the state such as the state chapters of CISHAN, NYNETHA and NEPWAN should have their capacities strengthened to spearhead advocacy efforts to government to substantially increase budgetary support for the state HIV/AIDS response

#### Human Rights and Legislation

- All HIV/AIDS stakeholders at all levels should work together for the passage of the HIV/AIDS anti discrimination bill through intensification of advocacy
- The HIV/AIDS program should facilitate implementation of HIV/AIDS policies and guidelines by stakeholders by putting a robust system in place to monitor the implementation of national and state (and where applicable, state) policies and guidelines at the state levels.
- The capacity of the state human rights institutions such as Human Rights Commission, Public Complaints Commission and Office of the Public Defender should be strengthened to address the rights of PLHIV and PABA
- Advocate for the establishment of a legal framework and bill that will protect prospective employees and people intending to marry from mandatory HIV testing; rather they should be encouraged and supported to access HIV Counselling and Testing services.

# Institutional Architecture, Coordination, Resource Mobilization and Application, Health Sector Response, and Sustainability

#### Introduction

The arrangement and relationships of coordination and implementing institutions of HIV/AIDS response have evolved in response to the character and progression of the epidemic. The NSF approach is to provide an institutional framework that positions public sector institutions to provide effective leadership while ensuring efficient coordination of a broad range of stakeholders at all levels.

NACA is at the apex of linked institutions in the HIV/AIDS response architecture. From this vantage point, the agency provides overall political, program and technical leadership while interfacing with state and non-state players. Similarly, state and LGA responses are coordinated by SACAs and LACAs respectively. Together, these state entities relate with line ministries, private sector, and civil society organizations including faith- and community-based organizations and local and international development partners as show in schema below.

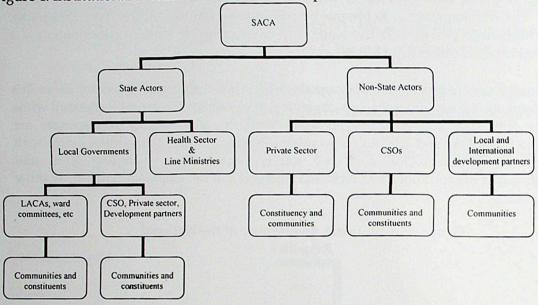
Response NACA NON-STATE STATE ACTORS ACTORS INTERNATIONA HEALTH SECTOR & STATES PRIVATE SECTOR csos DEVELOPMENT PARTNERS, CSO, PRIVATE CONSTITUENCY COMMUNITIES AND COMMUNITIES DEVELOPMENT AND COMMUNITIES CONSTITUENTS MINISTRIES COMMUNITIES & COMMUNITIES AND CONSTITUENTS CONSTITUENTS

Figure 3: Institutional Architecture of the National

The diversity of players and their range of activities have generated coordination challenges between hierarchies of institutions and among program categories.

In response to the HIV epidemic, a multisectoral body, the State Action Committee on AIDS (SACA) was constituted in 2001, with representation from different stakeholder groups and located within the Directorate of Primary Health and Disease Control of the Ministry of Health. Activities implemented during this period were mainly health related. In 2006, SACA was reconstituted according to NACA guidelines and its secretariat situated within the Governor's office to give the body the real multisectoral structure and outlook. ODSACA has designated staff, including the Project Manager, Community Mobilization Officer, Accountant, Procurement Officer, Internal Auditor and Monitoring and Evaluation Officer and other secretarial staff. ODSACA as presently constituted is patterned after NACA's structure and guidelines and is under the oversight of NACA like other SACAs in Nigeria as depicted in the organogram above. SACA in Ondo State serves as the institutional framework that harnesses the activities of various agencies and constituencies working on HIV and AIDS.

Figure 4: Institutional Architecture of the State Response



ODSACA is mandated to provide overall coordination of the state response in line with the three-one principle. This responsibility entails establishing and sustaining relationships with a diverse state and non-state actors at multiple levels. The definition, maintenance and sustenance of relationships between SACA and stakeholders remain a critical challenge.

The infrastructure and health systems strengthening goals of the NSF lag well behind its service delivery achievements. Recent rapid scale up of various HIV/AIDS interventions poses enormous procurement and logistic challenge; there is shortage of staff skilled in commodity quantification, supply planning and procurement management and sub-optimal warehousing and storage facilities and practices including standard of practice, storage/warehouse conditions, equipment and inventory management. The surge of donor funds, unfortunately, does not guarantee continuous commodity financing; differences in institutional funding cycles which are usually short-term often do not translate to long-term commodity procurement

Recent rapid scale up of treatment, HCT and care and support services poses enormous procurement and logistic challenges. With the inflow of multiple donor programs, there are over 300 types of HIV/AIDS related commodities in Nigeria's HIV/AIDS response arena. For the most part program lines have disparate and parallel supply chain systems.

## Accomplishments

Institutional Architecture

The SSP 2007-2010 as a planning tool has improved coordination of HIV/AIDS activities in the state.

- ODSACA has domesticated and adapted most of the national policies to suit its peculiar needs. The policies include State Strategic Plan; State AIDS priority plan and Work place policy.
- ODSACA was able to access 90% of budgeted funds released by the state government in the last fiscal year.

#### Coordination

Currently, SACA interfaces in five domains: SACA-LACA, SACA-CSO, SACA-private sector, SACA- public sector, and SACA-development partners.

#### SACA-LACA Coordination

 All 18 LACAs were constituted in 2001 at the local government level with ODSACA playing a coordinating role in their activities. All activities at the state level are replicated at the Local Council level.

#### SACA-Line Ministries Coordination

ODSACA comprises all Line Ministries (Ministries of Finance; Women Affairs and Social Development; Agriculture, Forestry and Fisheries; Health; Justice; Information; and Education) and WECA. They participate at ODSACA meetings and have functional HIV and AIDS desk officers as well as HIV/AIDS critical masses in their Ministries. In collaboration with ODSACA they have all developed their sectoral plans.

#### SACA-CSO Coordination

- NACA facilitated the formation, funding, and capacity building of CSOs into constituent coordinating entities. These include Civil Society Network for HIV and AIDS in Nigeria (CiSNHAN) and Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), youth networks (NYNETHA) and National Women's Coalition Against AIDS (NAWOCA). These structures are replicated at the state level.
- Activities of the CBOs are coordinated by the state CISHNAN with regular meeting being held while SACA in line with the three-one principle is the overall coordinating entity

#### SACA-Development Partner Coordination

There is the presence of development partners in the state. These partners are World Bank, Institute of Human Virology, UNICEF, UNDP/UNAIDS, FHI/GHAIN, Society for Family Health, European Union and PACT Nigeria

#### SACA-Private Sector Coordination

Private sector involvement in the response has been minimal to date

## Resource Mobilization and Application

- The Government has set aside counterpart funds for the World Bank HIV and AIDS assisted programme. For budgetary effectiveness, accountability and transparency, the State Government has introduced a lot of measures and budgetary reforms through the establishment of the Project and Price Monitoring Unit (PPMU) in line with the 'Due Process principle. The State has established a separate monitoring unit (Multilateral Relations) to coordinate the activities of all development partners and NGOs on resource inflow into the state including resources for HIV and AIDS activities. Funding is mainly from the World Bank credit with an injection of ¥130m in 2008. There is also funding from the State Government allocation to the tune of ¥55m. UNICEF, UNDP/UNAIDS provide capacity development and technical support.
- The majority (90%) of funds budgeted for were released by the State Government.

There is no data to estimate the current cost of the HIV response in the state however, expenditure in the state on HIV in 2008 was about 200 million naira with about 25% of this being government funding. The state is far ahead of other states in the federation with regards to government expenditure on HIV/AIDS but more still needs to be done to ensure that when donor funds dry up the state response will not suffer significantly.

Health Sector Response: Health Systems, Procurement, Logistic, and Human Resources

The Health Sector response is overseen by SASCP which is a unit of the Ministry of Health. It is a member of the SACA board and has membership of some TWGs. Most of the response are on treatment thus the recent rapid scale up of ART poses enormous procurement and logistic challenge; there is shortage of staff skilled in commodity quantification, supply planning and procurement management and sub-optimal warehousing and storage facilities and practices including standard of practice, storage/warehouse conditions, equipment and inventory management.

#### Challenges

## Institutional Architecture

- There is still some deficiency in the coordination of the state response to HIV and AIDS despite the improvement.
- SACA is not yet an agency but continues to function as a committee.
- There is a critical shortfall in technical and managerial capacities in the state HIV response especially at the LGA level.

## Coordination

- Excessive fragmentation of donor activities resulting in increased transaction costs.
- Poor coordination and weak collaboration mechanisms resulting in duplication and non-equitable resource allocation and inadequate coverage of some states and underserved rural areas.
- Donor approaches are not always aligned with state priorities and undermine ownership and the ability of state to provide credible response leadership.
- Ondo state has one of the lowest numbers of partners in the country in comparison to other tates.
- Transparency issues on donor/national institutions divide generate some level of mutual distrust and constrain viable collaboration.

- Reluctance of funding agencies/donors to work in rural areas and their project location selection practices lead to inequitable service coverage and distribution.
- The scope and engagement of companies in the private sector response remains limited to multinationals. The engagement of small and medium enterprises in HIV/AIDS is comparably weaker particularly in the states.
- Limited or insignificant private sector response in Ondo state as HIV/AIDS is not recognized as priority issue by most companies.
- Workplace stigma and employment discrimination against PLHIV remains a major challenge in private sector settings
- Low capacity of CSO service delivery institutions to maintain and submit good quality data.
- Absence of coordination mechanisms and platform to facilitate CSO/public sector, CSO/Donors and CSO/Private sector interaction at state levels.
- Limited transparency and accountability, and good governance practices among CSO and their networks.
- CSO complacency, lack of resource mobilization drive and donor dependency.
- Some CSOs are able to source funds from International Agencies directly which can be a challenge for SACA in terms of fully monitoring all the responses to HIV/AIDS in the state.

#### Resource Mobilization and Application

- Private response in the state response is relatively recent and remains largely untapped. For the private sector, most prominent organizations have their headquarters outside the state. Such business headquarters deal directly with the national bodies and do not really respond to local challenges by way of financial support to the control of the disease.
- Sustainability of the state response in the face of global financial meltdown is more compelling since programs are largely donor-driven and donor dependent.
- Government entities at all levels are reluctant to implement 1% budget allocation to HIV/AIDS approved by the federal government
- There is little financial support from the LG authorities
- Private sector contributions remain largely untapped

## Health Sector Response: Health Systems, Procurement, Logistic, and Human Resources

- Human capacity gaps including shortage of staff skilled in commodity quantification, supply planning and procurement management.
- Sub- optimal warehousing and storage facilities and practices including standard of practice (SOPs), storage/warehouse conditions, equipment and inventory management.

#### Recommendations

#### Institutional Architecture

- Concerted efforts should be made to transform ODSACA into an agency
- Recruit or redeploy staff with good skill mix to fill the technical and managerial gaps in the state HIV response.

#### Coordination

Strengthen/institutionalize joint donor/government forums

- Reform development partners procedures to align with state strategies and harmonize partner and country results framework.
- Establish timely, transparent and comprehensive information sharing mechanism on aid inflows and outflows.
- Untie development assistance and develop mutual accountability and transparency for finances and development results through tracking systems and implementation of Joint Funding Agreement.
- Develop and entrench sustainability strategies in state and all stakeholders' plans to reduce/eliminate donor dependency.
- Strengthen and support donor-donor interactive platforms to reduce duplicative missions and projects, promote joint training, extend equitable coverage and build a community of shared lessons and practices.
- Expand private sector response by enlisting more small and medium scale enterprises.
- Engage indigenous organizations within informal sector to expand private sector responses including faith based approaches
- Expand engagement of community based and faith organizations to increase ownership and strengthen sustainability
- Streamline CSO activities to promote transparency and accountability
- Increase advocacy to LG chairmen to improve funding for LACAs

#### Resource Mobilization and Application

- Institutionalize funding arrangements to ensure allocation of dedicated budget lines to HIV/AIDS funding by state and local governments and their agencies.
- Explore alternative domestic funding sources and diversify resource mobilization including cost recovery mechanism, taxes, and tariff waivers to engage more competitive players to reduce commodity and service costs
- Institutionalize arrangements that strengthen community, local council and state ownership of HIV/AIDS response

#### Health Sector Response: Health Systems, Procurement, Logistic, and Human Resources.

- Create enabling environment for HIV/AIDS commodities supply chain management including incentives for importation, duty waivers for essential/donated products.
- Support local production of commodities.

# Monitoring and Evaluation, Research, and Knowledge Management

#### Introduction

The National Action Committee on AIDS (NACA) developed the Nigeria National Response Information Management System (NNRIMS) made up of M&E indicators for monitoring and evaluating the national and state effort. The NNRIMS has a clearly documented data collection plan which guides the state and local government levels.

Effective national and state response demand that programmes and programme personnel keep abreast of the development in the areas of research. On the other hand, beyond research, there is also the issue and change of translating researching outputs to practical, meaningful and impactful actions. Research translations are not generic activities but rather context specific; it must take into the consideration the local contexts, challenges and bottlenecks in service delivery and programme policy and managerial environment to be successful. Thus, national responses also need to inculcate operation research to improve impact. Research activities are also needed to monitor the trajectory of the infection at national, sub-national and community level. Thus, research is critical to effective national response, and various types of research are required, including basic, applied and operations research. Research is perhaps the weakest link in the national HIV response currently as most stakeholders accord it very low priority. Yet, without a strong focus on research the national response cannot be sufficiently dynamic to respond to the HIV/AIDS challenge that is confronting the country. There is therefore need to considerably strengthen research focus, not only in terms of conducting them but also in disseminating the results and using them in programming.

## Accomplishments

#### Monitoring and Evaluation

- Five people have been trained to further step down M&E training to the state level. ODSACA has stepped down NNRIMS for thirty focal officers in the State. ODSACA has a designated M&E officer and a specific budget for M&E activities in the state. CISHAN and all line ministries also have designated M&E officers.
- ODSACA compiles reports and data from several service delivery points (SDPs) including private facilities, CSOs, etc, reports regularly to NACA and feeds into the NNRIMS / DHIS data base.
- There is a functional M&E technical working group that meets monthly to collate and review implementation data. There is an impressive response from LGAs with currently over 90 SDPs reporting regularly.
- There have been several step-down trainings on M&E for focal persons at various levels and from different sectors.

## Research and Knowledge Management

 The first documentation on HIV/AIDS in Ondo state has been conducted in the form of the epidemiologic response and policy synthesis.

## Challenges

## Monitoring and Evaluation

There is still low capacity for monitoring and evaluation at the LGA level. NNRIMS guideline and indicator documents are not yet available to all stakeholders and there is an inadequate coordination of the reporting system. NNRIMs updates are not yet being produced.

## Research and Knowledge Management

- Ondo state has limited data on HIV/AIDS because no research has been done in the state on HIV. It is worthy to note that despite the several surveys that have been conducted in Nigeria, there is little state-specific data generally and virtually non related to sub-groups at high risk of HIV infection.
- Lack of national priority research funding and coordination framework: While research activities are on-going in many institutions in the country on HIV/AIDS, particularly in tertiary institutions, there have been limited efforts directed to coordinate research activities.
- Poor dissemination and utilization of research outputs: There has been limited dissemination of research results. Beyond that, there is very little evidence that research outputs are being applied in programming or to inform policies or improve HIV/AIDS interventions.
- Narrow involvement of stakeholders in research activities: Little or no attempts have been made to involve communities as stakeholders in research endeavours.

#### Recommendations

#### Monitoring and Evaluation

- The NNRIMS implementation needs to be effectively stepped down to the local governments and CSOs.
- The State should develop, cost, fund and implement a comprehensive M&E plan. All line ministries, CSOs and LACAs should have functional M&E officers and a minimum of 10% of their budgetary allocation should be for M&E activities.
- The capacity of policy makers and programme managers to use data for policy development and planning should be built.

## Research and Knowledge Management

- Establish mechanism for generating operational research priority on HIV/AIDS and for its regular review and dissemination.
- Establish funding mechanisms, including research grants at state level to support policy and program related research
- Allocate a minimum of 2% of project and sectoral HIV/AIDS budget to research.
- Establish framework for monitoring, collation and dissemination of research outputs to scientific community, policy makers, general public and the research host community.
- Incorporate the collation of scientific research outputs into the national HIV databases.
- Host community should be involved at every level of community based research.
- Finalization of the draft HIV/AIDS research policy and subsequent dissemination

# Section 2: State Strategic Plan (2010-2015)

### Introduction

The overarching priority of this state plan, in line with national priority, is to re-position evidence-based promotion of behaviour change and prevention of the new HIV infections as the major focus of the state HIV and AIDS response.

The Ondo State Strategic Plan is developed in the context of:

- 1. The 1999 Constitution of the Federal Republic of Nigeria: affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and freedom from discrimination
- 2. Complementary government documents that provide the basis for the SSP, State Economic Empowerment and Development and Strategy, (SEEDS) I and II, and the 12-Point Agenda of the current (MY CARING HEART).
- 3. Nigeria's (and Ondo State Government's) commitment to various international conventions: Economic, Social, and Cultural Rights (1977); Convention on Elimination of All Forms of Discrimination Against Women (CEDAW); Millennium Development Declaration (2000), which targets 2015 for halting and reversal of the HIV epidemic; the Abuja Declaration and Framework for Action for the Fight against HIV,TB, and related diseases in Africa (April 2001); and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) (June 2001) at which countries committed to ensure an urgent, coordinated, and sustained response to HIV and AIDS and the National Gender Policy (2006).

The key *considerations* that inform the development of this SSP are:

- The heavy burden of HIV/AIDS on the many Nigerians infected with the virus, their families, communities, and the country
- HIV/AIDS is one of the greatest public health challenges in the country; it is reversing
  many development gains of the recent past including maternal and under-five mortality
  rates and placing unprecedented stress on an already overburdened health care system
- The leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80 percent of the infections. Mother-to-child transmission and transfusion of infected blood and blood products are generally estimated as ranking next as common routes of infection; arguably, each of these two are believed to account for almost ten percent of infections. However, other modes of transmission such as intravenous drug use and same-sex intercourse are slowly growing in importance.
- Comprehensive HIV prevention, treatment, care and support services are mutually reinforcing elements on the continuum of an effective HIV/AIDS response
- Females and young people are disproportionately affected. The most-at-risk groups include female sex workers, intravenous drug users, and men having sex with men, long-distance drivers and members of the uniformed services.
- The drivers of the HIV epidemic include: low risk perception, multiple concurrent partners, informal transactional and inter-generational sex, lack of effective services for sexually transmitted infections (STIs), and poor quality of health services. Gender inequalities, poverty and HIV/AIDS-related stigma and discrimination also significantly contribute to the continuing spread of the infection.

- HIV/AIDS related stigma remains pervasive and PLHIV are discriminated against and denied access to compassion, care, support and social services.
- Culture, traditions and religion have a strong influence on behaviours, attitudes, and practices. As such traditional and faith-based institutions, as gate keepers of attitudes and behaviours, are critical assets in the fight against the disease.
- Effective response to HIV/AIDS requires respect for, protection and fulfilment of all human rights (civil, political, economic, social, and cultural) and upholding the fundamental freedoms of all people in accordance with the country's constitution and existing international human rights principles, norms and standards. Ample evidence exists that demonstrate MARPs and gender related issues as key drivers of the epidemic. These challenges should be confronted in designing programmatic interventions to meet their HIV/AIDS prevention, treatment, care and support service needs.
- Multi-sectoral partnership involving government, the private sector, the civil society, the UN system, and development partners will continue to be the cornerstone of the state HIV response

### **Guiding Principles**

The SSP interventions are premised on the following principles:

- 1. Strong political leadership of the state HIV/AIDS response and commitment to transparency and prudent management of financial resources at all levels for the response.
- 2. Multi-sectoral approach that is community based and forges broad partnerships, dialogue, consultations coordination and synergies at all levels
- Protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services
- 4. Commitment to protecting rights of PLHIV, reduction of stigma and discrimination and ensuring greater involvement of PLHIV in the HIV/AIDS response at all levels.
- 5. Commitment to promote and protect the rights of women, children, young people and marginalized groups and reduce their vulnerability to HIV infection.
- 6. Commitment to accelerate the scale up HIV prevention among the most at risk populations (MARPs)
- 7. Dedication to forge consistent, effective partnerships and collaboration with development partners in the state HIV/AIDS response
- Commitment to strengthen linkages and optimize synergies between HIV/AIDS
  programs and poverty alleviation initiatives to break the vicious cycle of the disease
  and its relationship with economic disempowerment.
- 9. Commitment to address social, economic, and cultural factors responsible for disproportionate vulnerability of women and girls to HIV infection.
- 10. Commitment to evidence-based approach to planning and implementing interventions
- Dedication to forge consistent, effective partnerships and collaboration with development partners, the private sector, and civil society through harmonized and aligned ways of working to support the state and subsequently national HIV/AIDS response

### **Thematic Areas**

The 6 thematic areas for this OD SSP 2 are:

- 1. Behaviour Change and Prevention of New HIV infections
- 2. Treatment of HIV/AIDS and Related Health Conditions
- 3. Care and Support for People Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children (OVC)
- 4. Institutional Arrangements, Infrastructure Requirements, and Human and Financial Resource Issues
- 5. Policy, Advocacy, Legal Issues, and Human Rights.
- 6. Monitoring and Evaluation, Research, and Knowledge Management

### Behaviour Change and Prevention of New Infections

Prevention remains the most important strategy and the most feasible approach for reversing the HIV epidemic since there are no vaccines and no medical cure. The majority of people in Ondo State are HIV-negative and keeping them uninfected is critical for altering the epidemic trajectory. This underscores the importance of prevention as a cornerstone of the state HIV and AIDS response. Furthermore, persistent HIV-risky behaviour in spite of high level of HIV awareness requires continuous and concerted focus on effective preventive interventions that will address specific needs of key population segments and stimulate adoption of appropriate behaviour that reduces the risk of HIV transmission. Communication holds a vital and indispensable place in HIV prevention interventions. It has the potential to increase demand for HIV prevention services and have an impact on knowledge, attitudes, behaviours, and practices influencing the spread of HIV. Hence, in the quest for the effective control of HIV and AIDS communication for behavioural change is key.

### Goal

The goal of this thematic focus is to reduce the incidence of HIV and AIDS in Ondo State

### Objectives

The objectives for the sub-thematic areas are:

### HIV Counselling and Testing

- 1. At least 80% of sexually active adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015
- 2. At least 80% of most at-risk-populations accessing HIV counselling and testing by 2015

### Sexually Transmitted Infections

- 3. At least 80% of sexually active persons in Ondo state have access to quality and gender responsive STI services by 2015
- 4. STI treatment & prevention services integrated into HIV prevention services by 2015

### Prevention of Mother-to-Child Transmission of HIV

- 5. At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015
- At least 80% of all HIV positive pregnant women access more efficacious ARV prophylaxis by 2015
- 7. At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015
- 8. At least 80% of HIV positive pregnant women have access to quality infant feeding counselling
- 9. At least 80% of all HIV exposed infants have access to early infant diagnosis services

### Communication Interventions

- 10. At least 80 % of all people in Ondo state have comprehensive knowledge on HIV and AIDS by the year 2015
- 11. At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behaviours

12. At least 80% of Most-At-Risk Populations (MARPs) reached with group-specific interventions and adopting appropriate HIV and AIDS related behaviour.

13. At least 80% of registered organizations engaging in HIV communication interventions that address gender inequalities and comply with national standard/guidelines by 2015

### **Condom Promotion**

14. At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms

15. At least 80% of sexually active males and females use condoms consistently and

correctly with non-regular partner by 2015.

16. At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners

Integration of Sexual and Reproductive Health (SRH) and Other Relevant Health Issues into HIV Prevention Programs

17. SRH services integrated into HIV prevention programs at all levels by 2015

18. Integrate drug demand reduction and other substance use control services into 80% of HIV prevention programs by 2015

### Prevention with Positives

19. At least 80% of people living with HIV/AIDS (PLHIV) have access to Positive Health, Dignity and Prevention (PHDP) interventions by 2015.

### Prevention of Biomedical Transmission of HIV

20. At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015

21. All (100%) donors of blood, blood products and organs for transplant including sperm for assisted reproductive technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national and state protocol, standards and guidelines by the year 2015.

22. At least 80% of drug dependent persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national and state guidelines by 2015.

23. At least 80% of traditional medical practitioners adopt universal safety precaution by 2015

24. At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers and survivors of rape in line with national and state protocols by 2015

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Objectives	Indicators	Baseline – value, year [National]	Baseline - value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
HIV Counselling & Testing	8						
Objective 1: At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015	Percentage of adults that received HCT	14% (2007)	12.6%	20%	80%	NARHS NDHS	Disaggregate data by sex, age, and geographic location
Objective 2: At least 80% of MARPS	Percentage of MARPS who received HCT	44% (brothel-based FSW, 2007) 21% (Transport workers)	Not available)	62%	80%	IBBSS	Disaggregate data by sex, age, and groups.
accessing fic.1 by 2013		Uniformed Personnel		%09	%08		
Sexually Transmitted Infections	tions						
Objective 3	% of sexually active males and females with STI symptoms who accessed quality and gender responsive treatment services	65% (males, 15-24 years, 2007) 47% (females, 15-24 years, 2007)	Not available	78%	%06 %06	NARHS (or secondary analysis of NARHS data)	Disaggregate data by sex and age Baseline was obtained from secondary analysis of NARHS 2007 data
At least 80% of sexually active persons in Nigeria with access to quality and gender responsive STI services by 2015	% of male and female with symptoms of STI seeking treatment who used orthodox health facilities	35%	Not available	%09	%08	NARHS	Orthodox health facilities is defined as health centers, clinics and hospitals but exclude pharmacies and patent medicine stores
	% of health facilities providing STI treatment services according to national guidelines	TBD	TBD			SASCP, SMOH Reports Reports of Service Surveys	Disaggregate data by level of care
Objective 4: STI treatment & prevention services integrated into HIV prevention services by 2015	% of HIV prevention programs providing treatment for other STIs	TBD	TBD			SASCP, SMOH Reports SACA M&E/ \ Reports Reports Reports of Service Surveys	Disaggregate data by level of care

Objectives Indicators  Prevention of Mother-to-Child Tr.	Indicators	Baseline – value, year [National]	Baseline - value, year [State]	Mid-term (end of 2012)	End of program (2015)	мом	Comments
Objective 5:	HILA TEANSMISSION OF HILV						
At least 80% of all pregnant women have access to quality HCT by 2015	% of pregnant women tested and counselled according to national guidelines	11% (2008)	Less than 1% .	46%	80%	NARHS NDHS	Disaggregate data by level of care age of client and location (Rural/urban).
At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015	% of HIV + pregnant women that received ARV prophylaxis according to national guideline	8% (2008)	3%.	50%	80%	SASCP, SMOH Reports SACA M&E/ Annual Report	Disaggregate by age of client and location (urban/rural)
At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015	% of HIV exposed infants that received ARV prophylaxis	TBD	Not available			SASCP, SMOH Reports SACA M&E/ Annual Report	Disaggregate by sex and location (urban/rural)
Objective 8: At least 80% of HIV positive pregnant women have access to quality infant feeding counselling	% of HIV+ pregnant women that received infant feeding counselling according to national guidelines	TBD	Not available			SASCP, SMOH Reports SACA M&E/ Annual Report	Disaggregate by age and location (urban/rural)
At least 80% of all HIV exposed infants have access to early infant diagnosis (EID) services	% of HIV exposed infants that received EID services according to national guidelines	TBD	Not available			SASCP Report SACA M&E/ Annual Reports	Disaggregate by sex and location (urban/rural)

Communication interventions

Objectives	Indicators	Baseline – value, year [National]	Baseline - value, year [State]	Mid-term (end of 2012)	End of program (2015)	МОУ	Comments
Objective 10: At least 80 % of all persons in Ondo state have comprehensive knowledge on HIV and AIDS by the year 2015	80 % of persons in Ondo state that have comprehensive knowledge of HIV and AIDS by the year 2015.	24.2%	59.4%	70%	%08	NARHS NDHS	Comprehensive knowledge of HIV is defined by knowledge of three major ways of preventing HIV and correct identification of two common misconceptions Disaggregate by sex, age, and location
	% of males and females aged 15-19 years who have ever had sex Age at first sexual debut	22.2% (males, 2007) 42.9% (females, 2007)	Not available	17% 33%	12%	NARHS NDHS	Disaggregate data by age and sex
Objective 11:	% of schools where family life & HIV education (FLHE) curriculum is implemented	32% (2006)	30%	%09	80%	Ministry of Education reports	Disaggregate data by type of school
At least 80% of young people 15-24 years adopting appropriate HIV	% of in-school adolescents exposed to FLHE	TBD	Not available			Ministry of Education reports	Disaggregate data by age, sex, and type of school
and AIDS related behaviour	% of out-of-school youths (male and female) receiving life skills education	TBD	Not available			Partner reports, Federal Ministry of Women Affairs reports	Disaggregate by sex and location (rural an d urban)
	% of sexually active young people who used condom with last non-marital partner	Males, 15-19 years: 47.8% (2007) Females, 15-19 years: 28.7% (2007) Males, 20-24 years: 54.2% (2007) Females, 20-24 years:	Not available	67% 67% 67%	%08 80%		Disaggregate data by age and sex Condom use at last sex used as a proxy for consistent condom use in the absence of data on the latter. Future population-based surveys

Objectives	Indicators	Baseline – value, year [National]	Baseline - value,	Mid-term (end of	End of program	МОУ	Comments
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[State]	2012)	(2015)		
	,	38.7% (2007)		%19	%08		should preferably also inquire specifically about
							consistent condom use over
		•					a period of at least 3-6
Objective 12:	% of MARPs that are exposed to safer sex	24.5% (transport workers, 2007)		%09	80%		
At least 80% of Most-At-	education in the past 12 months	36.8% (brothel- based FSW)	Not	%09	%08	IBBSS	
Kusk Populations (MARRPs) reached with group-specific interventions and all	2	Prisoners Armed Forces MSM		%29	%08		
appropriate HIV and AIDS related behaviour.	% of MARPs that are engaging in casual sex	9.2% (transport workers, 2007)		7%	5%	IBBSS	
	% of MARPS with CTT	76.3% (brothel-		15%	10%		
	symptoms who sought	based FSW, 2007)			200	00001	
	treatment	60.7% (transport		7697	) 000	IBBSS	
	% of registered organizations	(1007)		10/0	20.70		
Objective 13:	undertaking HIV communication interventions					Reports of special surveys	National standards are as reflected in the National
organizations engaging in	that address gender inequities	TBD				Annual reports of	HIV Strategic
HIV communication	in programming					organizations SACA M&E/	Communication and the national HIV Prevention
interventions address						Annual Reports	Plans document
gender inequities and	% of registered organizations						National standards are as
comply with national	communication interventions	T <sub>0</sub> T	Not			Keports of special	reflected in the National
samonal amounts		IBD	available			SACA M&E/	Communication and the
	standards in programming					Annual Reports	national HIV Prevention
	Proportion of organizations						Plans document
	with gender sensitive HIV/AIDS Workplace policy		%0	40%	%08	Reports of organizations with	Disaggregate by type of
	% of organizations with		Nor	400%	600/	workplace programs	Compared (Parade)
				40.04	00.00	Keports of	Disaggregate by type of

Objectives	Indicators	Baseline – value, year [National]	Baseline - value, year [State]	Mid-term (end of 2012)	End of program (2015)	МОУ	Comments
	HIV/AIDS workplace		available			organizations with workplace programs	workplace (public/private)
Condom Promotion	8						
Objective 14: At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection	% of MWRA who know condoms to be effective in preventing unplanned pregnancy and STIs, including HIV,	Females: 42.7% (2007) Males: 64.7% (2007)		67% 80%	%06 %06	NARHS NDHS	Disaggregate data by age and sex
Objective 15: At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.	% of sexually active males and females who used a male or female condom with non- regular partner in last 12 months	Females: 35.3% (2007) Males: 54.2% (2007)	Females: 32.3% Males: 61.9%	%09%	%08	NARHS NDHS	Disaggregate data by age, sex and condom type (male or female condom)
Objective 16: At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners	% of MARPs that reported consistent condom use with casual partners in the last 12 months	64.8% (brothel-based FSW, 2007) 46.6% (transport workers, 2007)	Not available	78%	%06	IBBSS	** Edo state data used as a proxy Results are to be disaggregated bys ex and age-group
Total Continue of SRH & Other	Transista of SRH & Other Relevant Health Issues into HIV Prevention Program	HIV Prevention Progr	ram				
Objective 17: SRH services integrated	% of HIV prevention programs with integrated SRH services					Reports of special surveys SMOH Reports (RH	
into FLIV prevention programs at all levels by 2015	% of HIV prevention programs that provide linkages or referrals to other SRH services	TBD				Unit/Family Health) SACA M&E/ Annual Reports	
Objective 18: Integrate drug demand reduction and other	% of HIV prevention programs providing drug and substance abuse control	TBD				Reports of special surveys SACA M&E/	

All () blood organ inclu	At le and institution university	Prev	inter	Obje At le living (PLF Posii	Prev		2015	subs	Obj
All (100%) donors of blood, blood products and organs for transplant including sperm for assisted	Objective 20: At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015 Objective 21.	Prevention of Biomedical Transmission	interventions 2015	Objective 19: At least 80% of people living with HIV/AIDS (PLHIV) have access to Positive Health, Dignity and Prevention (PHDP)	Prevention with Positives		prevention programs by 2015	substance use control services into 80% of HIV	Objectives
products, organs for transplant including sperm donors that are screened for TTIs disaggregated by	% of all private and public health facilities practicing universal safety precautions and procedures by 2015	ransmission	% of PLHIV that have access to PHDP services	% of HIV programs providing PHDP services		% of drug and substance abuse control services that have integrated HIV prevention activities	% of HIV prevention programs that provide linkages or referrals to other drug and substance abuse control services	services	Indicators
32%	20%			TBD		TBD	TBD		Baseline - value, year [National]
Not available	Not available		Not available	Not available					- value, year [State]
70%	50%								Mid-term (end of 2012)
100%	80%								End of program (2015)
SBTS Reports SMOH Reports	Facility survey Survey of health workers SACA M&E/ Annual Reports			Report of Special Surveys (of programs and among PLHIV) Facility survey reports SACA M&E/ Annual Reports		NDLEA reports SACA M&E/ Annual Reports	Reports of special surveys SACA M&E/ Annual Reports	Annual Reports	МОМ
	Disaggregate by location			Disaggregate by sex					Comments

Objectives	Indicators	Baseline – value, year [National]	Bascline - value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
reproductive technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015.	specific screening tests						
Objective 22: At least 80% of drug dependant persons (IDUs and non-IDUs) have access	% of national/state programs targeting IDUs and non- IDUs	TBD				Reports of special surveys SACA M&E/ Annual Reports	
to quality prevention programs/services in accordance with national guidelines by 2015	% of IDUs and non -IDUs accessing prevention programs	TBD				Reports of special surveys SACA M&E/Annual Reports	
Objective 23: At least 80% of traditional medical practitioners adopt universal safety precaution by 2015	% of traditional practitioners that practice universal safety precautions	TBD				Reports of special surveys SACA M&E/Annual Reports	
Objective 24: At least 80% of health facilities provide postexposure prophylaxis	% of health facilities offering PEP according to national guidelines	TBD				Facility survey Survey of health workers SACA M&E/ Annual Reports	Disaggregate data by level of health care
(PEP) to relevant nealin workers and survivors of rape in line with national protocols by 2015	% of persons who are bio medically exposed to HIV transmission risk who received PEP	TBD				Survey of health workers SACA M&E/ Annual Reports	Disaggregate data by level of health care

### Treatment of HIV/AIDS and Related Health Conditions

Over the last five years, the state response to the HIV epidemic has made significant strides in terms of providing access to ART. However, although the effects of Opportunistic Infections (OIs) account for most of the ill health associated with HIV infection, a minimum package for diagnosis, prophylaxis and treatment is yet to be defined to ensure standardization and equitable access to these services. Also, the increasing incidence of TB among PLHIV and associated increased morbidity and mortality necessitates the scale up of TB/HIV collaborative activities. Compounding the problem further is the fact that the diagnostic algorithm for TB in Nigeria does not detect extra-pulmonary TB whereas many HIV positive TB patients have extra-pulmonary TB. Thus, more needs to be done not only to diagnose and equitably reach eligible adults and children with ART, OIs, and TB/HIV co-infection services but also to ensure quality of these services.

### Goal

All eligible PLHIV to receive quality treatment services for HIV/AIDS and opportunistic infections (OIs) as well as TB treatment services for PLHIV co-infected with TB

### **Objectives**

- 1. At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015
- 2. At least 80% of eligible children receiving early infant treatment (EIT)
- 3. At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015
- 4. All local government areas (LGAs) implement strong TB/HIV collaborative interventions by 2015
- 5. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015
- 6. All PLHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services.

# Treatment of HIV and Related Conditions: Results Framework

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Ohjectives	Outcome Indicators	Baseline- Value (National)	Baseline (State)	(End of 2012)	g	МОУ	Comments
ABUT							
Objective 1 At least 80% of adults (men	By the year 2015, 80% of women and men in need of HIV treatment are receiving treatment	32% (using 265608 on ART from 8333,000 eligible PLHIV	3% (using 1514 on ART from 51459 eligible PLFRIV)	26%	80%	SMoH & SACA Reports	Disaggregate by: Age groups Sex HF Level/LGA/State LGA
of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment by 2015	By the year 2015, all eligible boys and girls (0 – 14yrs) are receiving HIV treatment	5%	4.5%	56%	100%	SMoH & SACA Reports	Disaggregate by: Age groups (≤18mths; 19mths-5yrs; 6-9yrs; 10-14yrs) Sex HF Level/LGA/state
Occordinaterio Infections							
Objective 2	% of male and female PLHIV that received ()I	17% (using 833,000 as denominator)	2.5%(using 1330 on Cotrimoxazol e using 51459 as denominator	40%	80%	SMOH Report	Disaggregate by Sex Age HF level/LGA/State
At least 80% of admis (inch and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015		54% (using 265,608 of PLHIV currenty on treatment as denominator)	87.8%( using 1514 PLHIV currently on treatment as denominator)	%06	100%	SMOH Report	
	% of PLHIV (male and female) that received OI treatment	TBD	58.5% (using 1514 PLHIV receiving treatment as denominator)	80%	100%	SMOH Report	Disaggregate by : Sex Age HF level/State/LGA
Tuberculosis and HIV/AIDS							

		4					
Objectives	Outcome Indicators	Daseline- Value	Baseline	Mid-term (End of	End of program	12000	
Objective 3:	Proportion of states with	(10000000000000000000000000000000000000	(State)	2012)	(2015)	MOV	Comments
To establish and strengthen TB and HIV/AIDS	functional and gender inclusive TBHIV TWG	23 of 37 States	None	9 LGAs	18 LGAs	SMOH reports	Reports of meeting
courboration in all states and LGAs by 2015	Proportion of LGAs with functional and gender inclusive TBHIV TWG	TBD		At least			Quarterly TBHIV data
	Proportion of TB	62% (2008)		80%	%56	SMOH reports	
	Proportion of the		38%			Facility TB and ART register	
Objective 4: To ensure all TB patients have access to quality	TB/HIV patients receiving ART	45% (2008)	Not available	%09	80%	SMOH reports Facility TB and ART register	Disaggregate by :
comprehensive HIV and AIDS services by 2015	TB/HIV patients	26% (2008)	83%	%06	100%	SMOH reports Facility TB and	sex Age HF level/LGA/State
	Proportion of the TB/HIV patients referred for HIV	Not available	4.1%	56%		AK1 register SMOH reports Facility TB and	
	Care				-100%	ART register	
Objective 5:  To ensure all PLHIV have access to quality comprehensive TB comments.	Proportion of PLHIV on care screened for TB	87% (2008)	Not available	%06	100%	SMOH reports ART Registers	Disaggregate by :
by 2015	Proportion of PLHIV with active TB referred for TB treatment	100% (2008)	0.2%	50%	100%	Facility level ART registers	State, LGA HF level
	Proportion of PLHIV receiving IPT					- SMOH	
			Control of the contro	The second secon		THE RESIDENCE TO SECURITY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS	

### Care and Support of People Infected and Affected by HIV/AIDS

As the number of people infected and affected by HIV/AIDS rises, the burden of the epidemic on individuals, families and communities is increasingly evident, worsened by wide spread poverty. Some of the critical indicators of the social consequences of the epidemic are the increasing numbers of orphans and vulnerable children (OVC) and a general stigmatization of PLHIV. Also, access to anti-retroviral treatment (ART) means that more PLHIV are having longer and improved lives. This is a big challenge to the nation to provide the increasing care and support including palliative care for infected and affected persons. This challenge will continue for a very long time even when the epidemic is brought under control.

Government recognizes not only the social and economic consequences of the drain to the nation without the workforce of those infected and affected in contrast to the benefit of their reclaim if given adequate care and support but also the importance of the care and support of OVC for their future and the future of the nation. Civil society, especially community-based and faith-based organizations, has been the bedrock for the provision of care and support services to PLHIV and PABA and to OVC. This continuation of civil society in this role is pivotal and will be strengthened in this SSP.

### Goal

The goal of this thematic focus is to promote the survival and improve the quality of life of PLHIV and people affected by HIV/AIDS (PABA) especially OVC.

### Objectives

The Objectives of the Care and Support services are:

- 1. To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015
- To link at least 50% PLHIV and PABA, especially females (women and girls) and marginalized and people with special needs, to IGA and poverty alleviation programs by 2015
- 3. To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2015
- 4. To support effective referral and linkages within and between relevant health care facilities and community-based care services improved by 80% by 2015
- 5. To create an enabling environment for the legal protection of OVC by 2015
- 6. To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% OVC of most vulnerable OVC by 2015.
- 7. To strengthen the capacity of 30% of older OVC (especially girls) households to mitigate the impact of HIV/AIDS by 2015
- 8. To establish functional gender-responsive OVC coordinating mechanism at all levels by 2015

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Baseline Baseline Affected by HIV/AIDS: Results Framework	Value (National)Baseline Value (State)Mid-term (End of 2012)End of Program (2015)End of Program (2015)MOVComments		receiving quality gender responsive care and support services (as defined in national guidelines)  receiving quality gender responsive care and support TBD Not available PLHIV PLHIV receiving care and support  Reports of CSOs, baseline value of support and support  Reports of CSOs, baseline value of support and support  Reports of CSOs, baseline value of support and support  Reports of CSOs, baseline value of support and support  Reports of CSOs, bisaggregated by sex and support	TBD Not available covered with covered with Care and C&S services.	% of caregivers	d 40% of caregivers (at least 15% At least 80% of men) trained caregivers (at least 35% to provide men) trained to provide gender responsive care responsive and support	, , , , , , , , , , , , , , , , , , , ,	olicies, At least 80% of the standards, and service outlets have	developed and disseminated	standards and		adhering to national of service outlets adhere to M&F reports	outlets adhere national protocol and	1BD to national standards
Ba Ba	Indicators (Na)			fates y rt	% of caregivers	<b>D</b>		support policies, standards, and	protocols reviewed/developed	and disseminated by 2012	% of service outlets	adhering to national		
	Objectives PLHIV	Objective 1	quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015											

Indicators  (National) Value (S % of PLHIV and PABA especially women, marginalized groups and people with special needs with improved source of livelihood livelihood  % of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs % of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs % of PLHIV and dat PABA who report at suffering stigma and			Baseline Value	Baseline	Mid-term	End of Progress		
% of PLHIV and PABA especially women, marginalized groups and people with special needs with improved source of livelihood % of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs % of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs % of PLWH and PABA who report suffering stigma and	Objectives	Indicators	(National)	Value (State)	(End 0f 2012)	(2015)	MOV	Comments
% of PLHIV and PABA especially women, marginalized groups and people with special needs with improved source of livelihood livelihood  % of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs  % of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs  % of PLHIV and PABA who report suffering stigma and					protocol and standards			
and people with special needs with improved source of livelihood  % of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs  % of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs  % of PLWH and poverty reduction programs  % of PLHIV and PABA who report reduction programs		% of PLHIV and PABA especially women, marginalized groups			At least 20%			
% of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs with IGAs and poople with special needs linked with IGAs and poverty reduction programs % of PLHIV and PABA who report reduction programs % of PLHIV and PABA who report reduction programs % of PLHIV and PABA who report TBD		and people with special needs with improved source of	Ç	CLEAT	target groups have skills and acressing	At least 40% target groups have skills and	National studies	Source of data can be from NARHS, Human
% of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs % of PLHIV and PABA who report suffering stigma and	Objective 2  o link at least 50%  LHIV and PABA, specially females women and girls) and narginalized and people rith special needs, to 3A and poverty leviation programs by 315	% of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs	TBD	COEL	At least 15% of target groups graduate from IGA skills training	At least 40% of target groups graduate from IGA skills training	Training Reports with participants List of beneficiaries disaggregated by sex. Copies of Certificates of participants trained	
% of PLHIV and PABA who report suffering stigms and		% of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs	TBD	TBD	At least 25% of target groups linked with IGAs services and poverty reduction programs	At least 50% of target groups linked with IGAs services and poverty reduction programs	Reports of IGA service providers and poverty reduction programs	Disaggregated by sex
	Objective 3  To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2025	% of PLHIV and PABA who report suffering stigma and discrimination	TBD		30% reduction on baseline value	At least 60% on baseline value	National Surveys and analysis of M&E reports	Midterm and End of Term reports; IBSSS
Objective 4 % health facilities TBD TBD TBD	bjective 4 o support effective	% health facilities with effective	TBD	TBD	40% health facilities have	80% health facilities have effective referral	Health facility records and	

Objectives	Indicators	Baseline Value	Baseline	Mid-term	End of Program	MOV	Comments
referral and linkages within and between relevant health care facilities and community- based care services improved by 80% by 2015	referral and linkages with community based care programs for PLHIV and PABA.	Translation of the state of the	Value (State)	effective referral and linkages with community based health care programs for PL-HIV and PABAs	and linkages with community based health care programs for PLHIV and PABAs	reports of community-based programs for PLHIV and PABA	
Objective 5 To create an enabling environment for the legal protection of OVC by 2015	OVC legal framework revised or developed	TBD	TBD	Legal framework developed and implemented		Existence of legal frameworks	
	Proportion of OVC requiring legal protection provided with legal aid	CIBIT	TRD	15% increase on baseline	15% increase on baseline value	Legal records. Reports of service organizations; Reports of Ministry of Women Affairs	Disaggregate by sex and age and type of services.
	Proportion of OVC services provider organizations trained on and using legal documents by 2015	TBD	TBD	20% increase on baseline	At least 60% on baseline value	Reports of OVC services provider organizations National surveys	Disaggregate by type of service provider
Objective 6  To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% OVC (of most vulnerable OVC by 2015.)	% of OVC who have access to integrated comprehensive care and support services	TBD	TBD	15% on baseline value	30% increase on baseline value	Service records and reports of service providers; Reports from Min of Women Affairs	Disaggregate by sex, type of support (food/nutrition, psychosocial, education, health, household economic strengthening and shelter), types of orphan hood and vulnerability.
Objective 7  To strengthen the capacity of 30% of older OVC (especially girls	% of households with OVC whose capacity has been strengthened	TBD	TBD	15% increase on baseline value	30% increase on baseline value	Service records and reports of service providers; Reports from Min	Disaggregate by household- heads-sex, age, marital status

Ohiectives	Indicators	Baseline Value (National)	Baseline Value (State)	Mid-term (End 0f 2012)	End of Program (2015)	MOV	Comments
headed households) to mitigate the impact of HIV/AIDS by 2015						of Women Affairs	
	% of primary caregivers economically empowered	TBD	TBD	15% on basefine value	30% on baseline value	Record of activities and reports	Disaggregate by sex, age & type of empowerment
	% of community based initiatives economically empowered	TBD	TBD	15% on baseline value	30% on baseline value	Record of activities and reports of CBOs	Disaggregate by type of initiative.
Objective 8  To establish and/or strengthen OVC coordination structures at all levels	Proportion of OVC coordination structures established/strength ened	TBD	TBD	5% increase on baseline	5% increase on baseline	Report of LGAs/states/Min of Women Affairs	Disaggregate by type and level
an account	Proportion women in the coordination structures	TBD	TBD	At least 55% of women	At least 35% of women List of members	List of members	Disaggregate by sex

### Policy, Advocacy, Human Rights, and Legal Issues

Despite compelling evidence that reducing stigma, promoting and protecting human rights, promoting greater involvement of PLHIV and gender mainstreaming strengthen HIV/AIDS control; Nigeria's achievements, and those of Ondo State, in this regard remain slow and hesitant. More than two decades after the identification of the first case of HIV in Nigeria, violation of human rights of persons infected and affected is still rampant and stigma remains pernicious and pervasive. This situation is compounded by attitudes and practices which discriminate against widows and AIDS-orphans.

The epidemic's trends and trajectory compel policy shifts to address the disproportionate incidence and impact of HIV/AIDS on Nigerian women, girls, young people, physically challenged persons, prisoners and persons engaged in transactional sex or same sex relationships.

### Goal

To protect the rights of PLHIV and PABA and empower them and other groups made vulnerable by HIV/AIDS to reduce their cultural, legal, and socioeconomic vulnerabilities ensuring their full participation in the state HIV/AIDS response and other development initiatives.

### **Objectives**

The thematic objectives are:

- 1. Protect the rights of and empower PLHIV
- 2. To increase the number of programs that promotes the meaningful involvement of PLHIV by 80% by 2015.
- 3. To protect women, children and other socially vulnerable and marginalized groups from HIV infection
- 4. To advocate for the progressive increase in funding HIV/AIDS response at all levels of government to at least 30% by 2015
- 5. To have at least 80% of the actors in the state response to the HIV/AIDS epidemic complying with existing guidelines on ethical standards on HIV/AIDS control by 2015.

W. Himan Righte and Legal Issues: Results Framework

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	Comments			Disaggregated by sex, workplace, type of network/support group
ramework	MOV	NARHS and NDHS reports, Reports of other national surveys	Ministry of Justice reports	Reports of stakeholder organizations; Reports of special surveys
S: Mesuits F	End of program (2015)	100%	70%	100%
Legal Issue	Mid-Term (end of 2012)	TBD		TBD
ights, and	Baseline value (State)		2	
y, Human k	Baseline value (National)	TBD		TBD
Policy, Advocacy, Human Rights, and Legal Issues: Kesulis Framework	Indicators	% PLHIV networks who report their rights are protected and they are empowered	No of bills passed/laws amended in State Assemblies on specific gender-related issues e.g. women's inheritance rights, property ownership, Gender-Based Violence including female genital mutilation, rape, trafficking, child labour, social welfare scheme for households headed by PLHIVs especially women and children etc.	% of PLHIV (children, women, and men.) and their networks seeking redress for human rights violations % of workplaces treating reported cases of violations human rights of PLHIV
	Ohiectives		Objective 1  To advocate for the protection of the rights of and empower PLHIV (including children, women, and men)	Objective 2 To facilitate the meaningful involvement of PLHIV on HIV/AIDS decision making bodies at all levels of the state

Comments						
МОУ		AIDS Spending Assessment Report	Sector policies documents		AIDS Spending Assessment Report	Reports of service provider organizations; Reports of special studies
End of program (2015)	30%					100%
Mid-Term	15%					TBD
Baseline value (State)						
Baseline value (National)	2%	TBD				TBD
Indicators		% of government contribution to total HIV/AIDS spending	Proportion of sector policies that provide response for the mitigation of impact of HIV/AIDS		% of HIV/AIDS budget supporting initiatives that seek to close identified gender gaps.	Proportion of organizations complying with ethical standards
Objectives			Objective 3 To advocate for the progressive increase in funding HTV / ATDC	response at all levels of government	Objective 4	To advocate for compliance with ethical standards on HIV/AIDS

## Institutional Architecture, Coordination, Resource Mobilization and Application, Health Sector Response, and Sustainability

Despite achievements towards control of HIV/AIDS the epidemic continues to pose a significant challenge to state development. While the response has experienced increased inflow of resources from government and development partners significant funding and resource gaps still exists. Also, the State response is largely donor dependent and for most part, donor driven. Ondo state however fairs better than most states in the country as it received in 2009 about 90% of budgeted funds for HIV which constitutes about 20% of all expenditure on HIV in the State. With the international financial meltdown signalling potential reduction in financial contributions by development partners, governments and citizens at all levels need to own and assume responsibility for scaling up and sustaining HIV/AIDS response. These realities compel urgent review and realignment of the institutional framework, coordination mechanisms and resources issues for the State response. Critical to the achievement of this goal is the urgent necessity for Ondo SACA to transit into an agency. Thus, concerted effort in the form of advocacy needs to be made in this regard.

Besides financial resources and physical infrastructure, availability and capability of human resources are pivotal to sustainability of HIV/AIDS response. Although it is generally agreed that Nigeria has a good supply of health professionals, compared with other countries in the sub-region, there are wide regional disparities and the vast majority are based in urban areas. It is also true that the HIV/AIDS epidemic has significantly increased pressures on health care delivery systems that are already overstretched. While, in general, the numerous strands of human resource needs of the national HIV/AIDS are appropriately addressed within thematic areas response some themes of the human resource required to ensure a sustainable response are generic as well as cross-cutting. The gender dimensions of Nigeria's HIV/AIDS epidemic is well articulated and though the NSF mainstreams gender in all thematic areas, personnel with expertise in gender mainstreaming and the use of rights-based approaches are few. The need to institute Gender Management Systems in all SACAs, LACAs, line Ministries and other coordinating bodies (following the example of NACA) cannot be over-emphasized.

### Goal

The goal of the thematic focus is to strengthen structures and systems for the coordination of a sustainable and gender-sensitive multi-sectoral HIV/AIDS response in Ondo State.

### **Objectives**

Institutional Arrangement and Coordination Mechanism

- SACA and LACAs capacity to effectively coordinate sustainable and gendersensitive and age-responsive multi-sectoral HIV/AIDS at State and LGA respectively strengthened
- 2. Strengthened coordination mechanisms of development partners at all levels, State and Local government to harmonize support to the State response.
- 3. Strengthened coordination mechanisms of CSO at all levels State and Local government.
- 4. Strengthened coordination mechanism for public-private sector partnership at all levels

### Human resources

5. Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender and age-responsive personnel

Procurement & logistics supply

 Ensure efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS-related commodities operational by 2015

### Financial Resources

- 7. Increase in the financial contribution of governments at all levels in the state to at least 50% of financial resources required for HIV/AIDS by 2015
- 8. To mobilize adequate financial resources in support of the implementation of the State HIV/AIDS response
- To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs

# Institutional Architecture and Resourcing: Results Framework

Comments			Bill presently at the House of Assembly		Desegregate by sex and position	Desegregate by the type of coordinating body	Disaggregate data by LGAs
MOV			Passage of Bill	SACA report	Staff list; Organogram		Number of LACAs that submit work plan and regular M&E reports
End of program (2015)		%06	100%	100%	At least 35% women in line with the National Gender Policy	20%	100%
Mid-term (end of 2012)		50%	100%	100%	At least 35% women in line with the National Gender Policy	25%	100%
Baseline value, year [State]		25%	%0	85%	SACA -20%	None	94%
Baseline – value, year [National]		TBD	33%	TBD		NACA has a Gender Division, a Gender Manager and a Gender Technical Committee; Some SACAs and Line Ministries have Gender Focal	19.5%
Indicators	n Mechanism	annual nds that is 1e	of SACA into	Proportion of budgeted funds for HIV annually	Proportion of women and men occupying decision making positions in the coordination structures (SACA, LACA etc)	Does SACA, LACAs, line Ministries and other coordinating bodies have Gender Management Systems (GMS) established and functional	% of LGAs that have functional LACAs
Objectives	Inestitutional Coordination Mechanism	Objective 1: SACA and LACAs capacity to effectively	coordinate sustainable and gender-sensitive	mutti-sectoral HIV/AIDS at State and LGA respectively			

Comments						Disaggregate data by local government.	Disaggregate data by local government.
MOV					SASA report		
End of program (2015)	100%		100%	50%	100%	80%	50%
Mid-term (end of	100%		%08	20%	100%	40%	20%
Baseline – value, year	100%	%0	30%	0%0	%0	20%	0%0
Baseline - value, year [National]	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Indicators	% of LACAs submitting report to SACA at least twice a year	% of civil society constituency coordinating entities submitting report to SACA at least twice a year	submitting reports to SACA at least twice a year	development partners submitting report to SACA at least annually	partners 1 line 1 cing	Proportion of CSO coordinating entities implementing at least 80% of annual work plan.	Proportion of private enterprises coordinating entities implementing at
Objective 2:	Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the state and national Response.				Objective 3.	Strengthened coordination mechanisms of CSO at all levels	Ubjective 4: Strengthened

Comments		Disaggregate data by types of private sector organization	-	Disaggregate data by sex, level of care, types of HIV/AIDS-	related services, and states	Disaggregated by sex and type of partners		Desegregated by sex and type of	organization							Disaggregate data by level of care and types of condom
MOV		Attendance at ODSACA-private partnership forum	:	racılıty survey report	SACA report	SACA report, partners'	reports	SACA report, Partners'	report							
End of program (2015)		10%		50%		80% of all reports		80%			%08					100%
Mid-term (end of 2012)		5%		20%		50% of all reports	-	40%			40%					100%
Baseline – value, year [State]		%0		5%		%0		%0			25%		Not			75% (M&E)
Baseline – value, year [National]		TBD									TBD		TBD			TBD
Indicators	least 80% of annual work	Proportion of private enterprises involved in public-private partnerships		% of health facilities offering HIV/AIDS	services that have adequate human resources according	Proportion of partners'	sensitive programming	Proportion of key SACA,	trained in Gender and HIV/AIDS programming.	ystem	% of facilities that	of ARVs annually	% of facilities that	of drugs for management of opportunistic infections	annually	% of facilities that experienced no stock-out of male and female condoms
Objectives	coordination mechanism	partnership at all levels	Human Resources	Objective 5:	Ensure that at least 80% of HIV/AIDS	programmes nave adequate number of	appropriately skilled and oender-responsive	personnel		Logistics Management System	Objective 6:	Efficient and sustainable	logistics systems for	uninterrupted supply of ARVs, drugs for the	opportunistic infection	and other HIV/AIDS- related commodities operational by 2015.

Part National   Pascince   Part National   Past	Objectives	Indicators						
State   2012)   State AIDS   Contribution to total   T% (2008)   G2%   480%   90%   State AIDS   Spending annually   T% (2008)   G2%   480%   90%   State AIDS   Spending   Assessment   CASA) report			Baseline – value, year [National]	Baseline value, year	Mid-term (end of	End of program (2015)	MOV	Comments
Not available   Not availabl	Financial Resources			State	2012)			
contribution to total HIV/AIDS spending annually  % of the annual funds regured by the costed State State by the costed State AIDS Spending Assessment Soft HIV/AIDS Programme implementers We of HIV/AIDS Programme implementers Whose funds management State AIDS State AIDS Spending Assessment State AIDS State AIDS State AIDS Spending Assessment State AIDS As	Objective 7:	% of government's	707 702	The second second				
required by the costed state AIDS state AIDS spending realized  Proportion of HIV/AIDS  Proportion of	Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS interventions by 2015	contribution to total HIV/AIDS spending annually	(2008)	62%	480%	%06	State AIDS Spending Assessment (SASA) report	Disaggregate by state, and local government
Proportion of HIV/AIDS       Not available gaps       Not available funds that is expended in program management       Not available available funds that is expended in program management       Not available available spending       Not available available spending       State AIDS Spending         % of HIV/AIDS       % of HIV/AIDS       50%       100%       State AIDS Spending         whose funds management is tracked annually       50%       100%       State AIDS Spending	To mobilize adequate financial resources in support of the implementation of the State HIV/AIDS	% of the annual funds required by the costed State Strategic Plan that is realized	TBD	85%	%06	90%	State AIDS Spending Assessment (SASA) report	Disaggregate data by the sources for fund – government, private enterprises, and international development
% of HIV/AIDS-related funds that is expended in program management program management % of HIV/AIDS  he programme implementers whose funds management is tracked annually (SASA) report	response	Proportion of HIV/AIDS budgets addressing gender		Not available	30%	At least 60%		partners Desegregated by donor and location
% of HIV/AIDS-related funds that is expended in program management program management (SASA) report (SASA) report (SASA) report programme implementers whose funds management is tracked annually (SASA) report (SASA) report (SASA) report (SASA) report to the programme implement is tracked annually (SASA) report	Objective 9:	Subs						
the programme implementers whose funds management is tracked annually (SASA) report	To progressively improve the effectiveness of HIV/AIDS resources	% of HIV/AIDS-related funds that is expended in program management		Not available			State AIDS Spending Assessment (SASA) report	Disaggregate data by type of organization and level of government
	tracking and enhance the efficiency of fund management for HIV/AIDS programs	% of HIV/AIDS programme implementers whose funds management is tracked annually		%0	50%	,00%	State AIDS Spending Assessment (SASA) report	Disaggregate data by type of organization and level of government

### Monitoring and Evaluation, Research and Knowledge Management

A functional and effective monitoring and evaluation (M&E) system serves to provide the data needed to guide the planning, coordination, and implementation of the HIV response; assess the effectiveness of the HIV response; and identify areas for program improvement. It also enables enhanced accountability to those infected or affected by HIV/AIDS, as well as the funding sources. However, the effectiveness of the M&E systems is itself dependant on the seamless and systemic integration of the 12 components of the Organizing Framework for a Functional National and state HIV M&E System.

The findings of the response analysis and the policy thrusts of the draft HIV/AIDS policy have informed the development of the Strategic objectives and interventions of the Monitoring and Evaluation systems thematic area of the National HIV/AIDS Strategic Framework and National and state HIV/AIDS Strategic Plan 2010-15. Crucially, and in line with the 12 components approach to an organizing framework for a functional national and state HIV M&E system, the thematic areas of "Monitoring and Evaluation" and "Research and Knowledge Management" of the draft HIV/AIDS Policy have been integrated into the thematic area of one "Monitoring and Evaluation Systems" of the State HIV/AIDS Strategic Plan.

### Goal

The goal of the thematic focus is to strengthen and embed a sustainable systems based approach to delivering a cost-effective, multidimensional and gender sensitive monitoring and evaluation system which supports the continuous improvement of the national response

### Objectives

- To enhance the leadership and managerial skills and gender sensitivity of State/LGA authorities for the delivery of an effective One state M&E system by 2015
- To improve coordination, partnership, gender sensitivity and cost-effectiveness of data collection, analysis and use of program data and information (routine, surveys and surveillance) to inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015
- 3. To continuously improve data quality and supportive supervision at all levels by 2015
- 4. To improve the efficiency and effectiveness of the delivery of the costed national multisectoral HIV M&E plan through a systems management approach
- To strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, state HIV/AIDS database(s) to capture, verify, analyze and present program monitoring data from all levels and sectors by 2015.

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Objectives Objective 1	Indicators*	Baseline Value (National)	Baseline Value (State)	Midterm (End of	End of Program	AOM	Comments
nanagerial skills and gender sensitivity role of State/LGA authorities for the delivery of an effective One national M&E system by 2015	rioportion of LGA authorities with enhanced leadership and managerial skills and gender sensitivity roles		%0	20%	20%	Reports of state/LGA HIV/AIDS authorities; Media Reports	
Objective	Proportion of M and E coordinating mechanisms with minimum of 35% women in decision making positions		20%	50%	%08	Attendance at meetings of M&E	
To improve coordination, partnership, gender sensitivity, and cost-effectiveness of data collection, analysis and use of program data and information to	Proportion of implementing agencies and stakeholder organizations with improved program planning and decision making processes					Reports of implementing agencies and other stakeholders; M&E Reports	
inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015	with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organization s with HIV/AIDS responses reflecting gender targets and	Proportion of organization s with HIV/AIDS responses reflecting gender targets and	Proportion of organization s with HIV/AIDS responses reflecting gender targets and	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators
Objective 3  To periodically determine the drivers, incidence and prevalence rates of the epidemic at national and states' level at evidence-based intervals, and use the information to continuously enhance national	Number of special surveys and operations research conducted		indicators 1	indicators 2	indicators 2	Reports of special surveys and operations research	MARP survey and ERPS

Key: \* - Please see the References/presentations on Results Chain/Results Framework/Results-based Management and the attached guideline and the instructions on completing the Indicators Reference Guide for further details in understanding this heading.

## **APPENDIX 1**

# ONDO STATE STRATEGIC WORKPLAN 2010 - 2015



			of the													
Activity report	0.7		100 m 201	At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015	ider respon	ality and ger	access to qu	ians with	active Nige	fsexually	cast 80% c	\ \ \ \			OBJECTIVE #3	30
A A TOTAL OF THE PROPERTY OF T		-	-	-	_	1				-		-			Periodic sensitization programs (rallies) for MARPs in designated sites/hot spots	2.3.2 P
ACT & CLEON COLOR	8			6	10	10	2	3 2	3	10	2	2	3	3	Establish HCT centres within the immediate environment of targeted MARP populations	2.3.1 E
noda Summa	. 000														2.3 Scale up of HCT services targeting MARPS	2.3 S
	80	50	8	36	50	50		25	25	50	25		25		Conduct a training workshop for 300 service providers on interpersonal communication and special needs of MARPS	221 C
ed activity report	2														2.2 Building the capacity of service providers for gender responsive services	2.2 B
240 Activity report	310		_	_	_	_		-	-	+	_	-	1	_	2.1.3 Conduct sensitization seminars for garekeepers among MARP groups	21.3 C
200 Activity report	2 noothe	1000	10	to	<b>5</b>	to				10	10	10	10	10	2.1.2 Conduct awareness rallies at motor parks and hotspots	21.20
	10000	5,000	5,000	5,000	5,000	5,000	1,250	0 1,250	1,250 1,250	5,000	1,250	1,250	1,250	1,250	2.1.1 Distribute condoms at 'hot spots' for MARPS	2.1.1
															2.1 Implement the BCC strategy for MARPS	2.11
				by 2015	and testing	HIV counselling and testing by 2015	ssing HIV	ARPS acc	At least 80% of MARPS accessing	At lear					OBJECTIVE #2	20
Activity reports	n/	22	2	13	2	2	1	-		_		-				1.0.0
Inventory of SBC materials, activity reports	200,000			50,000	50,000	100,000	9	50,000	50,000	100,000 50		50,000		50,000	COMMUNICATION VALUE TO LIAUTOPHARM ON COUPLE HCT SERVICES	1.5.2
312 Jingles aired, activity reports	312)	ĸ	83	S	S	32	3 13	13 13	13	33	13	13	13	13	Bodisses J. Facility 1970	150
						·									1.5.1 Implement TV and radio enlightenment on free county HCT services	1.5.1
Training report	SSO			2	18	200	live	3							Demand creation for HCT services including promotion of couple counselling	1.51
LS0,000 SACA, SMOH reports	000,000,1	230,000	500,000	on one	Tooler of	300	130	38		and the second				100	1.4.4 Training and retraining of HCT personnel	1.4.47
1.560/000 SACA, SAIOH reports	0.00,000	200,000	250,000	250,000	250,000	280,000			550				C 97	70,000	1.4.3 Provide free HCT services in the state	1.4.3 F
200 SACA SMOH reports	cus	350,000	ממחומים	250.000	250,000	280,000	70,000	70,000	70,000 70,000		70,000	70,000	70,000	70,000	1.4.2 Ensure availability of commodities for HCT	1.4.2 E
SICA SHOW	311	\$	8	8	36	36	9 9	3	9	36	9	9	9	9	1.4.1 Establish at least 1 HCT centre in each ward	1.4.1 E
- thousand subsect															Accelerate the scale up of HCT services	1,4,1
Activity many	מ	5	55	ត	75	12	3	3	3	12	3	3	3	3	Advocacy visits to policy makers	1.3.1
is SACA, SAIOH reports	ō														Advocacy	1.3 /
18 SACK SHOP reports				_ ,	_	_				-					1.22 Establish Gender Sensitive Centres for women in each LGA	1.2.2 E
SICI SHOW	6	,	,		10	_	_	-	-	_	-	_	_	_	Establish Youth Friendly Centres in each of the LGAs	1.2.1 E
0														-	Institutional and technical capacity building for gender/youth sensitive HCT services at all levels	1.2 I
Monitoring records	24		4	4	_	_	_	-	-	_	_	_	-	na na	1.1.3 Monitor implementation of protocol through quarterly monitoring visits to HCT sites	1.1.3 \
Activity report	300					100			100	200	100	13			1.1.2 Conduct sensitization for health workers, counsellors and programmers on HCT protocol	1.1.2 C
2,000 Activity report	2,000									2,000		2,000			1.1.1 Distribute HCT protocols in the state	1.1.1
															Implement HCT protocol	1.11
		2015	nable way by	At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015	s in an equita	g HCT service	dults accessin	ast 80% of	Arle						OBJECTIVE # 1	10
	Name of the least	100 B				Total	Q4	Q3	Q2	Total Q1	Q4 T	Q3	Q2	QI		
MOV	Total	Year 6	Year 5	Year 4	Year 3	Y			Year 2	¥.				Year 1	STRATEGIC INTERVENTIONS	
AND THE PERSON OF THE PERSON O	STATE OF THE PARTY	STATE OF THE PERSON		STREET, SQUARE, STREET, SQUARE, SQUARE	P. Marie Manager Street, or other Printers and Printers a	The same of the last of the last										

10	Demand creation for service utilization   Implement contact taxing for STI treatment   Implement creation for service utilization   Implement contact taxing for STI treatment   Implement contact taxing   Implement   I							Ph.				-				STATE OF THE PARTY		
Explanest continuence by STI services   1   1   1   1   1   1   1   1   1	Implement contact tracing for STI teatment  Condact general enightenment programs on TV, radio and IEC maternis  Pervide free STI services  Create restretess on available STI clinics through mass sensitization programmed/events  I 1 1  Advocacy/resource mobilization  Condact achieves to donor agencies to support the provision of free STI services in the  Regulation of service provision (orthodox and non-orthodox)  Institute  Condact achieves to growing with traditional healers to facilitate improved referral and  restricted to donor agencies to support the provision of free STI services in the  regulation of service provision (orthodox and non-orthodox)  Institute  Condact achieves with Ministry of Health Inspectorate Unit to condact routine quarterly  I 1 1 1 1 1 1  Demand oceasion for service utilization  OBJECTIVE # 4  Capacity building  Capacity building  Capacity building  Capacity building  Capacity building  Condact advocacy visit to donor agencies to support the integration of free STI services into  I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nand creation for	service utilization						-									
According parties of signatures (regions of the Friedrich)	Provide the STI services  Create areacters on available STI denies through mass sentitionation programmes/events  1,500	Jement contact tra	ing for SII treatment								-						S.4	ACA & SASCP, SMOH Report
Contemporaries and substitutions   Contemporaries   Con	Advocacy reseal enlighterment programs on 11, 7, 700 and 12, material provide free STI services  Advocacy resource mobilization  Advocacy resource mobilization  Regulation of service provision (orthodox and non-orthodox)  Institute collaboration meetings with traditional breders to facilitate improved referral and  Institute collaboration meetings with traditional breders to facilitate improved referral and  Institute collaboration meetings with traditional breders to facilitate improved referral and  Cabbacation with Ministry of Health Inspectorate Unit to conduct routine quarterly  Institute collaboration meetings with traditional breders to facilitate improved referral and  Cabbacation with Ministry of Health Inspectorate Unit to conduct routine quarterly  Institute collaboration meetings with traditional breders to facilitate in the state  Capacity building of HIV health workens to provide integrated STI services  Demand creation for service utilization  Advocacy/resource mobilization  Advocacy/resource mobilization  Demand creation for service utilization  Advocacy/resource mobilization  Advocacy resource mobilization  Advocacy/resource mobilization  Advocacy/resource mobilization  Advocacy/resource mobilization  Advocacy	delical conser a	- Cart - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-	-	-	-	1	-			-	-7	7	7	7	24 Ac	ctivity reports
Among terms and abilitation of the STI services of the STI servi	Percek free STI services  Create awareness on available STI clinics through mass sensitization programmes/events  I devocacy/resource mobilization  Conduct advocacy visit to desor agencies to support the provision of free STI services in the  Institute collaboration meeting with traditional healest to facilitate improved referral and  transment of STI for the devocacy relational healest to facilitate improved referral and  transment of STI for the traditional healest to facilitate improved referral and  transment of STI for the traditional healest to facilitate improved referral and  transmission meetings with traditional healest to facilitate improved referral and  Capacity building of HIV health workers to provide integrated STI services  Capacity building of HIV health workers to provide integrated STI services  Capacity building of HIV health workers to provide integration of free STI services into  Capacity building of HIV health workers to provide integration of free STI services into Canduct advocacy visit to donor agencies to support the integration of free STI services into the trate  Capacity building of HIV percention programs  Frontize service provision by target populations and drivers of the epidemic  Capacity building of HIV percention programs  Frontize service provision by target populations and drivers of the epidemic  Capacity building of services in the supplementation of the supplementation of services in the supplementation of the supplementation of services in the supplemen	nduct general enligh	tenment programs on 1V, radio and IEC materials					1 500								000'9	36,000 \$2	ACA & SASCP, SMOH Report
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Organise target specific programs (seminars), road shows, fallies, talent hunt, quiz and debate)         2         3         8	Organise target specific programs (seminars, road shows, rallies, talent hunt, quiz and debate)  for MARPs  Strengthen partnerships  Institute quartedy review meetings between STI unit and SACA  OBJECTIVE # 5  Scale up of quality PMICT services  2 2	ritize service pro-	ision by target populations and drivers of the epidemic															
At least 80% of all pregnant women have access to quality H1V testing and counselling by 2015  At least 80% of all pregnant women have access to quality H1V testing and counselling by 2015  2 2 2 6 6 6 6 100 100 100 100 100 100 100 100	7	unise target specific	programs (seminars, road shows, rallies, talent hunt, quiz and debate)	7	7	7			7	21	п	<b>6</b> 0-	8	<b>x</b> 1	80	œ	87	Activity report
At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015		ngthen partnersh	86															
At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015  2 2 2 6 6 6 6 100 100 100 100 100 100 100 100	2	nute quarterly revie	w meetings between STI unit and SACA	-	-	-	-	-	-	-	-	7	7	7	7	7	7.	Meeting notes/minutes
TTCT through undate retraining of providers 50 50 100 100 50 50 100 100 100 100 100	2 2 2	ECTIVE # 5				V	least 80% o	of all pregn	int women	have acces	s to quality	HIV testin	g and couns	elling by 20	Si			
ATCT through undate retraining of providers 50 50 100 50 50 50 100 100 100 100 100	2 2 2	e up of quality Pl	ATCT services														3	O CASCO CALOR Report
TTCT through undate retraining of providers 50 50 100 100 100 100 100 100 100 100 1		blish at least 1 PM	TCT centre per LGA		2	2		•	2	7	7	9	9				18	SALA & SASCI, SACH REPO
	ATICIT through update retraining of providers 50	lancas a compete	resive approach to PMTCT through update retraining of providers	90		30	100			99		100	100	100	100	100	009	SACA & SASALI, SIMO

THE PERSON NAMED IN	Community of PallCl	THE PERSON NAMED IN		Contract of	Charles Street	SPANISH NAME OF TAXABLE PARKET	STATE OF THE PARTY NAMED IN	THE PERSON NAMED IN	The state of the last of the l	The Party of the P	The state of the s	THE PERSON NAMED IN	White Several Street	TREET, STREET	TANGEL SECTION		
51.4	5.1.4 Involvement of PLP as peer counsellors in PACICT			-	-	7	-	-			4	4	•	4	7	24 SACA &	SACA & SASCP, SMOH Reports
3	NAME OF THE PARTY	6	6	6	6	36	6	6	5 6	96 36		36	36	36	36	216 SACA 6	216 SACA & SASCP, SMOH Reports
iz.	implement community-based awareness/sensitization programmes on the availability and importance of PMTCT services	-	-														
223					-	7	-	-			7	4	4	+	7	24 SACA 6	SACA & SASCP, SMOH Reports
523	\$23 Involve Pt Pe	6	3	3	3	12	3	3	3	3 12		12	12	12	12	72 SACA &	72 SACA & SASCP, SMOH Reports
						0				,	0					0 SACA A	SACA & SASCP SMOH Benome
77	per LGA	2	2	9	9	9											inday mount thouse
3	Ensure regular supply of PMTCT commodities			2	2	7	01	01	10	9		40	9	-40	04	240 SACA 8	240 SACA & SASCP, SMOH Reports
531																	
mmn	www Strengthen logistics system for PATICT commodities through training on LAHS for ker officers		9		3	- 99	-						-	-	-	6 SACA &	SACA & SASCP, SMOH Reports
22	Capacity building (Infrastructure & Personnel)				OC	001		20	20	100			20		90	300 SACA &	300 SACA & SASCP, SMOH Reports
34.1	Train and retrain PATICT personnel per LGA(10/LGA)		5		5	001											
5.42	\$42 Train selected TBAs (including birth attendants in mission homes) to carry our HCT	9	3	3	000	001		20	20							200 Training report	report
543	Ensure availability of minimum package of equipment for PATICL at all centres	-	1	R		001	00	S .		100	100		100	100	100	600 Training report	report
544	Procure ARVs and commodities for PAITCT		1			0	2	2		6						18 SACA &	SACA & SASCP, SMOH Reports
3	Public Private Parmershin	0000'9	000'9	000'9	0000'9	24,000 6,	000'9 000'9	000'9 00	000'9	24,000	24,000		24,000 24	24,000	24,000	144000 SACA &	144000 SACA & SASCP, SMOH Reports
	Implement a state public private forum to emotor entertaine.																
2			-		-	2		-		7	2	2	2	2	2	12 SACA &	SACA & SASCP SMOH Reports
5.6	3.6 Evidence based approach to programming																
36.1	3.6.1 TWG to provide technical support to programming (2) data collection training for all facilities				50	30		30		95							
5.7	Referral and Linkages									,						100 SACA &	100 SACA & SASCP, SMOII Reports
5.7.1	57.1 Provide free ambulance services (1 per LGA) for referral of PMTCT cases			12	- 71	-		,	,				,				
572	5.7.2 Implement a functional referral system to tacilitate access to comprehensive services	meetinas											7	7		18 SACA &	SACA & SASCP, SMOH Reports
) 9		Summ									0					0 SACA &	SACA & SASCP, SMOH Reports
					V	least 80%	least 80% of all HIV	positive p	regnant w	omen acce	positive pregnant women access ARV prophylaxis by 2015	phylaxis by	v 2015				
6.1	6.1 Scale up of quality PMTCT and EID services																
61.1E	64.1 Establish at least 1 ARV Centre in each LGA	2	7	13		9	2	2 2			9	9				18 SACA &	SACA & SASCP, SMOH Reports
6.12 F	6.1.2 Provide EID services in at least 1 centre per senatorial district				-	-										3 5464.8	SACA & SASCP SMOH Business
CS	Advocacy/resource mobilization Communication and social mobilization					13											
621 II	Implement community-based awareness/sensitization programmes on the availability and importance of PMICT services	52.1														0 SACA &	SACA & SASCP, SMOH Renorts
3	Ensure regular supply of PMTCT and EID commodities																
63.1	6.3.1 Ensure free ARV prophylaxis					0										0 5474.8	SACA & SASCE SMOH Brooms
100				1	-	1		ST.		NAME AND ADDRESS OF THE OWNER,	SECTION AND PARTY OF	SECTION SECTION	STATE OF THE PARTY AND ADDRESS OF THE PARTY AN	The second	STATE STATE OF		and an out who

THE PERSON NAMED IN				-		-	OF THE PARTY OF TH	manufacture to the state of the same	-			
	65 Public Private Partnership				and the second of the second of	The Part of the Pa	2 - Company of the last of the					
9	(6.5.1 Implement a state public-private forum to engage private sector (including private health including) support for and involvement in PMTCT	5.5.1		1			W1	-	-	1 1	9	SACA & SASCP, SMOH Reports
·	6.66 Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc)											
979	6.6.1 Implement a functional referral system to facilizate access to comprehensive services										3	SACA & SASCP, SMOH Reports
	7 OBJECTIVE #7			As beast a	ox or at HIV o	xposed infanta	bere access	As known 30% of all FIFF exposed infants have access to ALEV grouphylaxis by 2015	axis by 2015			
7	7.1 Scale up of quality PMTCT and EID services	6.1									·	SACA & SASCP, SMOH Reports
7.	72 Advocacy/resource mobilization Communication and social mobilization	6.2										
7.	73 Ensure regular supply of PMTCT and EID commodities	6.3										SACA & SASCP, SMOH Reports
7	7.4 Capacity building(Infrastructure & Personnel)	6.4										
7	7.4 Public Private Partnership	6.5										SACAH & SMOH Reports
74	7.6 Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc)	9.9										SACA & SMOH Reports
	8 OBJECTIVE #8		At lea	VIH So %08 1810	positive pregna	nt women hav	e access to qu	ality infant feed	At least 80% of HIV positive pregnant women have access to quality infant feeding counselling by 2015	y 2015		
8.1	8.1 Scale up of quality PMTCT and EID services	6.1										SACA & SMOH Reports
8.2	8.2 Advocacy/resource mobilization Communication and social mobilization	6.2					5					
8.3	8.3 Ensure regular supply of PMTCT and EID commodities	6.3										SACA & SMOH Reports
8.4	8.4 Capacity building(Infrastructure & Personnel)	6.4										SACA & SMOH Reports
8.5	8.5 Public Private Partnership	6.5										SACA & SMOH Reports
978	8.6 Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc)	9.9										SACA & SMOH Reports
6	9 OBJECTIVE #9		Ath	cast 80% of all 1	IIV exposed Ir	fants have acc	ess to early in	fant diagnosis	At least 80% of all HIV exposed Infants have access to early infant diagnosis (EID) services by 2015	2015		
9.1	Scale up of quality PMTCT and EID services	6.1										SACA & SMOH Reports
9.2	9.2 Advocacy/resource mobilization Communication and social mobilization	6.2										SACA & SMOH Reports
9.3	9.3 Ensure regular supply of PMTCT and EID commodities	6.3										SACA & SMOH Reports
46	9.4 Capacity building(Infrastructure & Personnel)	6.4										SACA & SMOH Reports; Report of capacity-building reports
9.5	9.5 Public Private Partnership	6.5										SACA & SMOH Reports
96	9.6 Referral and linkages (adult/paediatric treatment, OVC,RHI/FP etc)	9.9										SACA & SMOH Reports
10	10 OBJECTIVE #10		Ψ	least 80 % of al	I Nigerians hav	e comprehens	ive knowledg	e on HIV and A	At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015	1015		
101	10.1 capacity building											
10.1.1	10.1.1 Train peer educators from the general population in the LK3As	20	90 20	50 200	50 50	90	50 200	0 200	100	100 100		900 Training reports/attendance

6 SACA & SASCP, SMOH Reports

5.4.3

6.4.2 Ensure availability of minimum package of equipment for PMICI at all centres

															lubricants	E
		ndoms	benefit of co	al protection	Se about dut	- Louise	-								Acceleration of any formation (sensorially female condoms) and	1
Activity report	3.			At least 80% of men & women of reproductive age (MWRA) have knowledge the		knowled	WRA) have	ive age (N	f reproduct	women o	of men &	least 80%	٧١		Objection	
		-		_		-									133.1 Document and disseminate best practices on SBCC interventions	13.3.1 [
															Document and disseminate best practices on SBCC interventions	13.3 [
Evaluation report	3 E	-				1	-								Evaluate the communication strategies and approaches being implemented by registered organizations in the state	13.2.1
															13.2 Operations research	13.2
Training report/attendance	I 09	15		15		15	15			15		15			Train at least 60 CSOs from all the 18 LGAs of Ondo state in line with national standards and guidelines for HIV communication by year 2015	13.1.1
															13.1 Capacity building on SBCC	13.1
account report		guidelines	al standard/	At least 80% of registered organisations engaging in HIV communication interventions complying with National standard/guidelines by 2015	s complying	nervention.	unication ir	IV comm	taging in H	uions eng	d organis	of registere	2ast 80% c	ALI	13 OBJECTIVE #13	13
Inventory of SBC materials,	20,000					0				20,000	20,	20,000			1222 Develop appropriate, target-specific SBC materials for MARPS	1222
600 Training report/attendance	L 009	100	100	100	100	100	25	5 25	25 25	100	25	25	25	25	Train peer educators from among sex workers, uniformed men, long distance drivers, injector drug users, IDU and homosexual groups (100 each)	1221
															Develop, and implement relevant culturally appropriate and group specific SBCC oriented programs	122
Activity report	12	2	12	12	N	2	_			2	_		-		12.1.1 Conduct sensitization visits to gatekeepers/identified leaders of the groups	121.1
								6							12.1 Capacity-building	12.1
		behaviour	AIDS related	At least 80% of MARPS reached with group-specific interventions and adopting appropriate HIV and AIDS related behaviour	ıg appropria	nd adoptin	rentions a	secific into	th group-sp	ached wi	MARPS re	181 80% of	At lea		D OBJECTIVE 12	12 (
Activity reports	24 /	4	4	_	_	4	_		-	+	_	-	-	1	Conduct monitoring visits to schools to ensure proper implementation of FLHE in their curricula.	11.4.2
FMOE reports, activity reports	0					0				0					11.4.1 Implement FLHE in all schools	11.4.1 I
	0					0				0					11.4 Operationalize/Strengthen FLHE Curriculum Implementation	11.4
Training report/attendance	. sest				1,128	1,200	300	00 300	300 300	1,200	300 1	300	300	300	Train counsellors and volunteers on HIV issues in schools who will step-down training to in and out of school youth	11.3.1
															11.3 Capacity building for young people, including FLHE issues and life skills	11.3 C
Training reports/attendance	3,000	500	500	500	500	500	5 125	25 125	125 125	500 1	125	125	125	125	Train teachers, service providers and social workers to effectively communicate with and engage young people on HIV and AIDS related issues	11.21 G
															11.2 Capacity-building of service providers, including teachers, health & social workers	11.2 C
Activity reports	22	2	12	2	2	2	-	-		2	1		-		11.1.4 Organize youth ralent hunt programmes with HIV/AIDs as the central theme	11.1.4 C
Activity reports		12	12	12	12	12	3	3	3	12	S3	tua.	(a)	وي	11.1.3 Conduct inter-LGA quiz competitions	11.1.3 C
2214 Activity reports, SOME reports	2,214				<del>1</del> 55	1,050	0 600	50 150	150 150	600	150	150	150	150	11.1.2 Establish HIV and AIDS Clubs in all schools (public and private)	11.1.2 E
40,000 Inventory of SBC materials,		5,000	5,000	5,000	5,000	10,000	0 0	5,000	5,000	10,000 5,1	0 10	5,000		5,000	11.1.1 Develop appropriate SBC materials for segmented groups of young people in the state	11.1.1
															Develop, and implement relevant culturally appropriate and group SBC oriented programs	11.1 P
			chaviour.	At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behaviour.	HIV and Al	ppropriate	adopting a	5-24 years	ng people 1	% of your	At least 80				II OBJECTIVE #II	ш
Medas Lours.	A STATE OF THE PARTY OF THE PAR	1		1	-	0		Section 2		0					10.2.2 Advocacy visit to ODHA	10.2.2

14 Condenger and accordance and contraction of the contraction of th		necessary bosons of		95														
Perplation and key some group, rec- regions group, rec- and group, rec- and group and any some group, rec- and group and surface of health  At I test 80% of AARS are conform constrainty and correctly by 2014 with none-marking printers and levels printers by 2014 with a particle by 2014 with none-marking printers by 2014 with the particle by 2014 with none-marking printers by 2014 with none-marking	11	3 Advocacy, communication and social mobilisation				-	The second section section	-	-	De services and	An act according to	-		1	1	1		
A Least 60% of cancing and make condorma  1156  A Least 60% of control, with troops and surgical ALMAN  A Least 60% of MANE's use condorma consistency by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters  A Least 60% of MANE's use condorma consistency and currectly by 2015 with two marked greaters and currectly and the condorma consistency of the condorma of th	143.1	Conduct mass sensitization programmes for general population and key women groups includes market leaders, religious groups, etc.	nk to 14.2.1														0	
The format and male condorms  156, 156, 156, 156, 156, 156, 156, 156,	. 15	SOBIECTIVE #15		At Is	ast 80% .	of sezural	TAPLE OF	eles & fem	ales use co	ondome ca	pasistead	r and corre	ordy with no	n-regular	partner by	2015.		
A least find and stack and make and make condorms  The least fight of the least of health and stack level and leve	15.1	Promote condom use				-												
At least Both of State level and the level and state level and the	15.1.1	Conduct consistent fingles on radio and television on use of female and male condoms	156	156	156	156							3	624	624	624		es aired
At least 80% of MANE we condoms consistently and convectory by 2015 with non-manufal protester.  At least 80% of MANE we condoms consistently and convectory by 2015 with non-manufal protester.  Condom at horsepose and temporal MANE at 1 1000 1,00	1512	Discribute condoms and SBC materials in local language at the LGA level and state level												0001	1000	1000	28000 Activ	rity report, distribution list
A   A   Least SPV, of MARP's use considerant controllers are controllers are controllers are controllers are controllers are controllers.   A   Least SPV, of MARP's use controllers controllers and temporal MARP's use controllers controllers.   A   Least SPV, of MARP's use controllers controllers.   A   Least SPV, of MARP's use controllers controllers.   A   Least SPV, of MARP's use controllers.   A   Least SPV, of MARP's users.   A   Least SPV, or controllers.   A   Least SPV, or controll	15.2	Promote appropriate operational research																
At least 80% of MARPS use condoms constitently and convexity by 2015 with non-marked parameter.  Condoms at bits special freeds and targeted MARP  and special reads above in LGAs and in 1,000	1521	Surport research to ensure condom compliance to defined standards					0					0		-			1	
Condom at both growth MARP   Condom at both growth and traggered MARP   Condom at both growth and traggered MARP   Condom at both growth and stagered MARP   Condom at both growth and stagered MARP   Condom at both growth and stagered frequency for an all keeds of health and ceptoducire health and ceptoducire health and septoducire security and development partners to onswer an all keeds   Condom at both growth and all keeds   Condom at growth growth and all keeds   Condom at both growth growth growth growth and all keeds   Condom at growth gr	16		At least 80%	of MAR.	PS use co	ndoms c	onsistently	and corre	cdy by 201	5 with non	1-marital	мене						
Secretary at the spots and angle spots MANNP   Secretary Analysis   Secretary Confidence and support MANNP   Secretary Confidence and angle spots angle spots angle spots angle spots angle spots and angle spots angle spots angle spots an	16.1	Promote consistent and correct condom use																
and special meeds related to \$11V/AIDS for 1,000   1,0	16.1.1		2	2	2	2	œ	2			2	- SC	а	71	2	7	24 Activ	vity report
Sheet of the control of the contro	16.1.2	hotspots for manara Print and distribute handbills												2,000	2,000	2,000	14,000 activ	in report
SRH services integrated in HIV ALIDS for SRH services integrated in HIV Prevention programmers at all levels of health and reproductive health and development partners to ensure an all keets at a	16.2	Capacity building for service providers																
SRH services integrated into HIV prevention programmes at all levels by 2015   100   200   100   80   880	16.21	Train service providers on effective communication and special needs related to HIV/AIDS for		90		20	100		90	3		00	001	100	100	100	600 Train	ning report/attendance
Secretary   Secr	17		SRH service		ted into I	HIV prev	ention pro	grammes :	at all levels	s by 2015								
100   100	17.1	Capacity building																
Integrated SRJ service at all levels of health   Integrate drug demand reduction & other substance use control services into 80% of HIV prevention programmes by 2015	17.1.1	Train health care providers at all levels on comprehensive sexual and reproductive health and the importance of integrated service provision	100		100		200		001	)1		00	100	08			580 Trail	ning report/attendance
	17.2	Scale up of integration																
Integrated SRJ1 service at all levels	17.21	Implement integrated service delivery and a functional referral network at all levels of health carefulked to treatment activities to implement a referral network)																
Sink to 4.2.1	17.3	Demand creation for service utilization																
Advocate to policy makers and programmers to implement integrated SRJI service at all levels  Supply of commodities  Supply of commoditie	17.3.1		link to 4.2.1															
Advocate to policy makers and programmers to implement integrated SRI service at all levels of health care Supply of commodities  Supply of commodities  Supply of commodities  Lister and follow up with relevant state stakeholders and development partners to ensure an integrate drug demand reduction & other aubstance use control services into 80% of HIV prevention programmes by 2015  Capacity building  Capacity building	17.4	Advocacy																
Supply of commodities  Listing and clevelopment partners to ensure an lilililililililililililililililililili	174.1	Advocate to policy makers and programmers to implement integrated SRH service at all tevels of health care		-		-	2		-		-	77	2	2	7	2	IZ Act	tivity reports
Listice and follow up with relevant state stakeholders and development partners to ensure an last and collow up with relevant state stakeholders and development partners to ensure an last grade drug demand reduction & other substance use control services into 80% of HIV prevention programmes by 2015  Capacity building.	17.5	Supply of commodities															Ac	rivity report, commodities
	17.5.1		-	-	-	-	7	-	-	-	-	7	7	7	7	7	24 ava	ulable
18.1 Capacity building	18	OBJECTIVE # 18		Int	grate dr.	g deman	d reduction	nn & other	substance	s use conti	rol service	s into 80%	of HIV pre	vention pr	grammes	by 2015		
	18.1	Capacity building																

Conduct mass sensitization programmes for general population and key women groups including professional organizations, market leaders, religious groups, etc.

Prezents on drugs /substance 50 Training for z z ryperson Training for z z z z z z z z z z z z z z z z z z z	86 Training report/attendance	86 Training reports/attendance 1,000,000 Inventory of SBC materials Activity report	20,000 Activity reports	108 Training reports/attendance 120 Training reports/attendance	200 Activity reports  SALA & SMOTT REPORTS.  SALA & SMOTT REPORTS.
100		1,000,0	20,00	10	10,000
100		100,000	y 2015	18	
100		200,000	procedures by 2015	18	
	26 26		nd pue suoj	20 18	
		200,000	At least 80% of all private and public health institutions practicing universal safety precautions and 20,000 20,000 0	18	2,500
	30	250,000 20	niversal sad	82 8	2,500
		25	oracticing u		2
	30	250,000	stitutions	8 8	
			ic health in		2,500
	06 06	8	te and publ	8 00	
		250,000	of all private	18 20 20	5,000
		250,000	20,000	18 20	2,000
	96				
1: 2 days sensitization for 130 persons on drugs /subsensity actual prevention training tor zropersons and all the relevant networks from the 18 LGA.  1: CWN and other relevant networks from the 18 LGA.  1: Compared to the collaboration with tition million SIK materials to address drug abuse. (T-shirr stance abuse into weekly radio and TV programs by the intainers abuse into weekly radio and TV programs by the intainers.  1: Community pharmacist and Parent drugs bon seminars on PHDP for Support group members and in three senatorial district).  1: HAIN Support Groups in the Sate, and 4 HCT.  2: Community pharmacist and Parent drugs.  2: HAIN Support Groups in the Sate, and 4 HCT.		f link to 19,3,2			
18.1.3 deman from NVNETHA, WURTY, NCWS and other retevant in Scale up of integration  18.2 deman from NVNETHA, WURTY, NCWS and other retevant in Scale up of integration  18.2 deman from NVNETHA, WURTY, NCWS and other retevant in MDLEA) into the quarrety cluster group activities.  18.2 demand creation for service utilization  18.3 Demand creation for service utilization  18.4 Develop, produce and distribute one million SIR materials to achieve city. Posters, stickers etc.)  18.4 Descentate information on drug/substance abuse into weekly na Ministry of Information on drug/substance abuse frograms and initiatives.  18.4 Advocacy  18.4.1 Advocacy  18.4.2 Descentinate into the 18.1.G.As.  18.6 Becretor form the custing 14 PLHIV Support Groups in the counselors from the existing 14 PLHIV Support Groups in the counselors from the lessing 14 PLHIV Support Groups in the counselors from the 18.1.G.As on PHDP,	19.2 Scale up of PHDP services  Facilities step-down trainings (by 86 trained persons) to the facility. LGA and Support group  19.3 Demand creation for PHDP services	1 Produce and distribute one million SBC materials to address PHDP services. (Tishirts, Face capes. Posters, safetres, editor, and endito programs by the Ministry of Information.  20 OBJECTIVE #20	Adaptation of policies SACA to adapt and distribute 20,000 copies of Universal Safety Precaution to existing health fabilities in the state. Gapacity building	20.2.1 Train TBA coordinators in the LGA on Universal Safety Precaution (to an turn step-down training to their TBA clusters) 20.2.2 Train birth attendants from mission homes in the LGAs on Universal Safety Precaution 20.2.3 One day sensitization seminars for traditional birth attendants (including birth attendants from mission homes)	Strengthening SBCC SACA to dered p 10,000 target-specific, appropriate (and pictoral) SBC materials to target stading stadii, malibonal barh attendants (including birth attendants in mission homes) National protocol on PEP and health workers injection safety guidelines

2015   Exclusion of Color State Policies and continuous color of its circumstant for LCLs.   2015   Exclusion of Color State Policies and continuous color of its circumstant for LCLs.   2015   Exclusion of Color State Policies and Color of the Color	of and	1,500 1,500 (6,000 review souther to feed of 1,500 (1,500	S state of the sta	\$ 000 \$ 000 s 000 trong protections of the state of the s	3 4,000 10,000 1	3 3 3 1 1,500 Interesting	3 3 1.7 System to service at 2015 require	1,500 6,000  3 3 3 3 18  18  2 18  2 2 3 3 18  3 4 18  4 guidelines by year 2015 requirements should be 15,000 15,000 50,000 50,000	18 Activity reports, incinerators 18 Activity reports, incinerators 15,000 Distribution list 15,000 Distribution list 1 Activity reports 1 Activity reports 15,000 Activity reports
and policy and analyzate tile and de construction of anagement plan, policy and anagement plan, policy and anagement plan, policy and sector on national blood sector on national blood is beautiful the private in a priva	oof and and other transfus of 15,000	6,003 eable forfer(vors(7,00)   15,000   10,000	S,000 constitute or relevant nat consecution or relevant nat control of the control of the contr	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4,000 (10,000)	3 idelines by ye	System Oc Service at 2015 require	15 15 15 15 15 15 15 15 15 15 15 15 15 1	Activity reports, incinerators present  Activity report  Activity reports  Mactivity reports  Mactivity report, inventory of materials
lan, policy and animate tre and the construction of anagement plan, policy and and guidelines at all and guidelines at all and guidelines at all sector on national blood s	of and An Toulous (100 other transfus) odd 15,000	6,000 enible for contract (18.00 15,000	S,000 S S,000 S S,000 S,000 S,000 S,000 S,000 S,000 S S,000 S S,000 S S,000 S S S S	\$,000 \$,000 1000 \$ 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000's and granders	idelines by year	Saran oc Serv	15 15 15 15 15 15 15 15 15 15 15 15 15 1	5 Activity report  1 Activity report  1 Activity reports 5,000 Activity reports 5,000 Activity reports 5,000 Activity reports 6,000 Activity report attendance 7,000 Activity report, inventory of materials
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and guidelines at all and guidelines at all and guidelines at all all health levels health all health levels health sector on national blood sector on national blood set etc) to promote is to health workers at all st to health workers at all is lations and regular in VNRBD issues. D issues. D issues.	and harmonics (two other transfus other transfus odd 15,000	6,503 sable beforessed 7,829, 15,000 10,000	S,000 S S,000 S S,000 S S,000 S S,000 S S,000 S S,000 S S,000 S S,000 S	\$ 5000 tional protector, su transfer controls, su controls of the control of the	0000°1	idelines by ye	in 2015 require	15 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 Activity report  1 Activity reports 5,000 Activity reports 5,000 Activity reports  20 Training report/attendance 30 Training report/attendance 30 Activity report, inventory of materials
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and guidelines at all and guidelines at all health levels health levels health levels health workers at all as to health workers at all islations and regular y VNRBD issues.  D issues.  private).	other transfits other transfits od	15,000   15,000   10,	50 Solution of the second of t	10,000	000'01	idelines by ye	ar 2005 require	remerle should 1	5,000 Activity reports  Training report/attendance  50 Training report/attendance  materials
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all health levels health sector on national blood kers, etc) to proinoite is to health workers at all islations and regular islations and regular iv NNRBD issues.  I) risues.  D issues.	ood 115,000			000'01	000'01	10,000			50 Training report/attendance Activity report, inventory of Activity report, inventory of
Capacity building  Capacity building  Train 50 laboratory scientists/technologist in the public and private sector on national blood transfusion policy and guidelines  Strengthen SBCC to promote VNRBD  Disseminate and distribute 50,000 SBC materials (posters, stickers, etc) to promote Develop produce and distribute 15,000 VNRBD policy and guidelines to health workers at all Ardago troduce and distribute 15,000 VNRBD policy and guidelines to health workers at all Ardago troduce and distribute 15,000 VNRBD policy and guidelines to health workers at all Initiate upstream policy dialogue for enactment of relevant legislations and regular accreditation of blood banking institutions  Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Conduct state wide incidence study in the blood banks(public and private).				90000110000	000'01	10,000			50 Training report/attendance  Activity report, inventory of materials
Train 50 laboratory scientists/technologist in the public and private sector on national blood transfusion policy and guidelines  Strengthen SBCC to promote VNRBD  Develop produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote VNRBD  Disseminate and implement national protocol on VNRBD  Disseminate and distribute 15,000 VNRBD policy and guidelines to health workers at all levels of healthcare in the State  Advocacy  Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.  Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Conduct state wide incidence study in the blood banks(public and private).				10,000	000'01	10,000			Activity report, inventory of materials
Surregular SBCC to promote VNRBD  Develop, produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote VNRBD  Disseminate and implement national protocol on VNRBD  Disseminate and implement national protocol on VNRBD  Disseminate and distribute 15,000 VNRBD policy and guidelines to health workers at all landapt produce and distribute 15,000 VNRBD policy and guidelines to health workers at all Advocacy  Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.  Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Conduct state wide incidence study in the blood banks(public and private).				10,000	10,000	10,000			i0,000 Activity report, inventory of materials
Develop, produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote Develop, produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote Dissentinate and implement national protocol on VNRBD  Mapp, produce and distribute 15,000 VNRBD policy and guidelines to health workers at all Advocacy  Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.  Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Conduct state wide incidence study in the blood banks(public and private).				10,000	10,000	10,000			n, ooo materials
Disseminate and implement national protocol on VNRBD  Adapt, produce and distribute 15,000 VNRBD policy and guidelines to health workers at all levels of healthcare in the State  Advocacy  Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.  Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Operations research with special focus on incidence studies  Conduct state -wide incidence study in the blood banks(public and private).  OBJECTIVE ##22									
Adapt, produce and distribute 15,000 VNRBD policy and guidelines to health workers at all levels of healthcare in the State.  Advocacy  Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.  Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Conduct state wide incidence study in the blood banks(public and private).	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND							STATE OF THE STATE	TOO Dalley downers activity report
Jac		3,000	3,000	3,000	3,000	1,500	1,500	000,1	de ferrar terrarion fano I poeter
ular							,		10 Activity report
ular		7	2	2	2	7	4		
Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.  Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Operations research with special focus on incidence studies  Conduct state -wide incidence study in the blood banks(public and private).  OBJECTIVE #22	ns and regular								30 Activity report
Conduct advocacy visits to the Commissioner of Health on VNRBD issues.  Operations research with special focus on incidence studies  Conduct state—wide incidence study in the blood banks(public and private).  OBJECTIVE #12			ı,	5	S	0	0	2	7 Activity report
	ri.	1 2	-	7	-				
Conduct state wide incidence study in the blood banks(public and private).  OBJECTIVE #22									1 Research findings available
OBJECTIVE #12		ndant nersons (IDUs ar	d non-IDUs) have acce	css to quality preve	ention program	s/services in	accordance wi	th national guid	delines
				by 2015					
22.1 Develop and adapt policies and guidelines									1 con Delieu midelines, activity reports
Adapt, produce and distribute 1,500 copies of existing relevant national policies at the state 1,500		1,500			0				S (and ) pocit
222 Capacity building						:	70		144 Activity reports
22.2.1 Conduct sensitization programs for (144) relevant health providers and Community Health 22.2.1 conserved Workers	ommunity Health	0	36	6		96 8	9	09	360 Activity reports
A 2.2 Conduct gensitization program for relevant NGOs and CBOs personnel		09 09	09	9	09	8	3		

4	22.3 Advocacy				0		87		48	36	36	A		120 Training reports /attendance
22.3.1	(I Conduct advocacy to NDLEA to integrate HIV prevention services into services and according dependent persons													
22.4		17.4.1							•					SACA & SMOH Reports; Report
24.1	Train peer educators (144) from amone the close													activities
24	2 Develop, produce and asset from 1.		36	•	36	36			36	36	36			144 SACA Barrer Const
18	and paste 3,000 informational pictorials in hot spots				-	1 000						0001	000	SALA Reports; SISCE Report
11	22.5 Implement National drug control master plan					1,000			1,000					5,000
1221	Adapt, produce and distribute National Drug Control Master plan													
2					, 0				0					O SACA, NDLEA, NAFDAC
1 2	23.1 Develop and adapt policies and anta att.	At least 80%	At least 80% of traditional medical practioners adopt universal safety precaution by 2015	medical p	actioners ad	opt universal	safety precau	ition by 2015						
33.1.1	Adapt existing mid-line													
	distribute 4,000 copies to TMPs				0	000,								
23.2	Capacity building				9	4,000		7	4,000				4,0	4,000 Policy guidelines; SACA & SMOH Reports
21	23.2.1 Train traditional medical practitioners on universal safety procurious													
3	23.3 Strengthen SBCC		36		36	36			36	36	36			144 SACA & CALOUR
1														Reports
157	posters ere and distribute widely to TMPs				0	2.500								
75	23.4 Promote the use of blood safety commodities					and a		7	2,500	C <sup>2</sup> 7	2,300		5,0	5,000 SACA & SMOH Reports
7	23.4.1 Integrate information on the use of blood safety commodities into resisting for Trans.													
12		unk to 23.2.1												0 SACA & SMOH Reports
1	Adapt national enidelines and a little													
3	to TMPs				0	0000								
7	24 OBJECTIVE #24			000		10,000		10,000	00				10,01	10,000 SACA & SMOH Reports
=	24.1 Review and adapt policies and guidelines			Cast 6076	or nealth fac	lities provide	post-exposu	re prophylax	s (PEP) to r	levant healt	h workers in	line with Na	AN CASE OUT OF BEHINGE PROVICE POST-EXPOSURE PROPHYLAXIS (PEP) to relevant health workers in line with National protocols by 2015	ls by 2015
=	24.1.1 Produce and distribute existing policies and guidelines													
7	242 Capaciry building		2,000		5,000				0				5,00	5,000 Policy guidelines SACA Benner
-	Training of Trainers (TOT) health workers on proper use of post-exposure prophylaxis			081	081	00								
3	243 Strengthen SBCC					2		=	180 180		180		17	720 SACA & SMOH Reports
24.3.1 P	Provision of 15,000 instructional handbills, pictorials		2000											
2 P	243.2 Provision of PEP commodities in at least 1 facility per LGA		non's	9	2,000 5,000	0		5,000	0 2,000				15,00	15,000 S.ACA & SMOH Reports
24.4 D	Disseminate and implement National protocol on PEP and relevant safety guidelines			01	18	+			0					18 Activity reports
Ω	24.4.1 Develop and air media messages			+	-	-								1
ď	24.4.2 Produce and distribute 15,000 copies of guidelines to health workers in each senatorial district			000		-	-			1		7	Z	22 Activity reports
a	24.5 Promote the use of aseptic procedures						7	2,000 2,000	2,000	2,000	2,000	2,000		15,000 Distribution list
-	24.5.1 Implement promotional road shows rallies and Spot demonstrations at strategic points													
H							The second secon	Children of the last of the la	Charles of the last of the las					

-	10			Andreas Services amount shad under service	of the same of the latest and the la								De ministra	P. 2015
2	OBJECTIVE # 1	least 80% of adults (men and women) and all (100%) of children	tulus (men s	nd vomes)	225 all (100°	6) of childre	in (berja aus	garle) here	access to	comprehens	ve quanty	TILL STEEL	(herys and going) have access to comprehensive quanty FIV and ALLO treatment by John	
1.1	Adrocacy			The second second									I Pomod 1	Commal Lie of sealesholders
2111	Somife of some entergrades that can facilizate access to HIV and AIDS services within the public and private sections	77			24				2					
112 Pa	Per serve evins (hy servenes committee) to the stakeholders to secure commitment to increasing access	7	4	and the second	- 53		-		7	7	7	7	32 Activity report	nogn
-														
171	12 Ireming				100	901	-	30	1001	100	100	91	700 Training	Training report/attendance
121 Te	Tran 000 beskip personad in transcent centra in batches: (Doctor, Nunes , Lab scennst, Pharmices, American Commun.) Americace, Medical records, Nunivorsist)	100												
13 D	13 Decentralization and integration			,	9	1	-	3 10	1	61	-		30 SACA.	SACA, SMOH reports
1.3.1 Es	Establish treament services at the PHC level.	2				3	95	-	100	1001	101	101	400 Deploy	400 Deployment letters
132 D	Dealor (30 personnels to treatment centres at all keels.		8				-						SACA	SACA, SMOH reports
	energy de ART services in the existing TB/L programme.	ongoing						00		5		91	300 Activity	Activity report
13.4 D	Distribute copies of Nasional guidelines on ARV to all treatment contres	Sk	S		8			Ř		8				
1. X	Medical commodities and equipments													industries &
14.1	Procure and distribute medical equipments to all existing treatment centers 3 CD4 Count machine, 3 PCR. M machine, 3 PcR				-	-			-	-	-			
142 Pr	Procue & distribute medical compodutes : Rengents, Lancet, count kits, clearing solution, clhow gloves, methylated spirit, buffer, contra word, classer, HGT Kits.		-		-		-			-	-	-	SISMO	SMOH reports
V	position and unreade of physical infrastructure													
2	Troopson and troop		2		-11			-	2				S SAC	SACA, SMOH report
1.5.1 A	Assess and upgrade existing physical structures in the 5 AKI centres in three someone		-	-				-	"		61	2	12 SAC	12 SACA, SMOH report
1.5.2 U	Upgrade ensing structures in 10 health centres of each sensorial district with 1 generator and 1 air condition per health centre													
191	1.6 Public Private Partnerabip								\$	5	8	8	150 Activ	Activity reports
1.6.1 Fe	FOREE collaboration (through visits) with existing private Health Institutions, CSOs, Donor agencies, corporate institutions	,	*	*	8						7	7	24 Meet	24 Meeting reports
162 1	Implement quartedy review meeting with private health facilities, CSOs, Donor agencies , line ministries	-	-	-	*								3	Appropriate to the control of the co
163	Conduct sdocksey (by sdocksey committee) and sentitivation of corporate institutions ( linance industries, oil companies, industries) to engrige them in the public private forum to support comprehensive ART services	-		-	8		•		8	\$	v.	2	3	
171	Laboratory quality system management network												S law	Inventory of equipment
171	17.1 Uronnele the laboratory facilities in the existing ART centres in each senatorial district.			-	-		-				9	5	60 Trai	60 Training report
	The state of the s			10	01			01	10 10	10	2	2		

100 A/O			The second secon	The state of the s	Sandy Street, Square, Spinster, Spin	The second secon	The second secon	THE REAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF	
77.17		-	1		1 1	1	1 1	6 Activity report	port
1.8.1 Datmbure copies of SOP and guidelines to laboratory facilises in all aur									
1.8.2 Conduct supportive supervisory visits to the ART centers	93	90 150		93	8	S		250 Activity reports	ports
1.9 Clinical Pharmacovigilance for ARV.	1 1	-	-	-	,	•	,	24 Monitoring resours	a remouts
.9.1 Create awaretest on tisk office of anti-									
1922 Implements of carrier by distributing pamphlets to health workers, clients, ere		9							
"" ARV drugs				300	200	200	200 200	3000 Activity reports	ports
1.9.3 Provide treatment and referral services for adverse drug reaction	Suic Suic							Surveillance reports	e reports
1.10 Local manufacture of ARVs and other commodities.	Ongoing							SACA, SI	SACA, SMOH reports
1.10.1 Identify berts for Jewa ARV									
1102 Map out local ARV money.	1	,							
1.103 Provide near 6.1.1	1 8 1	1		1	2 1			5 Activity reports	suck
de la contraction plantibon					0			2 Activity reports	orts
The second of the importation of ARV marketals		7			0			2. Activity reports	orts
Link up with research institutes at the state and national levels	Ontochina	-						2 Activity reports	orts
OBJECTIVE#2	0 0 0				0			0 Activity reports	orts
	At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management CO.	n and women) a	nd all children (	(boys and girls)	on ART hav	e access to c	mality mana	1 TO Jonaton	2000
2.1 Training								gement of OIS by	5102
Trans ((V) health removement in measurement of the contract of									
Attendant officer, Medical records, Numiscent J. 9 link up with 1.223	100		100		009				
2.2 Upgrade laboratory infrastructure for OI management					8	100	100	GO Training re	Training report, attendance
221 Renovation and standardisation of existing infrastructure for the management of OIs (link up with 1.5.18; 1.5.2)	151.8.157								
23 Provision of medical commodities, equipment and drugs for Ol management								SACA, SMOH reports	H reports
231 Procurement & demburs the following to be also courses CDA Cours machine, PCR M machine, themsers assumed									
	1.1.4								
Procuments & delabure the following Ragens, Lancet count his cleaning solution, gloves methyland spint, bulfer, cotton work, over all coat planer, HCT Kin (Laik up to sensor 11.4)	1114								
2.2.3 Provine and distribute adequate doses of drugs for OI management	0001 0001 0001	1,000	0.00	14					
24 Implementation of QA/QI for OI management				0 1,000	4,000	ft 0007t	1,000		
24.1 Deembure copies of SOPs and guidelines on QA to laboratory facilizes	01 01	10 40	100						
242 Conduct sepension; visit to ART centres	link to 1.8.2				4	Q.	9	240	
OBJECTIVE#3	Constitution								
the collaboration of HIV /AIDS & TB control programmes at the state	To establish and strengthen TB and HIV/AIDS collaboration in all states and all LGAs by 2015	IB and HIV/A	IDS collaboration	on in all states	and all LGA	s by 2015			
Alta Conduct magainst review meeting of HIV/AIDS /TB Waching Comment.									
3.1.2 Interest formation meeting of HIV/TB working Group at local level in all 18.1.0 to	1 1	•	1 1	-	,	7	+		
	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN			The second second second	Parameter of the land	APPLICATION AND ADDRESS.		24 Meeting reports	2

3	3.2 Training and Capacity Building	THE REPORT OF THE PARTY OF THE				and the second second	-	-		or the power care		1	H			
321	11 Train of 600 bealth personnel on HIV/ TB case management and adherence counselling (link up with 1.2.1)	100			100	100	# ( ) ( ) or	1000		tan	100	100	100	100	T 000	Training report/attendance
3	33 Communities, PLWHIV and PATB involvement											13				
1331	Crear statenes in the community through may media ( paper, federwen, Raho), billboard, handlalls, posten, film show, role-	-	-		m m 1 m m m m m m m m m m m m m m m m m	-			- Pr	4	7	7	7	7	77	Activity reports
33:	3.3.2 (Grant 6 sub-station in areas not contend by the state radio / TV station										-	-	-	-	V 9	Activity reports
	and the second of the second of the second of the second of the second second of	-	-	1-11	-	1	-	A	7	-	- 0	9	9	9	36.	Activity reports
7	Unpercent to a very points at stategy, places when commons is by point present the present of the present to th		-	- marine	-			+	+		-					
3	3.4 Linkages/Integration of Pharmacy and DOTS services			-							+					
341	Collaborar with community plasmacies / plasmacy rechnicians/bospiral phasmacies	-	-	-	3	-		=		7	*	7	7	•		Асвічіў пероп
342	3.4.2 Training of 360 community pharmacy to provide DOT services finit up to activity 4.4.2)	-	-	-	-	7	-	-	-	7	+	7	7	7	2	Training report
343	343 Referral (Provision and Distribution of Referral forms)	(C&S) 42.2														
3.5	Monitoring and Evaluation system									+						
35.1	3.5.1 Dissemination of monitoring tools to all centres	link to M&E								-	+					
352		link to M&E														
4	4 OBJECTIVE # 4	To ensure all TB patients have access to quality and comprehensive HIV and AIDS services by 2015	TB pati	ients ha	ve access	s to quali	y and co	mpreh	ensive F	IIV and	AIDS se	vices by	2015			
4.1	A1 HCT of TB patients															
4.1.1	Train 30) counselbors on TB/HIV infection and prevention	3				3					3	3	93	3	360	Training report/attendance
4.1.2	Pervision of HIV counselling and screening services for TB patients	250	250	250 2	250 1,0	1,000 250	230	230	250	1,000	1,000	1,000	1,000	1,000	(440)	SMOH, SACA reports
42																
421		15,000	15,000 15,	15,000 15,	15,000 60,000	no 15,000	15,000	15,000	15,000	Californ	00000	000'00	coros	coron	360,000	MAJANI SMOH, SACA reports
43	43 Medical commodities and supplies															
131	433 Precure and even distribution of medical commodities for HCT services (link up with activity 4.2.1)	link to 4.2.1														
1.4	ARVS for PLATHIV with active TB															
44.1	4.4.1 Percuement of adequate ARV drugs for PLNIAA with active TB	250	250	250	250 1,0	1,000 250	1 250	250	330	1,000	1,000	1,000	1,000	1,000	6,000	6,000 SMOH, SMCA reports
2	5 OBJECTIVE # 5	To ensure all PLHIV have access	PLHIV	have a	ccess to	to quality and	dwoo pu	rehensi	ve TB s	comprehensive TB services by 2015	y 2015					
5.1	5.1 Intensified case finding of TB															
511	\$11 (Crease awareness on TB infection through radio slot fingles)	8	8	06	8	360 90	06 0	8	8	360	360	360	360	360	2,100	2,160 Activity reports
512	2 (Lease awareness on TB infection through billhouse).	3	2	6	2	51	2	2	6	57		12	1	21	El	Activity reports
513	S Crease araneoness on TB infection through TV stor (singles)	06	8	8	06	360 90	06 0	8	8	360	360	300	360	NO.	7017	Aleta Activity reports
514	51.4 Crease surverses on TB infection through handfulls,.	10,000	10,000,01	10,000 10,	fut 000'01	40,000 10,000	10,000	000'01	noron	ONTOF	000'01	ooror	OX OF		200,000	200,000 Activity reports, inventory of 200, materials

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Section and recitance following anis-TT Lings  2,000  2,00	Contony support for TB and MDR-TB disputed at 1 11111		1	-	•	-	-	1	•		7	7	15/	Activity reports
1	rade at heat 2 laboratories with conjument													
Store through rethind update meralign  1	Provide standard laboratory services in each sensorial district     Pubboratory personnel on TB and Arra-va.		1	-	c		-	-	9				59	SМОН пролз
B in HIV instection through reclusion through reclusion through reclusion upon through reclusion upon through reclusion through reclusio	he points laboratories in the discount of the		10		10	01							S	Training report/attendance
140   1400   1	The standardize of laborators and the standardize of laborators and standardize of laborators.		1		-				-			-	79	Activity reports
197. ZA stain microscope, spanda, universal borifer, alcoho), Lab  198. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, universal borifer, alcoho), Lab  199. A stain microscope, spanda, alcoho), Lab  199. A stain microscope, alcoho), Lab  19	alaxid Preventive therame 6 01 11111				-	-			-		-	1	9	SMOH reports
18b. ZN stain microscope, spanla, universal border, alcohol, Lab         1,000         1,000         2,000         1,000         1,000         4,000 <td>vison of Isoniarial dang for mensural and second</td> <td></td>	vison of Isoniarial dang for mensural and second													
Commonly	dical commodition	2,000		2,000		000	2,000	7				4,000	24,000 S	SMOH reports
Commodities such as contribigat, registrit, 2N stain microscope, spatial, universal bordes, alcohol, Lab   1,000   1	and components													
the analyze dependence effect, drug interaction and retitance following anni-TM drugs 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	une equipmenta and commodities such as centrifugs, resgents, ZN stain microscope, spatula, univeral bostles, alcohol. As cotton wood, mark, gibores.		ALC:		100		0	7	8	1,000		0001	\$ 0007	MOH reports
estentished.  Source of the Public on recognition of alveree effects, drug interactions and resistance following anti-TD drugs  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public on recognition of alveree effects, drug interaction and resistance  Source on the Public	amacovigilance for and-TB drugs													
Notificate Confinencial con anti-Til drogs side effects, drog interaction and relitative         500         1,100         500         500         500         500           In HTV health care delivery sites         500         <	nière health personnel & public on recognision of advene effects , drug interactions and resistance following anti-TD drug ugh facility-based presentations	-	-		-	-	-		,					
In HTV besith care delivery sites,   1,000   5	duce and distribute documents/marenials on anti-TB drugs vide effects, drug interaction and resistance	35	8			3	3						8	scuniy report
versal precautions at HIV health care delivery sites:         Stor	lakecion coanol in HIV bealth care delivery sires.						1				200	005	V 000'+	Activity report
OS	56.1 Provide materials on universal precautions at HIV health care delivery sites	35			3									
075 075 075 075 075 075 075 075 075 075	a care providers in HIV health care delivery sites on infection control						300				900	200	3,000 S	MOH reports
005 005 005 005 005 005	ske daues for PEP.	ar I		DI I	9			10			9	9	240 S	MOH reports
		005				900		STATE STATE			900	900	3,000 S	MOH reports

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	STRATEGIC	Year 1 (2010)		MACON	The House		1563 5 (40)	(44)	Call Service Control and the Ball	and the second second second	(3)				(2015) To	Total	MOV
	INTERVENTIONS	(number)					(number)	-	and the property of the last	AND AND A PERSON NAMED IN COLUMN 2013	9	(ON)	(ON)	(ONT)	(ON)		
	alter Calendary and the contract of the contra	01	03		O4 Total	tal	01 10	02 0	03 04	Ton	-		THE REAL PROPERTY.			100000	
					-	-		100	-	The same of the sa	3/6	30	36	36	36	216	216 Activity reports
1.1.1			36			36		30		-	30	20	00		3		
112	Conduct stakeholders' meetings on planning and decision making (5 ppl per LGA - 1.1.2 PHC Coord, LACA desk officer, community leader, PLP representative, CBO rep) from each of the 18 LGAs		30	93		96	8	09			22	06	06	06	06	340	540 Meeting report/attendance
12								100									
121	Conduct review meetings with stakeholders to assess existing policies on care and support services for PLWHIV. (30 participants) media, CSHAN,NEPWAH, MOJ,CSO,Private org., LACA,Line ministries, Community leaders.			3		3					0	0	0			3	Copies of policies
122					000'9	000'9			·		0	2,500	2,500	2,500		16,000	Activity report
123	for PLL11's (201502).  Disseminate adopted policies for the state on Care and Support services (20,000)  Correction.				000'9	000'9			4,000		4,000	2,500	2,500	2,500	2,500	20,000	20,000 Activity report
1.3			1														
1.3.1			-						-		-					7	Mapping report
132			-						-		-						
133	Development and production of training materials to build capacity of MIDAs and			90	50	100	0		20		90	50	30	0 30	20	350	
133				50	90	100	C		90		90	30	50	0 30	30	350	Training report/attendance
1	services 14 Provision of integrated care and support services to PLWHIV		100														
141	Man PLWHIV through the existing support groups		-								0	-				3	Mapping report
					06	06	0			06	06	90	6	06 06	06	240	540 Training report/attendance
14.3	Monitor and supervise care givers on quality of services (set up monitoring) Monitor and supervise care givers on quality by the committee, tools for the committee of committee committee committee committees.				0		9	S	·s	S	20	30	CI	20 20	30	100	100 SMOH, SACA reports
	etc.)	250	250	250	250	1,000	001 0	001	100	100	1,600					2,600	2,600 Activity reports
14.5	14.4 Provide numbrial support to the provided of PLWHIV (10 per annum from each Train peer educators on positive living for PLWHIV (10 per annum from each 14.5 senatoral 2006)				30	30	0			30	30	30		30 30	0 30	180	180 Training report/attendance
1	2 OBJECTIVE # 2 -50% of PLWHIV / PABA especially women, marginalized and people with special	and people wi	th specia		e linked to	need are linked to IGAs and poverty alleviation programs	overty alle	viation pr	ograms								
2.1	2.1 Advocacy to relevant stakeholders																
2.1.1	Identify and visit Agencies - Wealth Creations Agency, Religious Institutions, Corporate organizations, Oil companies etc (link to advocacy & policy activity 1.9.1)	link to Advocac y 1.9.1		30		21	30		10		01	10		- 01	01 01	-	70 Activity reports
2.2	Capacity building on LGA programs targeted at PLWHIV/PABA especially women, young girls and persons with special needs e.g Physically challenged						0				0						0

2.2.1 Income generation activities - Fashion designing, Furniture making, ICT, Barbing, Catering, Hair dressing etc.				200	200			90	20	95	90	90	90	450 Lie	450 List of trainces
1 than of PLWHIV/PABA on income generating activities (IGA) (150															
22.3 Equip and empower of frained research	18 LGA)			200	200			50	20	20	90	90	90	450 Tr	Training report/attendance
2.3 Recommendation				200	300			05	05	05	20	50	20	450 Ac	Activity report, distribution
					-									SISII	
Map out Government Agencies/Ministries, Philanthropists, Donor agencies, CSOs, (Enk to activity in 4.3.1 in institutional architecture)	Ins	-			-	-			0 -					2 0	Map of potential partners
Conduct advocacy visits (by advocacy committee) to sensitize the identified groups for in Treatment)  in Treatment)	-		02		01			9	9	9	9	9	9	9	
Set up Budget Tracking committee - representatives of CSO, NEPWHAN, CISHAN, 23.3 Community kaders, Religious kaders, NUJ and Conduct 3-day Training (20 ppl) on architecture)	1 In 1.6.3				-			:	2 0	2 -	2 0	3 -	0	3 46	of Activity report
3 OBJECTIVE #3-To improve access to and support to 60% of PLWA, especially women marginalized persons including persons with access to and support to 60% of PLWA, especially women marginalized persons including persons with access to an access to a contract to to a	ially women	marginali	ed persons	including	Dersons with	- library									
3.1 Behaviour change communication					-	a pecial nec	Is Infected with	HIV within	a right base	d approach.					
3.1.1 Development and production of 50,000 printed IEC materials on stigma reduction in local languages	и		20,000		20.000		00000								
3.1.2 Desermination of SBC materials to communities in LGAs - PHC centers, public buildings, value, state hostings are			20.000		00000		10,000		10,000	5,000	5,000	2,000	2,000	50,000 Inv	50,000 Inventroy of SBC materials
3.1.3 Production of jingles on radio and TV in local dialects			17.		20,000		10,000		10,000	2,000	5,000	2,000	5,000	50,000 Ac	50,000 Activity report
D. T			364		364		364		364	364	364	364	364	2,184 Jin	ingles aired
3.1.4 reouse culturally appropriate gender sensitive billboards (50) in indigenous hinguages in major roads and strategic locations in unal and urban areas			53		15		10		01	10	٠,	ın.	5		Activity report
3.1.5 Conduct sensitization meetings and workshops for print and electronic media personnel (150) on stigma reduction.				50	90		25		26	35	30	30		0.00	
3.2 Caapcity building of care providers and PLWHA					c				1	3	7	G		150 Me	150 Meeting report/attendance
Conduct 5 day training of 5 health service providers (Doctors, Nurses, Counselors) on interpersonal skills sites providing HIV/AIDS treatment sites.				06	06		06		0 06	06	96	96	8	0 95	0
3.2.2 Train 500 PLWHA on signa reduction and human rights				130	150		0,5		î						animg teport/attendan
3.3 Policy enforcement							2		0/	0/	70	70	70	500 Tra	500 Training report/attendance
Conduct a review meeting on existing rational HIV policies (link to activity 4.2.1 under policy and advocacy)	link to policy		-		-				0					-	
			2	000001	10,000				0					10000	10 000 Activity
Train law enforcement agents on implementation (link to activity 1.8.1 under policy and advocacy)	policy				0	100			100	100	100	1001	100	500 Te	uviiy report
OBJECTIVE # 4-To improve by 80% effective referral and linkages within and between relevant health	d between rel	evant hea		lities and c	ommunities	s based care	care facilities and communities based care service points								report) attendance
4.1 Advocacy					-	-		-	-						
Conduct mapping to Identify the existing health care facilities and communy based care service points in the 18 LGAs on continous basis over the years.		01			01		01		01	01	10	10	0	00	(A) Manning senore
Conduct advocacy visits to the facilities and service points in the 18 LGAs /2 per LGA			36		36		36		36	36	36	35	92	216 Ace	Activities among
4.2 Networking and collaboration									1			1	2	-10 -10	moder (ma

<del>+</del>	4.3 Institutional and human capacity building	DATE OF THE PARTY					-	-							Total Spring		
43.1				1		-					0					1 Meeting report	
43.	Hold regular quartedy coordinating meetings at 3 senatoral zones to involve 43.2 representatives of the service delivery points - CBOs, HCT, Treatment, Laboratory,			12	12	24	- 27	12	12	12	48	36	36	36	36	216 Meeting reports/attendance	J.Ce
	AKI,					OVC											
	5 OBJECTIVE 5:To create an enabling environment for the legal protection of OVC by 2015.	OVC by 2015			-	-		-	-	-				-			
5.1	5.1 Adrocacy							-	-								
5.1.1	Conduct advocacy to key socio-economic institutions such as NAPEP, NDE, SMOWA, SUBEB, WECA, OSOPADEC on support services for OVC	20	30	30	20	09	99	8	20	20	80	01	01	01	01	200 Activity report	
5.1.2		link to 5.1.1									+						
5.2	Community mobilization and participation																
5.2.1				-		-					0					Terms of reference, Inaugaural meeting report	ganul
5.22				54	54	108	7.	35	25	7.	216	216	216	216	216	1,188 Meeting reports	1
5.3	1GAs 1 Development, revision and implementation of existing legislation and politicy 1 Development, revision and implementation of existing legislation and politicy					0					0					0	
5.3.1	Prepare and adopt memorandum of understanding and Policy guideline between 1 ODSACA, MOE, UBE, and other sectoral players to prioritize and create enabling environment to provide access to basic education of OVC					-					0					1 NOU doucment	
y	OBIECTIVE 6:To provide gender sensitive integrated care and support for 30% of OVC by 2015.	% of OVC	ny 2015.								20 H 10 H						
6.1	1 Capacity building of service providers and OVC												Ī				
6.1.1	Identify and Train 5 service providers in the 18 LGAs (link up with activity 3.2.1 in PLWHA/PABA)	link to 3.2.1												ò		Training report/attendance	900
6.1.2	2 Train Care givers at 2 per 203 wards every 2 years				406	90+					0	901		400		Goods Gamerit 01741	
6.1.3	Conduct training for the OVC community care teams (1 team/LGA) to coordinate and monitoring OVC activities at LGA level.				81	81				81	18	18	18	81	81	108 Training report/attendance	and the same of th
6.2	2 Resource mobilization	IIII KIO															
6.2.1	Faciliate public/private partnership - Map out Government Agencies/Munistres, Philanthropists, Donor agencies and Corporate organizations that can provide Recurres	Instituti															
622	Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fund allocation and follow up action	ink to treatme nt 1.6.3															
623	Conduct 3 day training for relevant stakeholders on Budget tracking (20) to form 3 Committee on budget tracking for the state (link to activities 9.1.1 and 9.2.2 under institutional architecture)									1							

Application of the control of the		6.3 a rocesson of quanty essential services (Education, Health, Shelter, Legal protection, Nutritional, ) OVC.																
Figure the Early to two-restrictions and devices and another containing and devices and another containing part of the containing part of	3	-	_30	30			0+					0	20	. 20	20	0	100 Activity report	
Provide automobial person to 10 benefolds by every the formation in 18 15 GeV and the following the following the following person to the benefolds by every the following the following person to the benefolds by every the following person to the benefold by every the following person to the benefolds by every the following person to the benefolds by every the following person to the benefolds and the following person to the foll	3			1,800	1,800	1,800	7,200	2,500	2,500	2,500	2,500	10,000	10,000	10,000	10,000	10,000	57,200 Scholarship awar	letters
Provision of Production of Production Community University   Production of Production of Production Community University   Production of Production Community University   Production Community University   Production Community Communit	E3	Provide nutritional support to 10 households per ward per annum in 18 LGAs	2,030				2,030				2,030	2,030	2,030	2,030	2,030	2,030	12,180 Distribution list,	ctivity report
Provised by the imministed by physical backglob food) and hathly care services to IIIV vacable by the indicational physical physical backglob food) and hathly care services to IIIV vacable by the indicational physical physical backglob food) and hathly care services to IIIV vacable by the indicational physical physical backglob food) and believes to IVC value and the care physical backglob food by an indicational physical backglob by the indica	9	Provision of Peadiatrics Care and support																
Development of the property	Ž			3	3	09	180	80	80	80	80	320	150	180	200	250	1,280 Distribution list,	ctivity report
Particle	9	Sasc																
Production and description (2000) posterior (ALOX) branchably in Alox (Alox (ALOX) posterior (ALOX) branchably in Alox (Alox	8.5	Develop and disseminate jugles, drama and discussion programs on radio and TV to sensitize the community towards support of OVC (link up with 3.1.3)					0					0					0	
OBJECTIVE 75To pregible cepacity of 10th of Older OVG, households, caregivers and community based infinite respectively to mitigate the impact of OVG expectively controlled and present and continuously and religious baseds on OVG.   Sp. 100   S	6.5	Produce and disseminate printed IEC materials (60,000 posters& 90,000 handbills) in indigenous languages to mobilize community support on OVC				50,000	20,000				20,000	20,000	20,000	20,000	20,000	20,000	150,000 Inventory of SBC	materials
Capacity building			ers and cor	nmunity l	nased initi	atives respi	ectively to m	itigate the	impact o	rovc esp	recially you	ng girls by 2	5100					
Identic and possedoal care givers, community and religious leakers on OVC   100	1																	
Principal detail of the Pump' Lide Enforction shalls e.g. Nigorinism shalls etc.   Principal detail of the Lide Enforction shalls e.g. Nigorinism shalls etc.   Principal detail of the Lide Enforction of the Lide Enforction of the Lide Enforction of the Lide Enforction of the Lide Enforcement	7.1.					06	06					0	06		90		270 Training reports	
Support Income generating activities         Support Income generating activities         50	7.1.	2 Train older OVC on Family Life Education skills e.g Negotiation skills etc					0				06	90		90		06	270 Training reports	
Train older OVC & Household are givers in ICA on shalls such as Pachion  Legisgueg, Sup making, Batching, Haidressung, Carpentary, clohmaking, new dye  Empower trained OVC and Household care givers in ICA on shalls such as Pachion  Object TVE & To establish functional gender-responsive coordinating mechanism by 2015  Depth of the Charge of public processing and the coordinating mechanism by 2015  Intervention of the Charge public of public processing and the coordination of the Charge public processing and the coordination  Conduct a shade of public processing gender-responsive coordination  Seath of the Charge public processing gender-responsive coordination  Enablish and/or strengthen existing gender-responsive coordination  Seath of the Charge public processing gender-responsive coordination  Seath of the Charge public public processing gender-responsive coordination  Seath of the Charge public public processing gender-responsive coordination  Seath of the Charge public public processing gender-responsive management information system  Enablish and considered the gender-responsive management information system  Seath of the Charge public public processing gender-responsive management information asystem  Seath of the Grand of the Charge public pu	7.																	
Empower trained ONC and Household cire givets   78	7.2		90	99	90	90	200				20	90	50	50	50	90	450 Training reports	
OBJECTIVE &To establish functional gender-responsive coordinating mechanism by 2015  Intervention of Conduct above to be believe the condination of the 18 LCAs to a stable for the condination and religious condination  Seablish committee on gender responsive coordination  Establish and one gender responsive coordination  Standards and train basedobd care given, service providers, community and religious in the total conductive or gender responsive coordination and religious in the total care gender responsive entriences are and finals about the coordination are gender responsive entriences are active to the 18 LCAs to a given services and care gender responsive coordination and religious in the total care gender responsive entriences are conducted to the 18 LCAs to a given service growlers, community and religious into the care gender responsive management information system  Establish functional gender responsive management information system  Establish a Committee to monitor the gender responsive management information system  1	7.2	2 Empower trained OVC and Household care givers				78	78				78	78	78	78	78	03		wentory
Intercencion It Capacity building of poky makers, decision makers and program planters  Conduct 3 day Workshop for poky makers, decision makers and program planters  Or conduct a day Workshop for poky makers decision makers and program planters  Conduct 3 day Workshop for poky makers decision makers on OVC naturateranting  Conduct 3 day Workshop for poky makers and program planters  Conduct a day Workshop for poky makers on OVC naturateranting  Conduct 3 day Workshop for poky makers on OVC naturateranting in the to 3.21  Establish and or strengthen existing gender- responsive coordination  Structures  Establish decision makers on OVC support services (link to 3.2.1)  Identify and train bousehold care givers, service from unity and religious link to 7.1.1  Catablish functional gender- responsive management information system  Establish functional gender- responsive management information  1   0   0   0   0   0   0   0   0   0		8 OBJECTIVE & To establish functional gender-responsive coordinating mechan	nism by 201.	2														
Conduct a 3 day Wockshop for policy makers decision makers and program planners  on gender - naninteraning  Conduct advocacy to policy makers decision makers and program planners  Conduct advocacy to policy makers on OVC mainstreaming in  State activities and decision makers on OVC mainstreaming in  State advocacy to policy makers and decision makers on OVC mainstreaming in  State advocacy to policy makers and decision makers on OVC mainstreaming in  State advocacy to policy makers and decision makers on OVC mainstreaming in  State advocacy to policy makers and decision makers on OVC mainstreaming in  State advocacy to policy makers and decision makers on OVC mainstreaming in the to 3.2.1  State advocacy to policy makers and decision makers on OVC mainstreaming in the to 3.2.1  Identify and train bousehold care givers, service providers, community and religious link to 7.1.1  State up with 5.2.1)  State up with 5.2.1  S	d																	
Conduct advocacy to policy makers and decision makers on OVC mainstreaming in state activities and funds adveation  Establish and/or strengthen existing gender responsive coordination  Establish and/or strengthen existing gender responsive structures at each of the 18 LGAs to invoke the LG desk officers and CBOs to coordinate and monitor OVC activities (link to 5.2.1 ink to 7.1.1 0  Establish and crain bousehold care givens, service providers, community and religious lenders on gender responsive management information system  Establish functional gender- responsive management information system  Establish a Committee to monitor the gender responsive management information system  1	81.				100	100	200				50	50	90	90	50	50	400 Training report/	ittendance
Establish and/or strengthen existing gender- responsive coordination     Establish and/or strengthen existing gender- responsive coordination     Establish committee on gender responsive struteures at each of the 18 LGAs to involve the LG desk officers and CBOs to coordinate and monitor OVC activities     Establish committee on gender responsive management information system     Establish functional gender responsive management information system     Establish a Committee to monitor the gender responsive management information     Institute the gender responsive management information system     Institute the gender responsive management information     Institute the gender responsive management     Institute the gender responsive management     Institute the gender responsive management     In	8.1.				100	100	200				50	90	90	50	90	96	400 Activity report	
Establish committee on gender responsive strutcures at each of the 18 LG.As to involve the LG desk officers and CBOs to coordinate and monitor OVC activities ( link to 5.2.1	ø												The same of the sa					
Identify and train bousehold care givers, service providers, community and religious link to 7.1.1  Establish functional gender responsive management information system  Establish a Committee to monitor the gender responsive management information assemble to monitor the gender responsive management information is system.	3	Establish committee on gender responsive structures at each of the 18 LGAs to involve the LG desk officers and CBOs to coordinate and monitor OVC activities (first up with $5.2.1$ )	link to 5.2.1				0					0					0	
Establish functional gender- responsive management information system  Establish a Committee to monitor the gender responsive management information  1  1  1	823	Identify and train household care givers, service providers, community and religious leaders on gender - responsivenesss in OVC support services ( link up with 7.1.1)	link to 7.1.1				0					0					0	
Establish a Committee to monitor the gender responsive management information 1 1 1 1	8	Establish functional gender- responsive management information system																
	8.3.1			-			-					0					Activity report, t	srms of

NEW INTERVENTIONS	Store St						THE REAL PROPERTY.									
OBJECTIVE #1   Capacity Building   Capacity		OT A CATALOGUE AND A CATALOGUE		YEAR	1			YEA	IR 2		YR	10000		YR6	TOTAL	MOV
OBJECTIVE #1  Capacity Building		KEY INTERVENTIONS		Minnh	1			(Nun	uber)							
OBJECTIVE #1  Capacity building on linkage between HIV and human rights for people from the analysis of HIV and human rights for people from the analysis of HIV and human rights for people from the analysis of HIV and human rights for people from the analysis of HIV and human rights for people from the analysis of HIV HIV and human rights for people from the analysis of HIV HIV and HIV a				quin NI)			_				-		-			
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Enterment of law protecting the cycles of O through and O thrown of all key subtrobled of Constants as state of the cycles of th	1.1										-					1 Law available
Consistence a time acide decreases with representation of all key arkeholder and ADS states of the case of the cas	11						0				-					
All MIDS and a decision projects and adversary needs to be been decisive advocacy team of effective advocacy team of effective advocacy team of effective advocacy team of every one of the effective and order television, fixed to a decision of the effective and order television, fixed to a decision of the effective and commitment.  The effective implementation of anti-stigma law.  The effective implementation line provided free legal services to Problementation and adversarian provided free legal services to Problementation and adversarian law.  The effective implementation in the provision of line law.  The effective implementation is the provision of line law.  The effective implementation is the effective law.  The effective implementation is the provision of line law.  The effective implementation is the effective law.  The effective implementation is the effective law.  The effec	112	Constitute a state-wide advocacy team with representation of all key stakeholder groups to drive the advocacy processes/activities in the state related to HIV and	9				9				0					40 Activity reports 40 Training reports/attendance
Advocated visition for eights of PLWHV (dots and ableviers)  Advocated visition in the training workshop for the rather stableholder to add exercise and create awareness on the rights of PLWHIV (dots and ableviers)  Advocated visit to have make a policy makers and other relevant stableholder to a facility of the rights of PLWHIV (dots and ableviers)  Leaf their supports to the written of the relevant stableholder to a facility of the relevant stableholder to the	,	AIDS issues		40			0+				0					A Company of the Comp
Advocacy visit to law makers policy makers and other relevant stakeholder to 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3	Sensitize and create awareness on the rights of PLWHA in Television, Radio	900		0006	006								000		008'0
Train law enforcement against on the need to enforce the anti-vigina law.  Train law enforcement against on the need to enforce the anti-vigina law.  Conduct a training workshop for the pulsiany and office of public defender on  the effective emplementation of anti-vigina and Human Right CSOs  Capacity building to NHRC, Legal Aid Council and Human Right CSOs  man NHRC personnel, legal and personnel and CSOs on human rights on HIV  and AIDS.  Train NHRC personnel, legal and personnel and CSOs on human rights on HIV  and AIDS.  Train NHRC personnel, legal and personnel and CSOs on human rights on HIV  and AIDS.  Train NHRC personnel, legal and personnel and CSOs on human rights on HIV  and AIDS.  Train NHRC personnel, legal and personnel and Human rights (sieferts, posters) handbills,  and AIDS.  Train NHRC personnel legal and adventisement on human rights, and adventisement on human rights and adventisement of human rights (sieferts, posters) handbills,  train large and alternation programmes on HIV and AIDS and Human  Train large and alternation programmes on HIV and AIDS and Human  Strengthen integers between the Office of the Public Defender  Implement a beanand form here of provide free legal services and PLWHIN  Train large and the provision of legal services and PLWHIA  Train large between the Office of the Public Defender  Train large and the provision of legal services and PLWHIA  Train large and the provision of legal services and PLWHIA  Train large and the provision of legal services and PLWHIA  Train large and the provision of legal services and PLWHIA  Train large and the provision of legal services and PLWHIA  Train large and the provision of legal services and PLWHIA  Train large and the provision of legal services and PLWHIA  Train large and train large and the provision of legal services and PLWHIA  Train large and train large and the provision of legal services and PLWHIA  Train large and train large and train large and PLWHIA  Train large and train large and PLWHIA  Train large and train large	1.15	AND PROPERTY.		1	-		71				0					2 Activity reports
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Capacity building for NHRC, Legal Aid Council and Human Right CSOs on human rights and HUV and AIDS on human rights and HUV and AIDS on human rights and HUV and AIDS on human rights on HUV and AIDS on human rights and personnel and CSOs on human rights on HUV and AIDS and AIDS builtie clucation on human rights, rights based programming and channels to access justice, seek redress in instances of violation Cheelop SBC and BCC materials on human rights (stickers, posters, handbills, beelop SBC and BCC materials on human rights (stickers, posters, handbills, channels to access justice, seek redress for violation on ink to 1.1.4  Timplement ado and television programmes on HIV and AIDS and Human implement ado and television programmes on HIV and AIDS and Human  Rights including channels to seek redress to PLWHIV  Strengthen linkages between NACA, SACA, LACA, NEPWHAN and Strengthen linkages between the Office of the Public Defender (OPD), relevant stakeholders in the provision of legil services and PLWHIA (OPD), relevant stakeholders in the provision of legil services and PLWHIA	1.1.7	Conduct a training workshop for the judiciary and office of public defender on					0		100		100					100 Training reports/attendance
Train NHRC personnel, legal aid personnel and CSOs on human rights on HIV and AIDS.  Public education on human rights, rights based programming and channels to access justice, seek redress in instances of violation  Develop SBC and BCC materials on human rights (stickers, posters, handbills, 30,000)  Develop SBC and BCC materials on human rights (stickers, posters, handbills, 30,000)  Implement addo and television programmes on HIV and AIDS and Human  Implement addo and television programmes on HIV and AIDS and Human  Implement addo and television programmes on HIV and AIDS and Human  Strengthen linkages between NACA, SACA, LACA,NEPWHAN and  Strengthen linkages between the Office of the Public Defender  Implement a bisannul forum between the Office of the Public Defender  (OPD), redevant stakkholders in the provision of legal services and PLWHA  Implement a bisannul forum between the Office of the Public Defender  (OPD), redevant stakkholders in the provision of legal services and PLWHA	12															
Public education on human rights, rights based programming and channels to access justice, seek redress in instances of violation  Develop SBC and BCC materials on human rights (siekers, posters, handbills, 30,000  Each Taplement radio and television jingles and advertisement on human rights on the control of the contro	121			50		30	80		30		30		1 H 5 1			110 Training reports/attendance
Develop SBC and BCC materials on human rights (stickers, posters, handbills, 30,000)  Etc.)  Timplement radio and television jingles and advertisement on human rights on 11.14  HIV and AIDS and rights issues and channels to seek redress for violation on fink to 1.1.14  Implement radio and television programmes on HIV and AIDS and Human  Rights including channels to seek redress  Strengthen linkages between NACA, SACA, LACA, NEPWHAN and Strengthen linkages between NACA, SACA, LACA, NEPWHIV  NHRC, Human rights CSOs etc to provide free legal services to PLWHIV  Implement a bis-annual forum between the Office of the Public Defender  Implement a bis-annual forum between the Office of the Public Defender  Implement a bis-annual forum between the Office of the Public Defender  OPD), relevant stakeholders in the provision of legal services and PLWHA	1.3															
Implement radio and television jingles and advertisement on human rights on ink to 1.1.4  HIV and AIDS and rights issues and channels to seek redress for violation on ink to 1.1.4  HIV and AIDS and rights issues and channels to seek redress for violation on HIV and AIDS and Human  Rights including channels to seek redress  Strengthen linkages between NACA, SACA, LACA,NEPWHAN and Strengthen linkages between NACA, SACA, LACA,NEPWHAN and NHRC, Human rights CSOs etc to provide free legal services to PLWHIV.  Implement a birannual forum between the Office of the Public Defender Implement a birannual forum between the Office of the Public Defender Implement a birannual forum between the Office of the Public Defender Implement a birannual forum between the Office of the Public Defender Implement a birannual forum between the Office of the Public Defender Implement a birannual forum between the Office of the Public Defender Implement stakeholders in the provision of legal services and PIWHA	1.3.1		30,000				30,000				0					90,000 Activity report, inventory of mate
Implement radio and television programmes on HIV and AIDS and Human Implement radio and television programmes on HIV and AIDS and Human Implement radio and television programmes on HIV and AIDS and Human Strengthen linkages between NACA, SACA, LACA, NEFWHAN and Strengthen linkages between NACA, SACA, LACA, NEFWHAN and NHRC, Human rights CSOs etc to provide free legal services to PLWHIV Implement a bis annual forum between the Office of the Public Defender Implement a bis annual forum between the Office of the Public Defender (OPD), relevant stakeholders in the provision of legal services and PLWHA (OPD), relevant stakeholders in the provision of legal services	1.3.2		ink to 1.1.4				0				0					0
Strengthen linkages between NACA, SACA, LACA,NEPWHAN and NHRC, Human rights CSOs etc to provide free legal services to PLWHIV.  NHRC, Human rights CSOs etc to provide free legal services to PLWHIV.  Implement a bi-annual forum between the Office of the Public Defender.  In provision of legal services and PLWHIA.  (OPD), relevant stackploders in the provision of legal services and PLWHIA.		Implement radio and television programmes on HIV and AIDS and Human Rights including channels to seek redress			-	-	61		-	-	C1	CI	(1	CI	01	12 Programmes aired
Implement a bisannual forum between the Office of the Public Defender  1 1 2 2 1 1 2 2 1 2 2 1 2 2 2 2 2 2 2	1 2															
	4	Implement a bi-annual forum between the Office of the Public Defender (OPD), televant stakeholders in the provision of legal services and PLWHA		-		-	71	71	-		3	-	(1)			8 Activity reports

	1.4.2 Oganise training workshop for PLWHIV,OPD and NHRC personnel to enhance access to free legal services.									-	-		
	Establish and strengthen linkages/referrals between PLWHIV, support for PLWHIV, support for PLWHIV.				0	90		30				30 Training reports/attendance	псе
	Support monthly meetings between PLWHIV support groups and all stakeholders involved in the provision of economic empowerment.		4	7	4	4	7	15	12	51	51	Meeting reports, Reports of PLWHA 76 accessing economic empowerment	of PLWHA
	NAME OF TAXABLE PARTY.		-	1	1	1 1	-	7	4	7	7	23 Meeting reports	
	1.6 Public education on human rights for specific settings i.e. health, education, religious places, workplace, etc.				0			0				0	
-	1.6.1 Develop appropriate, setting specific SBC materials	10,000		10,000	2							fo ooo 1	
1	1.6.2 Design and implement media advocacy programmes through Radio and Television.	link tol.3.3										inventory of materials, activity reports	tivity reports
	Painting shops, vehicles and building of willing donors with HIV AND AIDS messages as a channel of public education		30		30		0					30	
	1.7 Advocacy for the passage of Anti-discrimination Bill at all levels												
-	1.7.1 Conduct sensitization on the passage of Anti-discrimination Bill in 18LGAs		-		-		0						
1.	1.7.2 Conduct sensitization on the passage of Anti-discrimination Bill at the state level.		-									Activity reports	
	Sensitization of members of the judiciary and law enforcement agencies on the rights of PLWHA											1 Activity reports	
1.8	Organise workshop for representatives of law enforcement agencies and the indicary on the rights of PLWHA				0	9	3		9				
	1.9 Advocacy to relevant Government Agencies for gender responsive economic empowerment for PLWHIV.								¥		9	120 Activity report/attendance	
1.9.1	Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women 2.1 Affairs of the need to promote gender equality in their economic empowerment policy programme for PLWHIV.		7		-		0					4 Activity oncores	
	OBJECTIVE #2												
	Advocacy				An equitable i	An equitable increase in participation of PLWHIV in decision making processes at all levels	icipation of I	LWHIV in	decision n	aking proc	esses at all le	vels	
61	Advocacy for greater and meaningful gender-responsive inclusion of PLWHIV in HIV response in Ondo State												
21.	21.1 Ensure representation of PLWHIV in LACAs		1										
22	Promote affirmative action for economic empowerment and other opportunities for PLWHIV.						0					1 Activity reports	
22.1	Engure and monitor the various economic empowerment opportunities created by the various agencies for PLWHIV.	link to 1.51 & 1.5.2	2	0			0					0	
De Coloredo		A STATE OF THE PARTY OF THE PAR			-	-			STATE OF THE PARTY		The latest designation of	Control of the Contro	The second second

Conduct training workshop for PLWHIV networks and support groups in decision making process.	30	30 30		30 30 30	30 30	180 Training report/attendance	
OBJECTIVE#3:	To advocate for the progressive increase in funding HIV/AIDS response at all levels of government	e increase in funding HIV//	AIDS response at all levels	of government			
Advocacy			The second secon				
Advocacy for the institutionalization of SACAs and LACAs for improved 3.1 hard-parary allocation and release.							
3.1.1 Committee on HIV and AIDS to 2gency status through legislative backing.	2	2		0		2 Activity report	
3.2 Advocacy for sustained political leadership and support at all levels.							
3.2.1 Organise leadership training for political office holders.	30	30 30		30		60 Training report/attendance	
Capacity Building							
Training workshop for transparency and accountability in HIV response in partnership with the private sector, media, PLWHIV and CSOs.							
3.3.1 Train and re-train representatives of private sectors media, PLWHIV and CSOs in transparency and accountability.		0 30		30 5 30	30 30	120 Training report/attendance	
3.4 Promote Public Private Partnerships.							
Conduct a sensitization for members of the private-public partnership forum to 3.4.1 increase awareness of the role of the private sector in funding the HIV response	50	90		0		50 Activity report/attendance	
Policy							
Develop a policy framework on donor funding co-ordination on HIV and							
3.5.1 Develop a state policy framework on donor co-ordination.		0	-	-		Policy document on donor coordination	
OBJECTIVE #4		Ensure compliance with existing guidelines on ethical standards on HIV/AIDS	cisting guidelines on ethic	cal standards on HIV	/AIDS		
Capacity Building							
4.1 Strengthening of state research ethical boards/committees.							
41.1 Constitute/strengthen state research ethics committees in relevant institutions		0	-			2 Report of committee activities	8
4.1.2 Support production of annotated bibliographic of HIV and AIDS in Ondo State.		0		0		1 Bibliography available	
4.13 Host a state by annual conference for state research stakeholders on research ethics issues and best practices		0		1 1		2 Conference reports	

	A22 Strengthening compliance with human rights guidelines with regard to mandatory testing and discrimination against PLWHIV at all institutions											
न					0		0	-			Activity reports, policy instruments available	
423	Organise training workshop for various stakeholders for strengthening compliance with human rights guidelines and laws protecting PLWHIV from discrimination and stigmatization.				0		0	05		. 05	50 Training reports/attendance	
433	Strengthen the state assembly response on HIV and AIDS by building capacity of Legislators at State and LGA levels on issues requiring new laws such as: workplace, insurance coverage for PLWHIV, and guidelines regarding testing and auti-discrimination law.		05		95	20	05			100.	100 Activity reports	
4	Capacity building and dissemination of ethical and research standards and policies at all levels.											
43.1	Organise training workshops for existing research institutions on research ethics and policies			30	30		0			30	Training reports/attendance	
432	Develop a state specific HIV and AIDS treatment interventions operational research agenda.				0 1		1			1	Research agenda	
£53	Disseminate information on new HIV prevention, care and treatment rechnologies.	link to 4.1.3			0		0			0	0 Activity reports	
+3.4	Support existing research networks and create new relevant learning and research networks to meet bi-annually	link to 4.1.3			0		0			0	0 Activity reports	
44	Capacity building and advocacy to health professional bodies, labour 4 unions, employers, legislators, educational institutions, media and Faith-based bodies on ethics, human rights and HIV and AIDS.											
144	Organise training workshop for CSOs and media on ethics, human rights and HIV			0†	9		0			04	40 Training reports/attendance	
442	Organise a workshop for health workers on ethics, human rights and HIV and AIDS		9		9		9	9		120	120 Training reports/attendance	
++3	Organise training workshop for registered affiliated unions e.g. NLC,TUC and employees		30		30		0			30	30 Training reports/attendance	
++	4.4.4 Conduct a workshop for members of House of Assembly				0	30	30			30	30 Training reports/attendance	
++5	organise a workertop for aminimistrators or concated in transferons registration is schools counsellors, principals of secondary and counsellors and tertiary				0		5	100	100	200	200 Training reports/attendance	
							and or man was a few				0	

	O LO CALLO CALLO	Year 1	Year 2			_	
	INTERVENTIONS	(number)	(number)	(number (number	ber (number	(number Total	MOV
		O1   O3   O4   Total	Q1  Q2  Q3  Q4  Total				
		281	Institutional Arrangement and Coordination Machanism				
			Section of the sectio	spectively streng	thened		
	Objective 1: SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral PLFS / Fall S as state and the sensitive sustainable and the sensitive sustainable and the sensitive sustainable sustainab	sustainable and gender-sensitive and age-respons	sive multi-sectoral rule / rate of a state and record	Special series	-		
П	1 Institutional Capacity assessment						
111	Assess the existing organisational, infrastructural, personnel and 1.1.1 equipment audit of SACAs and LACAs	1 0 0 0		0			1 Assessment report
71	1.2 Development of Capacity building plan				1		1 Capacity
121	1.2.1 Develop a capacity building plan for SACA and LACAs	1 0 0 0		0			development plan
7	1.3 Establish and strengthen all LACAs	3					Meeting reports,
1.3.1	Strengthen all LACAs to meet regulady	0 1 1 1	3 1 1 1 1 1	7	7	7	activity reports
1.4	Advocacy to policy makers to upgrade SACAs to agencies						2 Activity report
1.4.1	1.4.1 Conduct an advocacy visit to the Executive Governor	0 1 0 1	2	0			2 Activity report
142	1.4.2 Conduct advocacy to the Legislators	0 1 0 1	2	0			1 Activity report
1.43	1.4.3 Conduct a sensitization for all stakeholders on the importance of upg	0 1 0 0		0			
11	Capacity building in program management and coordination 1.5 or SACA, LACA						Training
1.5.1		0 0 1 0		0			report/attendance
1.5.2		0 0 1		0			1 Activity report
77	1.6 Convene regular coordination meeting of SACA, LACA						Meeting
1.6.1	Convene regular quarterly meeting of SACA and LACA		1 1 1 1	4	4	4	report/attendance
1.7	Restablish gender-management system at all levels						
1.7.1	Conduct advocacy to policy makers for minimum of 50%  1 participation of women in HIV/AIDS program	0 0 1 0		0			1 Activity report
1.7.2	Adopt guidelines for mainstreaming HIV/AIDS and gender into poverty reduction programmes	0 0 0		0.			1 Minutes of meeting
	2 OBJECTIVE 2: Strengthened coordination mechanisms of development partners at		all levels, state and local government to harmonize support to the state response.	onse.			
2	2.1 Create Partnership forum						
		Cond School Charles along	19 1910 - 010c) acla sistematical				

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Consider goals a monal meeting with development patterns   0   1   0   0   1   1   1   1   1   1		Conduct meetings with development partners														
Concluder quarterly ETC0 meetings	72	21 Conduct regular annual meetings with development partners	0	-	C							-				ing
Concluder regular, quartrey ETC meetings   1   1   1   4   4   4   5   5	7	2.3 Conduct quarterly ETG meetings				9		0		9	5	-				rt/attendance
Strengthen to Standard servery ETC movings   1   1   1   1   1   1   1   1   1	23	I Comment														
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Stocks and map all CSO, in the rate   1		9			Strength	ened coor	dination me	chanisms of	CSO at all	levels						
Supple and map all COO is the same  backed per capacity of CGEs to coordinate their activities through  changes against meeting of SACA, and CSOs  Contracts quarrely meeting of SACA, and CSOs  through and itsie with doors agencies, private sectors and contracts and contracts and contracts and contracts and contracts and contracts.  The contracts are activities of CSOs  through and itsie with doors agencies, private sectors and contracts and contr	4															
Biglid the capacity of CGEs to coordinate their servicies through   0   1   0   0   1   1   1   1   1   1	31.		-	0	6	9						-				
Develop/versite framework for SACA-CASO partnership  Ensure the registration of all CSOs verking on HIV with SACA and CSOs.  Beauty and liste with Ground CSOs verking on HIV with SACA and o  Abobilite for an interpretation of CSOs verking on HIV with SACA and o  Boal government programmers  Abobilite for an interpretation of CSOs verking on HIV with SACA and o  Boal government programmers	31.2		0	-	5 6	0 0						0 0				Pping report
Develop (verise framework for SACA-CSO partnership  Ensure the regienzation of all CSO, working on HIV with SACA and 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31.2	3 Convene quartedy meeting of SACA and CSOs													LOCAL BUILDING	rt/attendance
Examete the registration of all CNOs working on HIV with SACA and   0   1   0   1   0   1   1   1   1   1	3.2	2 Develop/revise framework for SACA-CSO partnership		-			7		-		-	-		4		eting reports
Mobilise funding for collaborative activities of CSOs   Collaborative activities of CSOs   Collaborative activities of CSOs   Collaborative activities of CSOs   Collaborative activities   CSOs	321		0	-		0										
Identify and laise with cloner agencies, private sector and phalanchopeia.  Provide strategic framework for all CNOs into state and polyage meteral more unit and leaves and strategic framework for all CNOs to follow in line with state polyage strategic framework for all CNOs to follow in line with state polyage strategic framework for all CNOs are conjected and implement a comprehensive and participatory MkE	33	Mobilise funding for collaborative activities of CSOs	,									0			1 Regis	tration list
Provide strategic framework for all CSOs into state and policy framework for all CSOs into state and policy strategic framework for all CSOs to follow in line with state policy strategic framework for all CSOs activities   1	33.1															
Provide strategic framework for all CNOs to follow in line with state   1			0	0	0	-	-					0				ity report
Polysie strategy framework for all CNOs to follow in line with state  Institute mechanism for monitoring CSO activities  Institute mechanism for monitoring CSO activities  Institute mechanism for monitoring CSO activities  Develop and injection is a comprehensive and participatory MkE  Institute mechanism for monitoring CSO activities  Develop and injection is a comprehensive and participatory MkE  Institute mechanism for monitoring CSO activities  Institute mechanism for monitoring CSO activities  Develop and injection is a comprehensive and participatory MkE  Institute mechanism for MkE activities  Develop and injection is and fortest a  Institute mechanism for monitoring CSO activities  Develop and injection is and fortest an	2															
Develop and implement a comprehensive and participatory Mokel   Make	341		1				-					0				rvation
Develop and implement a comprehensive and participatory M&E   M&E	3.5	and the latest terminal to the latest terminal t														
Institute functional M&E officers by all CSOs and create a budgetary allocation for M&E activities  OBJECTIVE 4: Strengthened coordination mechanism for public-private sector partnership at all level  Establish a public-private forum  Convene regular meeting of the forums  I 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	35.1	Develop and implement a comprehensive and participatory M&E plan (link to M&E 1.2.1)	5 M	0	0	0	0								d	
Establish public-private forum  Establish a public-private forum  Convene regular meeting of the forums  Convene quarterly meeting of the forums  Mobilise funding for public-private partnership activities  Mobilise funding for public-private partnership activities  I	352	Institute functional M&E officers by all CNOs and create a budgetary allocation for M&E activities		-			-					0			Lette	rvation r of
Establish public-private forum  Establish a public-private forum  Convene regular meeting of the forums  Convene quarterity meeting of the forum  1 1 1 1 4 1 1 1 4 4 4 4 4 4 4 4 4 4 4	**		BJECTIVI	E 4: Stren	gthened	oordinatio	n mechanis	im for public	2-Drivate se	Ctor party	le de la				cmpl	oyment
Convene regular meeting of the forums  Convene quarterly meeting of the forum  Mobilise funding for public-private partnership activities  I	17										a la dine a la d	Level				
Convene regular meeting of the forums  Convene quarterly meeting of the forum  1 1 1 4 1 1 1 4 4 4 4 4 4 4 24  Mobilise funding for public-private partnership activities  1 1 1 1 1 1 1 24 1 4 4 4 4 4 4 4 4 4 4 4			-				-		-						Activ	the second
Convene quarterly meeting of the forum  Mobilise funding for public-private partnership activities  Identify and laise with donor agencies and private sector	42							+	-		1	0			1 terms	ity report,
Mobilise funding for public-private partnership activities  Identify and listice with donor agencies and private sector	421	Convene quarterly meeting of the forum	1	-	-	-	4	-	1	-	-				Meet	Ju.
Identify and linise with donor agencies and private sector	+3	Mobilise funding for public-private parmership activities												•		ts/attendance
	43.1	Identify and laise with donor agencies and private sector		1			-									

4.4	Strengthen mechanism for integrating private sector					100							A criminal A	10000	
441	441 France representation of private sector on board of SACA	-				1			0				(manual)	modu.	
	for monitoring nrivate sector activities		No.						1						
3	Institute mectamism for monitoring principles						3		30	30	9	30	O Training report/att	Training report/attendance	
45.1	Conduct step down training on piccial for private section	inked to							-				1		
452	Equip all M&E units with necessary materials for functioning	M&E					A second		0				Activity 1 funds 1	Activity report, funds for M&E	
459	Advocate for dedication of at least 10% of organisational resources to M&E activity		0			-			5				available	ole	
				Human	Human Resources			lean							
5	5 Objective 5: Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender-sensitive personner.	s have ade	equate nun	nber of ap	propriately	skilled and g	ender-sensinve pers								
5.1	Standardized and harmonize training curricula														
5.1.1		0	0		0	7			0				1 report		
213	these needs  Conduct resisting wordshoos for key staff at state and local governme		0	0 0	90	90		90	90		05	90	200 Training report/a	Training report/attendance	
53	Describes sustainable system for training and re-training staff												Training	ğu	
200	37. 3		0 1	0 1	1	2	-	-	2	7	2 2	2	12 report	reports/attendance	
5.21				0		-			0				1 Obser	Observation	
5.22	Create state resource centre for easy access to information														
5.3	5,3 Conduct training								-				1 Activ	Activity report	
5.3.1	Establish a continuing education committee to effectively implement remaine plan		0	0	0								•		
5.4	4 Develop retention strategy for HIV/AIDS-related workers												1 Activ	Activity report	
5.4.1			0	0	0 1	-			0						
5.5													0 Activ	Activity report	
5.5.1						0			0						
5.	Integrate HIV/AIDS curricula into Pre-service training of HIV/AIDS-related workers at all levels												Acti	Activity report	
5.6.1	Advocate for the integration of HIV and AIDS into pre-service		1	0	0 0	-			0						
.6	Develop innovative and sustainable capacity building 5.7 mechanisms to link with other related health programs														
				O THE C	A Printer	To Charles	(2010 - 0102) 2012	5) 95							

	o leavent			Name and Address of the Party o	STATE OF THE PERSON NAMED IN		The second secon				
	resource capacity	0	-	1			0				1 Capacity-building framework
1	management and leadership										
8	S.R.1 Conduct training and retraining of personnel on leadership and management			0							r Training
8	5.90 Develop and implement human resource plan for the sector.						-	-			report/attendanc
5.	5.9.1 Develop human resource plan										
5.	5.9.2 Advocate for implementation			0	1		-				Human resource
		+		0		-	-				1 Activity report
	07	LOGISTICS MANAGEMENT SYSTEM	SEMENT S	YSTEM							
0	Objective & Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS-related commodities one-rational by 2015	Ws, drugs for th	e manageme	ent of opportur	istic infection	1 and other H	IV/AIDS-relat	ed commoditie	s operational ha	2005	
	6.1 Establish HIV/AIDS Procurement and Supply Management (PSM) Steering committee and TWG										
6.1.1											
6.1	6.1.2 Inaugurate steering committee						0				1 Activity report
6.1	6.1.3 Support quartedy meetings of steering committee	-					0				1 Activity report
9	6.2 Conduct State forecasting & quantification exercise.		7		-	-	4	4	4	4 2	22 Meeting notes/attendance
621	Build the capacity of relevant stakeholders in the LMIS system on forecasting and quantification	30	50								
6.2	6.22 Conduct state forecasting and quantification exercise annually		-				0			5	50 Training report
ß	Rehabilitate existing state medical warehouses.						-	-	1	1	6 Forecast documentation
63.1	Assess the condition of the State warehouse	-									
632	Conduct advocacy using assessment findings for the rehabilitation of the warehouse	-	1 1				0				1 Assessment report
6.4	Conduct training in logistics management at all levels				-		-				2 Activity report
64.1			-		-		,				
64.	6.42 Conduct an orientation training for committee members						7	2 2	2	2 1	11 Activity report
65	Develop Unified HIV commodities distribution system.						-				1 Training report/attendance
6.5.1	6.5.1 Develop supply chain management		0		Control of	-					
		Ē	Financial Resources	ources	The second secon						1
	Objective 7: Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS by 2015	30% of financia	l resources r	equired for HI	V/AIDS by	2015					
7.1	Advocacy to key stakeholders										
Strong		-	A STATE OF THE PARTY OF THE PAR	Contraction of the contraction		AN ASSESSMENT OF THE PARTY OF T	SHARING AND SHARING	State of the latest designation of the lates	STAN STANDARD SALES	Aug Sales Sales	THE RESIDENCE OF THE PARTY OF T

ork for the health

	21,7	Conduct advocacy (by advocacy committee) to the Legislature to	1	0		0	1 2					0				2 Ac	2 Activity report
Concince a background of the first Concincus of the VALINS Concincus absolutes of the Valid Library ALINS Concincus absolutes of the Valid Library Concincus of the catalonium confine authorized of the Valid Library Concincus of the Concincus of		rease funding nduct a sensitization workshop for LGA chairmen and SACA to	0	1								0				1 Ac	tivity report
Conduct advocacy to the State Concernor for the entideshimment of the entideshimment and specialistic or the entideshimment of the e	7.2 Est	numence tunding support for LACAS  ablishment of budget lines for HIV/AIDS															
Properties and Participation of International Properties		nduct advocacy to the State Governor for the establishment of				-							0			0	
Parameter R. T. an obliging adequate financial resources in support of the implementation of the national HIV/AIDS cusposins  Parameter B. D. an obliging adequate financial resources in support of the implementation of the national HIV/AIDS cusposins  Department of the combinities funds through public  Capations parameters and enrock-  Capations parameters and enrocking forman  And the capation of officer Familian parameters  Department parameters of the capation of officer and the parameters of the capation of officer familian parameters and the capation of officer familian parameters and the capation of officer familian parameters of the capation of officer familian parameters and the capation of officer familian parameters and the capation of officer familian parameters and the capation of officer familian parameters of the capation of officer familian parameters and the capation of officer familian parameters and the capation of officer familian parameters of the capation of officer familian parameters of the capation of officer familian parameters and the capation of officer familian parameters of processing and desermination of officer familian parameters of processing and desermination of capation parameters of processing and capation of capation parameters of processing and desermination of capation parameters of capation parameters of processing and deser	7.7.	oget mes 101 m. V/AUCO							and the second second second							Bı	ndget reports
Parametality building  Heaving pounds parametal  Heaving pounds parametally building  Heaving pounds parametally  Heaving pounds protected and  Heaving pounds protected  Heaving pounds  Heaving pounds  Heaving pounds  Heaving pounds  Heaving pounds  Heaving  Heaving pounds  Heaving  Heaving	8 Obj	regranon of the issues and one-general resources in support	of the imp	lementa	tion of th	ne national	HIV/AIDS	S response									
Cognicies and activated statements   Cognicies and discretified recording statements from consistent of the consistent	8.1 Par	rnership building															
Sternightering mechanism for mobilising funds through public.   0	8.1.1 Ider	nufty potential partner and network						0				0					ctivity report
Stretchering mechanism for mobilising funds through publication and through publications are contact in the contact of the stretchering mechanism for mobilising funds through publication and the contact in the cont	8.1.2 Org	ganize a stakeholders meeting	0	0		1	0					0				V I	ctivity report
Develop framework for collaboration   Justico   0																•	
Develop framework for collaboration         Develop framework for collaboration         0         1         1         1         3           Operationalisation of Joint Funding Agreements         1         0         0         1         1         1         1         1           Step down joint funding Agreement as a spolicable to the state level         1         0         0         0         4         0         4         1           Objective 9, TO progressively improve the effectiveness of HIV/AIDS resource tracking and described to resource unadignment and key statesholders on resource         0         4         0         4         0         4         0         4         0         4         0         0         4         0         4         0	8.2.1 Est		link to 4.4.1	0		0	1					0					ctivity report
Operationalisation of Joint Funding Agreements         4         4         1           Step down joint funding Agreement as applicable to the state level         1         0         0         1         1         1           Objective 9. To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the effectiveness of HIV/AIDS resource tracking and enhance the effectiveness of the effectiveness of HIV/AIDS resource tracking and enhance the effectiveness of	8.22 Der	velop framework for collaboration						0 1	0		0	-	-		-		ocument
Step down joint funding agreement as applicable to the state level 1 0 0 0 1 1 0 0 0 1 1 0 0 0 0 0 0 0 0	8.3 Op	erationalisation of Joint Funding Agreements															
Objective 9: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programmes.  Capacity building on resource management  Build the expective budget tracking methods  Build the expective budget tracking methods  Capacity building on resource tracking methods  Build the expective budget tracking methods  Capacity building on resource tracking methods  Capacity building on resource tracking results  Develop State AIDS Spending Assessment  Advocacy on using result of budget tracking for improved  Deseminate annual State AIDS Spending Assessment  Advocacy on using result of budget tracking for improved programme management  Develop and disseminate key issues on fund allocation, utilization  Develop and disseminate key issues on fund allocation, utilization  Capacity and disseminate key issues on fund allocation, utilization  Capacity and disseminate key issues (above) as an advocacy tool to conduct advocacy  Capacity and disseminate to receive the effectiveness of the product and priorities and  Capacity and disseminate key issues (above) as an advocacy tool to conduct advocacy  Capacity and disseminate to the product advocacy  Capacity and disseminate the product advocacy  Capacity and advocacy tool to conduct advocacy  Capacity an	8.3.1 Step	p down joint funding agreement as applicable to the state level	1	3		0						0.				1 1 4	ctivity report
Capacity building on resource management and key stakeholders on resource  Build the capacity of elevant and key stakeholders on resource  Build the capacity of elevant and key stakeholders on resource  Build the capacity of elevant and key stakeholders on resource  Build the capacity of elevant and key stakeholders on resource  Build the capacity of elevant and key stakeholders on resource  Build the capacity of elevant and key stakeholders on resource tracking results  Develop State AIDS Spending Assessment  Capacity and disseminate annual State AIDS Spending Assessment  Develop and disseminate heavy issues on fund allocation, utilization  Develop and disseminate key issues to fund allocation, utilization  Develop and disseminate key issues to fund allocation, utilization  Develop and disseminate key issues to fund allocation, utilization  Develop and disseminate key issues to fund allocation, utilization  Develop and disseminate key issues to fund allocation, utilization  Originate the property of the conducts alvocatey  Originate to relevant stakeholders to re-align funding priorities and  Originate the conducts and allocation to relevant stakeholders to re-align funding priorities and  Originate the conducts are align funding priorities and tracking to relevant stakeholders to re-align funding priorities and tracking to relevant stakeholders to re-align funding priorities and tracking to relevant stakeholders to re-align funding priorities and tracking to relevant stakeholders to re-align funding priorities and tracking to relevant stakeholders to re-align funding priorities and tracking tracking the capacity of t	9 Obj	sective 9. To progressively improve the effectiveness of HIV//	AIDS reson	urce trac	king and	enhance i	the efficienc	n punj jo k	nanagement	for HIV/	AIDS progr	rammes.					
Build the capacity of relevant and key stakeholders on resource 0 0 40 0 40 0 40 0 40 0 40 0 40 0 40	01	weire building on resource management															
Establishment of pro-active budget tracking methods       0       1       1       1       1       1       1       1       1       1       1       1       1       4	9.1.1 Buil	ild the capacity of relevant and key stakeholders on resource nagement and accountability	0			40				40	0	04					eport/attendance
Develop State AIDS Spending Assessment (SASA)         0         1         1         1         4           Track spending annually with SASA         0         0         0         0         1         1         1         1         1         4           Documentation and dissemination of resource tracking results         0         0         0         0         0         1	9.2 Esta	abishment of pro-active budget tracking methods															
of resource tracking results         0         0         0         1         1         1         4           nding Assessment         0         0         0         0         1         1         1         1         1         5           tracking for improved         0         0         0         1         1         1         1         1         5           on fund allocation, utilization         0         1         1         1         1         1         1         1         5           sy tool to conduct advocacy         0         0         1         1         1         1         1         1         5           ligh funding priorities and         0         1         1         1         2         2         2         9	9.2.1 Dev	velop State AIDS Spending Assessment (SASA)					•	0	-			-				1 4	ocument/tool
Documentation and dissemination of resource tracking results  Disseminate annual State AIDS Spending Assessment  Advocacy on using result of budget tracking for improved programme management  Develop and disseminate key issues on fund allocation, utilization  and tracking  To key issues (above) as an advocacy tool to conduct advocacy or re-align funding priorities and visite to re-align funding priorities and another and allocation and allocation and allocation and allocation are align funding priorities and another anot	9.2.2 Trae	ck spending annually with SASA						0				0	-	-		4	Assessment report
Disseminate annual State AIDS Spending Assessment  Advocacy on using result of budget tracking for improved  Advocacy on using result of budget tracking for improved  Advocacy on using result of budget tracking for improved  Advocacy on using result of budget tracking for improved  Advocacy on using result of budget tracking for improved  Bovelop and disseminate key issues on fund allocation, utilization  and tracking  Use key issues (above) as an advocacy tool to conduct advocacy  of the conduct advocacy to conduct advocacy  of the conduct	9.3 Dox	cumentation and dissemination of resource tracking results															Activity report,
Advocacy on using result of budget tracking for improved programme management  Develop and disseminate key issues on fund allocation, utilization  Develop and disseminate key issues on fund allocation, utilization  The development is an advocacy tool to conduct advocacy  Use key issues (above) as an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is an advocacy tool to conduct advocacy  The development is a series of the developmen	9.3.1 Diss	serninate annual State AIDS Spending Assessment								0	-	-	-	-		2	Assessment report
Develop and disseminate key issues on fund allocation, utilization  Develop and disseminate key issues on fund allocation, utilization  and tracking  Use key issues (above) as an advocacy tool to conduct advocacy  visits to revalign funding priorities and  visits to revalign funding priorities and		vocacy on using result of budget tracking for improved eranme management															
Use key issues (above) as an advocacy tool to conduct advocacy visits to relevant stakeholders to re-align funding priorities and visits to relevant stakeholders to re-align funding priorities and		velop and disseminate key issues on fund allocation, utilization racking						0			-	-	-	1	1	SI	ssues papers
		e key issues (above) as an advocacy tool to conduct advocacy its to relevant stakeholders to re-align funding priorities and contens.						. 0	17		-	-	2	0			Activity reports

	OBJECTIVE * Z	by all HIV/AI	OS implemen	ting agencies	and stakeho	by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015	of HIV/AIDS	esponse by 20.	15						
7	Establish/strengthen cost-effective M&E TWGs (or other coordinating structures) at LGA and State														
211	Strengthen existing M&E TWGs at the state level comprising of representatives to the 18 LGA, SACA M&E officer, NACA representative, CISHAN,NEPWHAN and NYNETHA to meet quarterly.	link to 1.2.5						and the second s							Meeting reports
77	Facilizate the emergence of an enabling environment to promote to identification, sharing and learning from best practices' projects across Scate/LGAs/implementing partners of the national response by 2015														
122	Conduct regular sensitization of facility M&E officers on new innovations and best practises (integrate into monthly M&E meetings)	1	1	1	H	4 1	п	н	-	4	4	4	4	22	Meeting reports
111	Produce a bi-annual update newsletter on the state response (number of copies)		1,500	7	1,500	3,000	1,500	1	1,500 3,	3,000 3,000	3,000	3,000	3,000	18,000	Newsletter available bi-annually
223	Conduct mid term review seminar on state strategic plan and highlight documented best practises					0				0	-				l report
R	Advocate for an enhanced knowledge of and commitment to the HIV M&E system among policy makers, program managers, PLHIV and other stakeholders at State , LGAs levels and all sectors (private & public) by 2015								g						•
23.1	Conduct advocacy and sensitization visit to policy makers such as Permanent Sec, SSG, Chairman House Committee on Health Matters and PS Hospital Management Board.					0	4			4					Activity reports
7															
24.1	Establish effective feedback mechanism at both LGA & state level through the media for data utilization					0				0					0
24.2	Present quarterly service data report to the policy makers	1	П	7	-	4 1	1	1	1	4	4	4	4		24 Activity reports
24.3	Conduct a 5 day training for 60 data entry clerks and M&E officers in the LGA, health facilities &CSOs on use of nationally adopted software					0		9		9				3	Training report/attendance
2.5	in collaboration with the wider national health care systems, establish an integrated client/patient Unique identifler system														
2.5.1	Conduct sensitization meeting with facility M&E officers and providers on the patient unique identifier system			150		150				0				150	Meeting report/attendance
3	3 OBJECTIVE # 3	To periodically det national response	illy determin ponse	e the drivers,	Incidence a	nd prevalence r	ates of the es	oldemic at stat	es' level at	evidence-t	ased interv	als, and use	e the Inform	nation to con	To periodically determine the drivers, incidence and prevalence rates of the epidemic at states' level at evidence-based intervals, and use the information to continuously enhance national response

	TO THE STREET STREET STREET	system	8														
	1 OMCTIVE # 1	Toen	hance the	leadership	and mana	To enhance the leadership and managerial competencies and effectiveness	etencies an	d effective	mess of St.	of State/LGA authorities for the delivery of an effective One national M&E system by 2015	thorities fo	r the delive	ry of an eff	ective One	national A	A&E system	n by 2015
	STRATEGIC	Year 1					fear 2				Ϋ́	Year 3 Year 4	r4 Yea	Year S Year 6	6 Total	=	MOV (Data Source)
1	11 znn	Q1 Q2	8	3	Total		Q1 C	03	8	Q4 T	Total	(number) (nu	(unmper) (uni		(unmost)		
H	Conduct capacity assessment of the state and LGA M&E systems and identify focal persons for M&E in the state (SDPs, line ministries, GSOs, etc)												-				Assessment report
11.2	2 Train identified M&E officers (36)		88			36	36				36		36			108 R	108 Report of trainings
11	1.1.3 Provide computers for M&E officers		R			21					c					21.6	Involcefreceint
113	3 Conduct supervisory visits to SDPs in the state		1			-		1			7	1	1	1	-		Activity reports
, ,	Develop/strengthen appropriate, fully funded mechanisms for 1.2 coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)																
121	.1 Develop a state M&E plan for SSP 2	1				1					0					7,	State M&E plan
122			2,000			2,000					0					2,000	Activity reports
123	Production of NNKIMIS materials and tools (100,000 booklets and 25,000 ART cards)	20,000				20,000	20,000				50,000	25,000				125,000	Activity reports
77	1.2.4 Conduct sensitization for LGA chairmen for funding for MISE activities		-			1					•					7	Activity reports
12.5	S Conduct quarterly meetings of the M&E TWG	1	1	1	1	4	1	1	1	1	4	4	4	4	4	747	Meeting reports
12.6	6 Monthly meetings of M&E stakeholders	3	e	В	3	12	3	3	3	3	12	12	12	12	12	ZZ.	Meeting reports
t	Review and enhance the organisational culture for sustainable 3 human capacity development and timely adequate budgetary provision and release of funds for the M&E system																
151	Conduct achocacy visit to approving authorities on the recommended 10% budgetary allocation of HIV activities to M&E		1	н		2					0					2	Activity reports
132	Conduct sensitization for LGA chairmen for funding for MBE activities		7			1					1					2	Report/attendance
13	1.3.3 Deployment of 2 more record staff to SACA and LACA to strengthen M&E dept		1			T					0					-	Letter of assumption of duty
134	4 Advocate for strategic transfer of M&E officers within the public sector					0					0					0	Letter of redeployment
135	Promote on-going mentoring and step down training to other officers at SDP level					0					0					0	Training reports
21	13.6 Conduct annual work plan meeting with implementing partners	1				1	•				1	1	1	T	1	9	Meeting reports

								March Company								The state of the s	The Parket
isty ennance	irmine the drivers, incidence and prevalence rates of the epidemic at states' level at evidence-based intervals, and use the information to continuously enhance	he Inform	, and use t	d Intervals	ence-base	evel at evid	at states' le	epidemic	rates of the	orevalence	dence and	drivers, incl	rmine the	To periodically detensitional response	To perlo national	3 OBJECTIVE #3	
report/attendance	150 Mee		1			0				150	1		150			Conduct sensitization meeting with facility M&E officers and providers on the 2.5.1 patient unique identifier system	7
																In collaboration with the wider national health care systems, establish an integrated client/patient Unique identifier system	
Training report/attendance	60 Training report/a					99		9		0						Conduct a 5 day training for 60 data entry clerks and M&E officers in the LGA, health facilities &CSOs on use of nationally adopted software	7
Activity reports	24 Activ	4	4	7	4	4	1	1	1 1	4		1	-	1		2.4.2 Present quarterly service data report to the policy makers	2
						0				0						2.4.1 Establish effective feedback mechanism at both LGA & state level through the needs for data utilization.	7
																Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally harmonized data flow and collection tools, routine data analysis and use, feedback mechanism and electronic data quality control "early alert" measures	
Activity reports	4 Activi					4			4	0						Conduct advocacy and sensitization visit to policy makers such as Permanent 2.3.1 Sec, SSG, Chairman House Committee on Health Matters and P5 Hospital Management Board.	2
,							9									Advocate for an enhanced knowledge of and commitment to the HIV M&E 2.3 system among policy makers, program managers, PLHIV and other stakeholders at State , LGAs levels and all sectors (private & public) by 2015	
	1 report				-	0				0						Conduct mid term review seminar on state strategic plan and highlight documented best practises	7
bi-annually	18,000 bi-an	3,000	3,000	3,000	3,000	3,000	1,500		1,500	0	3,000	1,500		1,500		Produce a bi-annual update newsletter on the state response (number of copies)	7
Meeting reports		4	4	4	4	9	7			7		-	•	1		Conduct regular sensitization of facility M&E officers on new innovations and best practises (integrate into monthly M&E meetings)	
																Facilitate the emergence of an enabling environment to promote 2.2 identification, sharing and learning from best practices' projects across State/LGAs/implementing partners of the national response by 2015	
Meeting reports	Meeti														link to 1.2.5	Strengthen existing M&E TWGs at the state level comprising of representatives 2.1.1 of the 18 LGA, SACA M&E officer, NACA representative, CCSHAN,NEPWHAN and NYNETHA to meet quarterly.	7
																Establish/strengthen cost-effective M&ETWGs (or other coordinating structures) at IGA and State	
		200000					CTOT LO	acuadeare	םו עווא/שום	at all levels	rakenoiders	encies and s	menting ag	by all HIV/AIDS Imple	Dy all HIV,	The state of the s	

	Review and strengthen the effectiveness and efficiency of coordinating							-							
31.1	Conduct partodic evaluations of the effectiveness and efficiency of coordinating mechanisms														
	Review and strengthen capacity building for the design, execution, analysis 3.2 and use of relevant surveys/ surveillance and other evaluation and research studies				-				n		<del>-</del>		н		
4	3.2.1 Train 25 M&E officers in the design and execution of surveys, surveillance etc														
8	3.2.2 Conduct formative assessment of MARPs in the state			-		N			25					25	Training report/attendance
8	3.2.3 Conduct Integrated Biological Behavioural Sentinel Survey (1885S) in the state			•		1			0						Assessment Report
ei	3.2.4 Identify, potentiare and conduct impact studies in key groups						-		1					1	Survey Report
	To review and strengthen a cost-effective, evidence-based national 3-3 programme and documentation system for other HIV Evaluation, Research and learning								0			7		•	
33.1	Stablish an e-based documentation of all evaluation and research activities in kth state			7											
3.3.2	22 Train manpower to update records		So		S	So			0					1	Observation
*	Establish and implement varied mechanisms for promoting the timely 3-4 presentation of Ondo HIV/AIDS experience in State/National/International Conferences and forums by 2015								0					8	report/attendance
34.1	Institute 2 travel grants yearly for HIV related published works on Ondo state to be presented in international conferences	sı			151	20			20	30	3	3			
3.4.2	Support yearly state HIV/AIDS conference for HIV related published works on Ondo state to be presented			100	100		100		100	-	150	150	150	800	conference reports
343	3.4.3 Undertake ERPS study 2 yearly to update the HIV situation in the state					0	1		1		17		-	3	Reports of ERPS
	OBJECTIVE #4	To continuously impr	sly improve	data quality	rove data quality and supportive supervision at all levels by 2015	supervision at	all levels by 2	015							
ą	Review and strengthen the implementation of national guidelines and Standard Operating Procedures on data quality auditing at all the service delivery points, intermediate aggregation levels and national M&E unit						AND THE RESERVE THE PARTY OF TH								
411	Distribute National guidelines and SOPs on data quality to all level of M&E officers in the state		1,000		1,000				0	1,000				2,000	2,000 Inspection
77	Train all M&E officers in the state on DQA tools			35	35			75	27	100	100	100	100	510	510 Report/attendance
43	Conduct monthly internal DQA using the National tools (all M&E Officers)		E	8	3 12	3	•	8	3 12	a	a	a	a	E	72 Report
		-	Action in the second	ASSESSMENT AND ADDRESS OF THE PERSONS ASSESSED.	And angression at our part & A. II.	A CONTRACTOR OF THE PARTY OF TH	Street, or ale concessory,		A STATE OF THE PARTY OF THE PAR		-	No. of Co.		The state of the	STATE OF STREET

3	4.2 using the most appropriate evidence-based means						-								Section of the last
421	Ensure submission of monthly service data and DQA reports to SACA by first week of following month	E	м	м	m	12 3	m	m	8	12	12	12 12	. 13	ZZ Ins	Inspection
422	Ensure that SACA M&E officers submit quanterly service data and supervisory report to NACA and relevant agencies by 2nd week of next month	1	1	1		4	71	-	+1	4	4	4	4 4	24	Inspection
	OBJECTIVE # 5	To improve the efficier	efficiency	and effecti	veness of th	icy and effectiveness of the delivery of the costed national multi-sectoral RIV More plan unlogging systems management approach	costed nation	muin-sec	oral RIV MO	E pian mic	Jen a system	2010110			
5.1	Facilize and embed a systems approach, results based performance management culture in the delivery of all program components of by the implementing agencies and stakeholders of the national response														
5.1.1	Sensitize all implementing partners on relevance and alignment with work plan					0				П				1 Re	Report/attendance
\$112	Ensure use of NNRIMS reporting format in submitting quarterly report to SACA by all implementing agencies in the state	•	-	1	-	4	7	1	-	4	9	4	4	24 ri	Inspection
5.13	Train M&E leaders & managers in system approach and result based performance management		02			02				0	6	-	02	210	
5.2	Ensure that national indicators and frameworks are evidence-based, a appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems														
5.2.1		4	1	1	-	4	1	-	-	4	4	4	4	24 R	Report of visits
5.2.2						0				0				0	Program Report
5.2.3	Distribute documented copies of the national data collection and information flow structure to all SOP			100		100		0		0				100	100 Delivery log
5.24	Develop SSP baseline indicators	1	-			7				0				_	Indicators determined
	OBJECTIVE#6	To strengthen and reg	and regulareserve	rly update gramme mo	an Integrat nitoring da	To strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, National HIV/AIDS database(s) to capture, verity, analyse and present programme monitoring data from all levels and sectors by 2015.	and sectors by	ctive, appro	priate to loc	I context,	lational HIV	//AIDS data	base(s) to ca	pture, veriny,	
6.1	Establish a national Technical Review Group on national HIV/AIDS databases														
6.1.1	participate in National Technical Review Group on national HIV/AIDS databases		1	-	-	7	1	-	-	4	1	7	1 1	a	Report/attendance
6.2	Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015														
621					1	1				0				1	Report of data
1	Oct. 1956				35	35	35 35			6	35		35 35	210	Training reports/attendance

	2000 Activity reports	12 12 12 72 Observation
	0 1000	12 12
		en en
		6
	1000	3 12
	0001	т п
Develop and Implement the evidence-based national guidelines on data storage, data protection and access, emergency and business continuity plans at service delivery points, intermediate aggregation levels and national M&E unit by 2015	6.3.1 Print and disseminate National guidelines on data storage data protection and access at 5DPs hard copy files for all M&E data	63.2 Greate and maintain monthly electronic back up of database at SACA office

## **APPENDIX 2**

## COSTING OF ONDO STATE STRATEGIC FRAMEWORK 2010 - 2015

\* Note: Some of the tables in this section flows into two pages, please use the row number to find the continuation of the rows in the tables on the next page



Thematic Area 1: Prevention Thematic Area 2: Treatment Thematic Area 3: Care and Support Thematic Area 4: Policy and Legal Issues Thematic Area 5: Institutional Arrangements and Coordination Thematic Area 6: Monitoring and Evaluation, Research TOTAL
Year 2010 2011 559,534,717 555,578,667 149,828,363 148,362,097 312,469,259 266,639,871 28,821,900 27,145,400 14,644,800 6,770,000 54,089,589 43,308,886 1,119,388,628 1,047,804,920
2012 439,337,103 141,751,863 183,887,871 12,420,000 2,820,000 28,847,817 809,064,653
2013 349,530,153 184,853,997 176,643,871 16,817,167 2,820,000 11,304,067 741,969,253
2014 325,891,353 141,638,997 183,137,871 12,230,000 2,820,000 11,071,817 676,790,036
2015 327,647,853 115,211,997 174,428,593 14,042,000 9,125,000 9,397,067
TOTAL  2,557,519,845 881,647,313 1,297,207,334 111,476,467 38,999,800 158,019,242

12,020,000	Contract						
Non-fooder	9,605,000	9,605,000	9,605,000	000,000,1.1	. 1, 100,000	, ,,,,,,	by the year 2015
468.588.200	43,007,167	701,167	Conferen		14 400 000	14,400,000	Objective 10. At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS
0		35 401 467	37,883,167	97,142,367	137,958,167	117,106,167	Sub-theme Communication Interventions
							12/1
9							Objetive 9. At least 80% of all HIV exposed infants have access to early infant diagnosis
							feeding counseling
0							Objective 8. At least 80% of HIV positive pregnant women have access to quality infant
25,200,000							2015
25 200 000	0	0	0	8,400,000	8,400,000	0,400,000	Objection 7 At least 80% of all HIV amount infants have account to ABV
91,521,429	10,000,000	and the section of				9 400 000	Objective 6. At least 80% of all HIV positive pregnant women access ARV prophylaxis by
674try160ry .	13 600 000	11.850.000	13,690,000	14,550,000	18,870,714	18,870,714	counseling by 2015
116 721 420	13,690,000	11,850,000	13,690,000	22,950,000	27,270,714	27,270,714	Objective 5. At least 80% of all pregnant women have access to quality 111V testing and
16.806 400	1,556,000	1,556,000	2,586,400	2,844,000	+,152,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sub-theme Prevention of Mother to-Child Transmission of Util
05,430,000	Confered.			2011000	4 132 000	4 132 000	2015
000 231 03	11.336,000	11,336,000	11,336,000	11,496,000	11,976,000	11,976,000	
86,262,400	12,892,000	12,892,000	10,922,400	740,000	- Openion		Objective 3. At least 80% of sexually active Nigerians with access to quality and gender
20,730,000	1,100,000		13 022 400	14 340 000	16.108.000	16,108,000	Sub-theme 2: Sexually Transmitted Infections
27 720 000	4.450.000	4,456,000	4,456,000	4,456,000	4,456,000	4,456,000	and testing by 2015
916,485,000	131,184,000	131,184,000	145,664,000	147,584,000	179,359,000	181,510,000	multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015  Objective 2. At least 80% of most at-rick-normalizions (MARDA) accessing HUV
943,215,000	135,634,000	135,640,000	100,021,000	202,010,000	T		Objective 1: At least 80% of adults (including discordant counles and people in consumer
2,557,519,845	321,041,833	35,021,000	150 170 000	152 040 000		185,966,000	Sub-theme: HIV Counseling and Testing
	CT07	4707 FEE	349 530 153	439,337,103	555,57	559,534,717	Sich the Titte Denavior Change and Prevention of New HIV infections
		2014	2013	2012	2011	2010	
TOTAL						Year	Summary by Objectives
							Summer to Otto

		AND REAL PROPERTY AND REAL PROPERTY.					
Objective 13. At least 80% of registered organizations engaging in HIV communication interventions address gender inequalities and comply with national standard/guidelines by 2015	340,000	2,392,000	0	2,392,000	0	7,516,000	12,640,000
Sub theme :Condom Promotion	108,822,816	112,042,816	107,022,816	107,022,816	107,022,816	107,022,816	648,956,896
Objective 14. At least 80% of men and women of reproductive age (MIWRA) have knowledge about dual protection benefit of condoms	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	000,000,000
Objective 15. At least 80% of sexually active males and females use condoms consistently and connectly with non-regular partner by 2015.	4,282,816	7,202,816	4,282,816	4,282,816	4,282,816	4,282,816	28,616,896
Objective 16. At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners	4,540,000	4,840,000	2,740,000	2,740,000	2,740,000	2,740,000	20,340,000
Sub-theme : Intégration of Sexual and Reproductive Health (SRH) and Other Relevant Health Issues into HIV Prevention Program	10,250,960	10,270,960	6,176,960	1,768,960	2,296,960	1,296,960	32,061,760
Objective 17. SRH services integrated into HIV prevention programs at all levels by 2015	3,770,000	3,770,000	1,840,000	1,472,000	0	0	10,852,000
Objective 18. Integrate drug demand reduction and other substance use control services into 80% of HIV prevention programs by 2015	6,480,960	096'005'9	4,336,960	296,960	2,296,960	1,296,960	21,209,760
Sub-theme :Prevention with Positives	3,368,000	3,368,000	2,270,000	987,600	2,000,000	1,000,000	12,993,600
Objective 19. At least 80% of people living with HIV/AIDS (PLWHA) have access to Positive Health, Dignity and Prevention (PHDP) interventions 2015.	3,368,000	3,368,000	2,270,000	009'286	2,000,000	1,000,000	12,993,600
Sub-theme: Prevention of Biomedical Transmission of HIV	90,642,060	64,745,010	37,394,960	24,135,210	18,698,410	13,104,910	248,720,560
Objective 20. At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015	47,614,910	19,366,160	10,516,160	3,466,160	8,716,160	3,466,160	93,145,710
Objective 21. All (100%) donors of blood, blood products and organs for transplant including sperm for assisted reproductive technology shall be screened for HIV and other transfusion transmissible infections (ITIS) according to relevant national protocol, standards and guidelines by the year 2015.	24,187,750	6,657,250	6,178,000	4,368,250	3,118,250	3,098,750	47,608,250
Objective 22. At least 80% of drug dependant persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015.	11,340,000	10,747,200	10,526,400	6,026,400	5,364,000	5,040,000	49,044,000
Objective 23. At least 80% of traditional medical practitioners adopt universal safety precaution ov 2015	662,400	18,462,400	662,400	3,662,400	0	0	23,449,600
Objective 24. At least 80% of health facilities provide post-exposure prophylaxis (PEP) to elevant health workers and rape survivors in line with national protocols by 2015	6,837,000	9,512,000	9,512,000	6,612,000	1,500,000	1,500,000	35,473,000
Thematic Area 2. Treatment of HIV/AIDS and Related Health Conditions	149,828,363	148,362,097	141,751,863	184,853,997	141,638,997	115,211,997	881,647,313
Objective 1. At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015	74,473,938	72,707,672	69,877,438	112,939,572	70,724,572	43,297,572	444,020,764
Objective 2. At least 80% of PLWHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015	442,400	442,400	442,400	442,400	442,400	442,400	2,654,400
Objective 3. All states and local government areas (LGAs) are implementing strong TB/HIV sollaborative interventions by 2015	3,351,650	3,351,650	3,351,650	3,351,650	3,351,650	3,351,650	20,109,899
Objective 4. All TB patients have access to quality and comprehensive HIV and AIDS services by 2015	61,000,375	61,000,375	61,420,375	61,420,375	61,420,375	61,420,375	367,682,250

47,180,000 52,027,000 1,297,207,334 230,835,000 877,678,72 92,130,000 795,000 402,871,77 37,125,000 38,999,800 2,491,800 873,000 16,469,000 804,152,000 36,589,557 4,159,800 394,335,557 9,660,000 9,660,000 12,610,000 12,610,000 6,700,000 10,446,000 174,428,593 51,651,000 6,312,000 1,370,000 33,523,000 122,777,593 111,625,000 2,346,000 4,681,593 4,125,000 9,125,000 0 1,290,000 1,290,000 6,305,000 5,305,000 5,700,000 53,106,278 183,137,871 5,772,000 3,327,778 33,560,500 10,446,000 130,031,593 2,346,000 118,679,000 4,881,593 4,125,000 0 2,820,000 0 1,290,000 0 1,290,000 6,700,000 176,643,871 53,646,278 6,312,000 3,327,778 33,560,500 10,446,000 122,997,593 2,346,000 111,645,000 0 1,881,593 4,125,000 2,820,000 0 ,290,000 ,290,000 0 6,660,000 183,887,871 54,356,278 5,772,000 3,327,778 34,810,500 10,446,000 129,531,593 2,346,000 118,179,000 1,881,593 4,125,000 2,820,000 0 1,290,000 10,860,000 266,639,871 66,282,278 12,562,000 38,310,500 3,543,778 11,866,000 187,325,000 200,357,593 4,026,000 4,881,593 4,125,000 105,000 6,770,000 0 105,000 225,000 2,220,000 2,220,000 225,000 10,560,000 312,469,259 23,829,667 15,297,000 12,982,667 57,070,000 38,480,000 188,639,593 56,699,000 3,059,000 2,381,593 6,500,000 14,644,800 4,054,800 000,069 2,491,800 873,000 2,280,000 2,280,000 6,080,000 5,080,000 To ensure all PLHIV have access to quality and comprehensive TB services by community based initiatives respectively to mitigate the impact of OVC especially young girls by 50% of PLWHIV and PABA especially women, marginalized and people with Objective 4 To improve by 80% effective referral and linkages within and between relevant Thematic Area 4. Institutional Arrangements, Infrastructure Requirements, Objective 5 Efficient and sustainable logistics systems for uninterrupted supply of ARV's, drugs Care and Support for People Infected and Affected by narginalized persons including persons with special needs Infected with HIV within a right To provide gender sensitive integrated care and support for 30% of OVC by To establish functional gender-responsive coordinating mechanism by 2015 Objective 3: Strengthened coordination mechanisms of CSO at all levels - national, state, and At least 50% PLWHIV receive quality care and support services by 2015 Objective 4: Ensure that at least 80% of HIV/AIDS programmes have adequate number of Objective 5: To create an enabling environment for the legal protection of OVC by 2015 To improve access to and support to 60% of PLWA, especially women Objective 1: SACA and LACAs capacity to effectively coordinate sustainable and genderfor the management of opportunistic infection and other HIV/AIDS-related commodities Objective 2 Strengthened coordination mechanisms of development partners at all levels, sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened Strengthen capacity of 30% of older OVC, households, caregivers and Sub-theme Institutional Arrangement and Coordination Mechanism national state and local government to harmonize support to the national response. pecial need are linked to IGAs and poverty alleviation programs. nealth care facilities and communities based care service points. and Human and Financial Resource Issues appropriately skilled and gender-responsive personnel Sub-theme: Procurement & logistics supply Sub-theme Human Resources Sub-theme : PLHIV Thematic Area 3. OAO: omp-theme operational by 2015 HIV/AIDS Objective 3. ocal government Objective 1. Objective 6. Objective 2 Objective 7. Objective &

Objective 5.

		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAME	SCHOOL STATE OF STATE	The second secon	No. of Concession, Name of Street, or other Persons and Name of Street, or other Pers	THE REAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF	analyse and present programme morning
5,815,000	791,097	769,167	791,697	1,369,167	769,167	791,695,1	Objective 6. To strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, National HIV/AIDS database(s) to capture, verify, effective, appropriate to local context, and sectors by 2015.
0,004,400,000	0	1,674,750	0	1,674,750	0	1,674,750	Objective 5. To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach
	2,550,700	2,550,900	2,550,900	3,150,900	1,952,775	1,557,375	Objective 4. To continuously improve data quality and supportive supervision at all levels by 2015
14.313,750	2 550 900	000 011 0					Objective 3. M&E
3,044,167						3.044.167	stakeholders at all levels of H1V/A1D3 response by 2005
26,540,630	3,620,000	3,620,000	3,620,000	4,696,000	5,075,500	5,909,130	Objective 2: To improve coordination, partnership and cost-effectiveness of data collection, analysis and use of programme data and information (routine, surveys and surveillance) to inform programme planning and decision—making by all HIV/AIDS implementing agencies and inform programme planning and decision—which will be also the programme planning and decision will be also the programme planning and decision will be also the planning and decision will be als
103,281,444	2,457,000	2,457,000	4,364,000	17,957,000	35,511,444	40,535,000	Objective 1. To enhance the leadership and managerial role of Federal/State/LGA authorities for the delivery of an effective One national M&LF system by 2015
158,019,242	9,397,067	11,071,817	11,304,067	28,847,817	43,308,886	54,089,589	levels  Thematic Area 6. Monitoring and Evaluation, Research, and Knowledge
11,854,967	1,594,000	390,000	4,719,167	0	3,614,900	1,536,900	from HIV Infections Objective 4: Progressive funding for HIV/AIDS response through political commitment at all
	750,000	750,000	0	750,000	750,000	1,250,000	all levels.  Objective 3: Protect women, children and other socially vulnerable and marginalised groups
	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	Objective 2: An equitable increase in participation of PLWHIV in decision making processes at Objective 2: An equitable increase in participation of PLWHIV in decision making processes at
000,000,0	10,198,000	9,590,000	10,598,000	10,170,000	21,280,500	24,535,000	I hematic Area 5. Fouch, Autocacy, Leganore, Property of and embower PLWHIV
111,4/6,46/	14,042,000	12,230,000	16,817,167	22,420,000	27,145,460	28,821,900	Temal Issues, and Human Rights.
10,470,000	1,370,000	1,370,000	1,370,000	000(075*1	3,320,000	1,670,000	Objective 9 To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs
190,000	0	0	0	0	30,000	160,000	Objective 8 To mobilize adequate financial resources in support of the implementation of the state-HIV/AIDS response
160,000	0	0	0	0	0	160,000	financial resources required for HIV/AIDS by 2013  Objective 7 To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response

							THE REAL PROPERTY AND PERSONS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU				THE REAL PROPERTY AND PERSONS NAMED IN COLUMN TWO IS NOT THE PERSONS NAMED IN COLUMN TWO IS NAMED IN COLUM	Z	CONTRACTOR OF THE PERSON NAMED IN			
	Objectives/Strategic Interventions/Activities	TARGETS								4	,					
		2010												,,,,,	Unit cost	st Cost type
	Thematic Area 1. Behavior Change and Brand		92	Q3 C	Q4 Tc	Total 01	2011	5	7	Total	7	2012	2013	2014	5075	
	1 Objective 1: At least 80% of adults finehules at the second of New HIV Infections	Infections														-
	1.1 Implement HCT proposal	nd people in	concurrent	ole	nerships) ac	Cessing HC	partnerships) accessing HCT services in	dealing as		1	2000					
1.1.1	1 Nembura 11/7						-	an eduitabil	equitable and sustainable way by 2015	nable way c	y 2015					
				2,000		2,000										
1.12	HCT protocol					anot-										2000
1.13				100	100	200	100				100					9,750
	מכן אופ ניין וויסייינע זיין אופ ניין וויסייינע זיין אופ ניין וויסייינע זיין זיין זיין זיין זיין זיין זיין זיי	-	-	-	-	7	-	-	-	-	-	7	,		7	000 61
-	Institutional and technical capacity building for gender/youth sensitive HCT services at all levels															onet.
57	1.2.1 Establish Youth Friendly Centres in each of the LGAs	-	-		-											
12	1.2.2 Establish Gender Sensitive Centres for women in each LGA					-			-	-	4	3	3	2	2 30	200,000
-	13 Advocacy					7					7	+	7	-	1 20	200,000
13.1	1 Advocacy visits to policy makers															
1.4	Accelerate the scale up of HCT carrious	6	3	3	3	12	3	3	-	-	12	-	2	2	9	
1.7	1.4.1 Establish at least 1 HCT centre in each ward									1	4	7	71	71	71	0000'6
-	1.4.2 Ensure availability of commodities for HCT	20000	6	6	6	36	6	6	6	6	36	3,4	1/2	92	37	20000
1.43	3 Provide free HCT services in the state	70,000	70,000	20,000	70,000	280,000	70,000	70,000	70,000	70,000						2000
1.4.4	4 Training and retraining of HCT personnel	onto,	70,000	70,000	70,000	280,000	70,000	70,000	70,000						250.000	ON.
	Demand creation for HCT services including	301		100		200		100								000000
3 3													8			O COO CO
15.5	Implement 1 V and radio enlightenment on free couple HCT services	13	13	13	13	52	11	1.1	-	,						
		50,000		50,000		100,000	50,000	1	50,000	13	52	52	52	52	52	
153	Conduct sensitization visits to traditional and community leaders (including 3 hard-to-reach communities), professional groups and MARPS in the state to facilitate access and uptake of HCT services			-		-		-		-	2	2 20,000	50,000	2		24,000
	OBJECTIVE#2															
12	21 Implement the BCC strategy for MARPS															
21.1	21.1 Distribute condoms at 'hot spots' for MARPS	1,250	1.250	0561	1 250	2 0000	0.00			Control of the last					TOTAL STATE OF THE PERSON	
212	Conduct awareness ralkes at motor parks and hotspots	10	10	10	10	07	0071	0571	1,250	1,250	5,000	5,000	5,000		5,000	30
213	213 Conduct sensitization seminars for gatekeepers among MARP groups	1	1	-	-	7	-	-	0 -	II.	40	0+	0+	07	40 10	000001
2								-		-	+	7	7	7		1,500
221	Conduct a training workshop for 3(0) service providers on interpersonal communication and special needs of MARPS		S.		35	95	36	+	-				-			
2									G	The same and the s	20	20	20	90	50	3,000
23.1	Establish HCT centres within the immediate environment of targeted	link to 141		·	,											
232	n programs (rallies) for MARPs in designated sites/hot			7	7	10	3	3	13	2	10	10	9			
	stock			-		-			-		-	1	-		1 300	300,000
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2015 Total		322,523,853	131,184,000	26,000	0	0	76,000	000'009	000'000†	200,000	000'09	00009	130,400,000	3,400,000	125,000,000	0	0	18,000	0	0	000'81	4,450,000	4 150 000	150,000	4,000,000	0	0		300,000	0	non not	11,336,000
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State   Establish functional STI centres in all LGAs   2   2   2   2   2   2   2   2   2	1,500 6,000		2 2	2 2	8 2				80000
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Integrate information on availability of integrated services in HIV service									
e mobilización									
Conduct advocacy visit in donor assess									
STI services into HIV prevention services the state									
Conduct advocacy visits to state policy makers and stakeholders to support the integration of free STI services into HIV prevention services in the state	-	-	-	-	7	7	+	7	24000
Integration of services into HIV prevention programs									
Capacity building of HCT personnel to offer STI services 5.1.1									
and drivers of									
Organise traget specific programs (seminars, road shows, rallies, takent hunt,	00	2	2		00	OX.	o	0	150000
Strengthen partnerships							0	0	nonor!
Institute quartedy review meetings between STI unit and SACA	-	1	-	-	7	7	7	7	65,000
OBJECTIVE # 5									
Scale up of quality PMTCT services									
5.1.1 Establish at least 1 PMTCT centre per LGA	,							THE REAL PROPERTY.	
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setraining of providers 50	100	50	-65		100 100	100	100	100	18,400
Conduct awareness creation campaigns on availability of PMICT	-			-	7	7	7	7	000'001
Involvement of PLP 2s peer counsellors in PMTCT	71	0							
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91,521,429	13,690,000	11,850,000	13,690,000	14,550,000	18,870,714	4,560,000	5,645,714	4,560,000	4,105,000	18,870,714	5,200,714	9,005,000	4,500,000	4,105,000	2
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000'09+'9	5,540,000	6,460,000	5,540,000	7,807,143	1,850,000	2,267,143	1,850,000	1,840,000			1,840,000	1,850,000	1,840,000
7,380,000	5,540,000	7,380,000	5,540,000	9,647,143	2,770,000	2,267,143	2,770,000	1,840,000	9,647,143		1,840,000	2,770,000	1,840,000
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	OBJECTIVE #7			4		Charles of the last of the las								
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Column   C	cale up of quality PMTCT and BID seniors													
Column	dvocacy/resource mobilization Communication and anciel				0									
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Color   Colo	asure regular supply of PMTCT and BID commodities					1								
641	Pacity building (Infrastructure & Personnel)													
Column	ferral and 1:-				0				0					
State   Stat	C.RH/FP etc)				0				0					
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A	ile up of quality PMTCT 3 Fire				0									
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	sure regular supply of PMTCT and EID commodities								0					
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1   1   1   1   1   1   1   1   1   1	olic Private Partnership													
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1	C,RH/FP etc)				0									
14   15   15   15   15   15   15   15	SJECTIVE #9				1				0					
1	e up of quality PMTCT and EID services				0				0					
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SA   SA   SA   SA   SA   SA   SA   SA	oilization social				0				0					
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Solution   Solution	JECTIVE #10								0					
Sign	acity building													
Signature columnents   Signature   Signa	peer educators from the general population in the LGAs													
Capikate objective 1.3   Capikate objective	leaders of FBOs and CBOs as peer educators			200	200	50	STATE OF THE PARTY	50	200	200	100	100		
op/lester objective 1.3         0         0         1         2         2         2         2         2         2         2         2         2         1         2         2         1         2         2         1         2         2         1         2         2         1         2         2         1         2         2         2         2         2         2         2         2	cacy			30	100		50	50	100	100	100	100		0 0
Pole         5,000         15,000         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000	8. political and traditional leaders	beate objective 13												0
Pole         5,000         0         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000         15,000         10,000         5,000					0				0		-	-	0.5	
pic         5,000         5,000         150,000         5,000         150,000         5,000         150,000         5,000	ECTIVE #11								0	-	-	-	1 5,00	
pic         5,000         5,000         0         10,000         5,000         10,000         5,000         10,000         5,	op, and implement relevant culturell.				5				0					
pic         5,000         5,000         0         10,000         5,000         15,000         10,000         5,	SBC oriented programs									1				
150   150	p appropriate SBC materials for segmented groups of young people tate	5,000	2,000	C	10.000			The second secon						
130   150   6/00   150   150   6/00   1/05   5/04	th HIV and AIDS Clubs in all schools (public and private)				10,000	2,000	5,000	0	10,000	5,000		ĵ.		-
1 1 2 1 1 2 2 2 2 2 2 2 1 1 1 2 1 1 1 1	a inter-LGA quiz competitions			150	009			009	1,050	364				
2 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e youth ralent hunt programmes with HIV/AIDs as the central		2	3	12	3		3	12	12	12	12	The state of the s	0
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	in building of			-	2		-		,	,		!		
	& social anness.									-	7	2		

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14 described	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	1,200,000	0	1,200,000	0	2,400,000	1,200,000	0	1,200,000	0	139
36,UAL,UAL	000'000'9	000'000'9	000'000'9	000'000'9	000'000'9		1,500,000	000'005'1			1,500,000	1,500,000		1,500,000	138
09,630,000	0	0	0	25,380,000	47,250,000	27,000,000	6,750,000	000'05L'9	000'05'29	27,000,000	000'051'9	6,750,000	6,750,000	6,750,000	137
48,000,000	000'000'9	000'000'9	000'000'9	000'000'9	12,000,000	0	000'000'9	0	000'000'9	12,000,000	0	000'000'9	0	ostosto	136
198,030,000	14,400,000	14,400,000	14,400,000	39,780,000	67,650,000	29,700,000	14,250,000	9,450,000	14,250,000	47,400,000	9,450,000	14,250,000	9,450,000	14,250,000	135
360,211,200	23,600,000	23,600,000	23,600,000	80,451,200	118,880,000	48,920,000	24,920,000	20,120,000	24,920,000	000'080'06	20,120,000	24,920,000	20,120,000	24,920,000	134
20,000	5,000	2,000	2,000	2,000	0	0	0	0	0	0	0	0	0	0	133
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	132
20,000	3,000	2,000	2,000	5,000	0	0	0	0	0	0	0	0	0	0	131
28,800,000	4,800,000	4,800,000	4,800,000	4,800,000	4,800,000	2,400,000	0	2,400,000	0		2,400,000	0	2,400,000	0	130
43,200,000	4,800,000	4,800,000	4,800,000	000'009'6	000'009'6	2,400,000	2,400,000		2,400,000	000'009'6	2,400,000	2,400,000	2,400,900	2,400,000	129
72,000,000	000'009'6	000'009'6	000'009'6	14,400,000	14,400,000	4,800,000	2,400,000	4,800,000	2,400,000	14,400,000	4,800,000	2,400,000	4,800,000	2,400,000	123
72,020,000	9,605,000	9,605,000	9,605,000	14,405,000	14,400,000	4,800,000	2,400,000	4,800,000	2,400,000	14,400,000	4,800,000	2,400,000	4,800,000	2,400,000	127
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	126
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174
0	0	0	0	0	ô	0	0	0	0	0	0	0	0	0	133
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121
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															110
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0	0	0	0	0	0	n	O.	0	0	0	0	0	0	0	106

11.3 Generative building for young people, including FLHE issues 11.3.1 Thain counsellors and volunteers on HIV issues in schools who will step. 11.4.1 Geown raining to in and our of school youth 11.4.2 Gonduct monitoring visits to school youth 11.4.2 Gonduct monitoring visits to schools to ensure proper implementation 11.4.1 Implement FLHE in all schools 11.4.2 Gonduct monitoring visits to schools to ensure proper implementation of 12.1.1 Conduct sensitianton visits to gatekeepers/identified leaders of the groups 12.1.1 Conduct sensitianton visits to gatekeepers/identified leaders of the groups 12.1 Conduct sensitianton visits to gatekeepers/identified leaders of the groups 12.2 General implement relevant culturally appropriate and 12.1.1 Gonduct sensitianton among sex workers, uniformed men, long group specific SBCC oriented programs 12.2 deschop appropriate, anger-specific SBC materials for MARPS 13.1 Gapacity building on SBCC 13.1 Train at least 60 CSOs from all the 18 LGAs of Ondo state in line with 13.1 Train at least 60 csos from all the 18 LGAs of Ondo state in line with	300	125	125	125	200		THE RESERVE OF THE PERSON NAMED IN					STATE OF THE PARTY	The Real Property lies and the least lies and the lies and the least lies and the lies and the least lies and the lies and t			
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			20,000		20,000			1	3	3	001	001	100	001	22,667	
										0					900	
Service Communication by year 2015			15		15					•						
13.2 Operations research									2	2		C		15	22,667	
13.21 Evaluate the communication strategies and approaches being implemented by registered organizations in the state																
Document and disseminate best practices on SBCC interventions									-	-		-		-	1,026,000	
13.3.1 Document and disseminate best practices on SBCC interventions									-							
14 OBJECTIVES #14									-	-				-	1,026,000	
14.1 Accelerate the scale up of social marketing of condoms (especially female condoms) and lubricants																
14.1.1 Ensure availability of male and female condoms and lubricants for social marketing in the state																
Availability and sensitisation of female condoms to enable dual protection benefits of condoms																
Conduct mass sensionation programmes for general population and key mediane groups including professional organizations, market leaders, refigious groups, etc.	90,000	90,000	50,000	50,000	200,000	90,000	50,000	50,000	50,000	200,000	200,000	200,000	200,000	200,000	900	
143 Advocacy, communication and social mobilisation																

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000'000'009	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	25,000,000	25,000,000	25,000,000	25,000,000	100,000,000	25,000,000	25,000,000	25,000,000	25,000,000	164
000'000'009	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	25,000,000	25,000,000	25,000,000	25,000,000	100,000,000	25,000,000	25,000,000	25,000,000	25,000,000	163
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	162
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	161
000'000'009	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	25,000,000	25,000,000	25,000,000	25,000,000	100,000,000	25,000,000	25,000,000	25,000,000	25,000,000	160
3,078,000	1,026,000	0	1,026,000	0	1,026,000	1,026,000	0	0	0	0	0	0	0	0	159
3,078,000	1,026,000	0	1,026,000	0	1,026,000	1,026,000	0	0	0	0	0	0	0	0	158
3,078,000	1,026,000	0	1,026,000	0	1,026,000	1,026,000	0	0	0	0	0	0	0	0	157
3,078,000	1,026,000	0	1,026,000	0	1,026,000	1,026,000	0	0	0	0	0	0	0	0	156
1,360,000	340,000	0	340,000	0	340,000	340,000	0	0	0	340,000	0	340,000	0	0	1
1,360,000	340,000	0	340,000	0 8	340,000	340,000	0	0	0	340,000	0	340,000	8	0	154
7,516,000	2,392,000	0	2,392,000	0	2,392,000	2,392,000	0	0	0	340,000	0	340,000	0	0	5
10,000,000	0	0	0	0	0	0	0	0	0	10,000,000	0	10,000,000	0	0	152
13,600,000	2,266,667	2,266,667	2,266,667	2,266,667	2,266,667	566,667	566,667	299'995	566,667	2,266,667	566,667	566,667	566,667	566,667	151
23,600,000	2,266,667	2,266,667	2,266,667	2,266,667	2,266,667	566,667	296,667	566,667	566,667	12,266,667	566,667	10,545,057	566,667	566,667	150
117,000	19,500	19,500	19,500	(9,500	00:01	9,750	0	9,750	0	19,500	9,750	0	051,0	0	149
117,000	19,500	19,500	19,500	19,500	19,500	9,750	0	9,750	0	19,500	9,750	0	9,750	0	148
23,717,000	2,286,167	2,286,167	2,286,167	2,286,167	2,286,167	576,417	566,667	576,417	566,667	12,286,167	576,417	10,566,667	576,417	566,667	147
42,066,000	0	0	0	10,716,000	19,950,000	11,400,000	2,850,000	2,850,000	2,850,000	11,400,000	2,850,000	2,850,000	2,850,000	2,850,000	146
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	145
42,066,000	0	0	0	10,716,000	19,950,000	11,400,000	2,850,000	2,850,000	2,850,000	11,400,000	2,850,000	2,850,000	2,850,000	2,850,000	144
64,915,200	0	0	0	20,755,200	22,080,000	5,520,000	5,520,000	5,520,000	5,520,000	22,080,000	5,520,000	5,520,000	000'025'5	5,520,000	143
64,915,200	0	0	0	20,755,200	22,080,000	5,520,000	5,520,000	5,520,000	5,520,000	22,080,000	5,520,000	5,520,000	5,520,000	5,520,000	142
55,200,000	9,200,000	9,200,000	9,200,000	9,200,000	9,200,000	2,300,000	2,300,000	2,300,000	2,300,000	000'002'6	2,300,000	2300,000	2,300,000	2300,000	141

Promote consistent and correct condom use   150   15		18 OBJECTIVES 112-	142.1															
Phonone contains the service recovered in Section 1962   196   1																		
Control Cont		15.1 Promote condom use																
Separate constant and SNG meterial in itself mete		X.1.1 Conduct consistent jungles on radio and television on use of female and male condoms																
Parameter general parameter of selected manufactures and selected ma	-	Distribute condoms and SBC marchile in Ice 11						156	156	156	156	624	624	624	107	107		
Compact and sequencial and covered consistency and sequencial and covered c		is one and state level			200		ooo!	0000	0000	0000	0000	ooos	1000	0001	Lega	170	7184	
Objective reacted to state conduct complaint to the format standard to the format standar		Tromote appropriate operational research					O'CL	7000	2000	2000	2000	9000	OOOH.	1000	4000	4000	730	
Objective and consistent and correct condom use the reference of condom use the refe	-	22.1 Support research to ensure condom compliance to defined sandards																
Principle consistent and correct condom use		16 OBJECTIVE #16					0					0		-			0	
Solution transfer evention from the trace (consistent at the evention from the trace)   1,000																		
Prior and derivate handship   Capacity building for service providers   1,000   1,00	16		n	2			æ	7	2		10	œ	- 71	2	,	•		
Capacity building for service provides   Capacity building	16	1.2 Print and distribute handbills														7	200000	
Capacity building   Capa		62 Capacity building for service providers			1,00		2,000	1,000	1,000	1,000	1,000	4,000	2,000	2,000	2,000	2,000	150	
Capacity building   Capacity and building   Capacity and building   Capacity building   Capacity building   Capacity and building   Capacity bui	10			30		9	902											
Thin health care providers at all breds on comprehences execut and reproductive health and the importance of imagened service provision  Seale up of integrated service provision  Seale up of integrated service for execution and a functional referral networks at all breds of health our providers at all breds of health our providers and service in uniforment a referral networks at a functional referral networks at a functional referral networks at a functional referral networks and service in uniforment a referral networks and service in uniforment in the to 4.21  Adversar as posses makers and programment to implement unigated service of integrated services and development and service and service of integrated services and development in the to 4.21  Adversar as posses makers and programment on implement unigated services and development in the to 4.21  Adversar as posses makers and programment on implement uniqual services and development in the to 4.21  Adversar as posses and programment on integrated services and development in the to 4.21  Adversar as posses and programment on integrated sommodifies  Adversar as posses and integrated sommodifies and services and services and development in the services and						2	3		20		20	100	100	100	100	100	18,400	
Train health care provides at all levels on comprehensive secural and reproductive health and the importance of integrated service provision   100   200   100   80   80   80   80   80   80	-																	
Scale up of integrated service delevey and a functional referral network at service utilization  Implement integrated service delevey and a functional referral network at service utilization  Demand creation for service utilization  Implement denand creation for service utilization  Advocate to policy makes and programmers to unplement unsprated SRH  Advocate to policy makes and programmers to unplement unsprated SRH  Advocate to policy makes and development  In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.		100		100		200		100		001	0 00	000	900				
Implement integrated service delevery and a functional reterral network at all levels of behild carefunded to retainment activities to implement a critical all levels of behild carefunded core unitarities.  Demand creation for service unitarities  Demand creation for service unitarities  Implement demand creation for service unitarities  Advocate to policy makers and receive the implement uniquated SRH and development uniquated SRH and development and finding service at all levels of facilities and fillium up with relevant state stabledders and development and integrated commodities  Line and follow up with relevant state stabledders and development and integrated commodities and integrated commodities are stabledders and development and integrated commodity supply system  OBJECTIVE # 18  Capacity building  Conduct a cose day sensitiation meeting for NDLE's officers (perconted to sensitive and steus with drog use and HIV. In the sensitiation of the labbar and steus with drog use and HIV. In the sensitiation of the labbar and steus with drog use and HIV.	-										8	200	100	OS			18,400	
Demand creation for service utilization Implement demand creation for integrated services  Advocacy Ad	17.	Implement integrated service delivery and a functional referral network at all levels of health care linked to treatment activities to implement a referral network)																
Implement demand creation for integrated services link to 4.2.1  Advocacy A	-	3 Demand creation for service utilization																
Advocacy Advocates Advocate to pokey makers and programmers to implement unegrated SRH Advocate to pokey makers and programmers to implement unegrated SRH Supply of commodifies Linie and flow up with relevant state sakeholders and development partners to ensure an integrated commodify supply system  OBJECTIVE # 18 Capacity building Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitive the makers and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablages and issues with drug use and HIV 100  Integrated to the lablage and the lablage	17.	Implement demand creation for integrated services	link to 4.2.1															
Advocate to pokey makers and programmers to implement untegrated SRH service control of the care.  Supply of commodities  Laise and follow up with relevant state stakeholders and development partners to ensure an integrated commodity supply system  OBJECTIVE # 18  Capacity building  Conduct a one day sensitization meeting for NDLEA officers/personnel to assentiate than on the lankages and issues with drug use and HIV  100  100  100  100  100  100  100  1	-	Advocacy																F
Supply of commodities  Laise and follow up with relevant state stack-holders and development 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	17.	Advocate to policy makers and programmers to implement integrated SRH service at all levels of health care				1	F	-					-		-			
Laise and follow up with relevant state stakeholders and development partners to ensure an integrated commodity supply system  OBJECTIVE # 18  Capacity building  Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitization the labelges and issues with drug use and HIV	-						1	1		1	1	1					000'06	
OBJECTIVE # 18  Capacity building Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitization on the Inslages and sissues with drug use and HIV Instansassion	17.5			-		-	- 61		-		-	,	,	,	(			
Capacity building Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitize them on the lankages and issues with drug use and HIV Institutions.												'	1	4	71	2		
Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitization on the linkages and issues with drug use and HIV Intransmission (100)	18																	
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193	1812	Colaborate with NDLEA to conduct 2 days sensitization for 150 persons on drugs /substance abuse.	,		u u	ט	I		-	×	ı	Σ	Z	0	d		~
				S			50 50			8	8					18,400	
इ	181.3				8		06	06			06	06				75,667	
281	18.2																
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981			-		_	-	7	-	-	-	7	7	7	7	4	2,000	
197	31	Demand creation for service utilization															
198	1831	Develop, produce and distribute SBC materials to address drug abuse. (Reatlets, Posters, stickers etc.)			10,000	10,000	9		10,000		000 01	000 01		000 01	000 \$	98	
198	1832	Dissentinate information on drug/substance abuse into weekly radio and TV programs by the Ministry of Information	51	11	=		5					one de		and a	aut'r	87	
200	18.4			:			2	2	2	13	22	32	22	52	22	2,730	
707	1841	Advocacy visit to NAFDAC,NDLEA to integrate HIV prevention programming with drug/substance abuse programs and initiatives		100			S		5		,	,	,	7			
302	1842			36		36	9	36			36		0	0	0	0000	
203	19															ant's	
200	19.1	Capacity building															
SS	19.1.1 g			-			2	-		-	2			e	9	270,000	
506	19.1.2	Train 86 persons from the existing 14 PLHIV Support Groups in the State, and 4 HCT counsellors from the 18 LGAs on PHDP.		30		30			30		30		. 50	,		18.400	
207	192 S	Scale up of PHDP services				0					1						
208	192.1	Faciliate step-down trainings (by 86 trained persons) to the facility, LGA and Support group level.		30		30			30		0 9		1				
508	19.3	Demand creation for PHDP services									3		9			9,200	
210	193.1 P	Produce and dismbute SBC materials to address PHDP services. (leafters, Posters, sickers etc.)			10,000	10,000			10,000		10,000	10,000		10,000	5,000	300	
211	1932 D	Disseminate information on PHDP utilizing weekly T.V and radio programs by the Ministry of Information	link to 19.3.2								0						
77	R	OBJECTIVE #20								-							
213	A 1.00	Adaptation of policies						The state of the s	The state of the s		-						. ]
214	201.105	SACA to adapt and distribute 20,000 copies of Universal Safety Precaution to existing health facilities in the state.			20,000	20,000					0					1200	
215	302 C	Capacity building															
216	2021 Te	Tain TBA coordinators in the LGA on Universal Safety Precaution (to in turn step-down training to their TBA clusters)			81	18			81		81	- 81	82	81	81	18,400	
										1		Annual Statement	The state of				7

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Column   C	d uc	Serial orth attendants from mission homes in the LGAs on Universal Ore day sensitization serial	U	٥		U	I		-	×	,	Σ	z	0	d	0	
Note   100	birth attendants from mission homes	nts(including			50		20		20		20	20	20			18.400	*
Sample   S							00			100	100					0000	
1	ific, appropriate (and pic	torial) SBC	-										1			0000	
Same	Outh arrendants in mission homes) National protocol on PEP and health workers injection safery guidelines	ichiding on safety			000	2,000	0	2,500			2,500	2,500				1200	
Sample   S	20.4.1 Adapt, produce, and distribute 15,000 guidelines for health workers.	kers.			5.0					000 \$	8 000						
1, 2, 10	Use of safe injection commodities Purchase 30,000 non-renesha									and of	noute a			2,000		1200	
13   13   13   13   13   13   14   15   15   15   15   15   15   15	special events and ourselves symples to be used for ODSACA activities.  Conduct mass sensions.	activities,		3,	000	2,000		5,000			5,000	2,000	5,000	000			
1,500	non-reusable syringes	the use of	. 13	13				13	13	13	52	63	2	J'MM'C	2,000	15	
1500   1500	Purchase and distribution of 6,000 sharp disposable containers			.500		1,500	1,5				003	70	25	52	52	2,730	
Sample   S	Facilitate the construction of 18 incinerators for LGAs			6		3		THE STATE OF			UNIC 1		1,500		1,500	200	
1,500   1,50	Operationalize the National Health Care Waste Management Plan, policy and guidelines	nent					,				3	3	3	6	3	000009	
15,000   1	Conduct advocacy visits to Ondo State waste management board to faciliate the implementation of the National Health Care Waste Management plan and the construction of increases.				8	5											
15,000   1	Adopt, produce and dismbure 15,000 National Health Care Waste Management plan, policy and guidelines for health workers in the state.	5		ν'9	2	000'9		2,000			2 0000					9750	
15,000 15,000 10						-					OXO'C	4,000				1200	
15,000 15,000 1 15,000 1 1	Adapt and operationalize the national blood transfusion policy and guidelines at all health levels	licy									0						
15.000   1	SACA to adapt and produce existing national policies and guidelines								-								
9	Dembure 15000 national blood transfusion policy and guidelines at all health keets health workers in the contract.		0.51	3		-					0						
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3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 1,500	Train 50 laboratory scientists/technologist in the public and private sector on rational blood transfusion policy and enicleines	or										-					
3,000 3,000 3,000 3,000 3,000 3,000 1,500	Strengthen SBCC to promote VNRBD								90		20					000'6	
3,000 3,000 3,000 3,000 3,000 3,000 1,500	Develop, produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote VNRBD	4		100001				The second of the second		-							
3,000 3,000 3,000 3,000 1,500 1	21.4 Disseminate and implement national protocol on VNRBD	CBD		ומינימים		10,000			10,000					000'9	5,000	250	
3,000 3,000 3,000 1,500 1	Adapt, produce and disrubure 15,000 VNRBD policy and guidelines to health workers at all levels of healthcare in the Series	\$ 10		1,000													
	Tiple out			OWN'C		3,000		3,000							005,1	1,200	T
	Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.			·													

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	24.1.1 Produce and distribute existing and guidelines	342 Capacity building	24.21 Training of Trainers (TOT) health workers on proper use of ross	24.3 Strengthen CBCC	Provision of 15 000	24.1.2 Provision of Den	Disseminate Disseminate of the State of Section of LGA	and relevant safety guidelines	24.4.1 Develop and air media messages	24.4.2 Produce and dismbure 15,000 copies of guidelines to health workers in each senatonial district:	245 Promote the use of aseptic procedures	24.5.1 Implement promotional road shows rallics and Spot demonstrations at strategic points

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550,000	100,000	100,000	100,000	100,000	100,000	25,000	25,000	25,000	25,000	50,000	25,000	25,000	0	9	282
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-1~	Objectives/Strategic Interventions/Activities	TARGETS	0 8			0	-		4		0,00	2000	2000	U	Unit cost Cost type	-
1-		2010					2011		č	Total	2012	2013	*107	5002		Q1 2010
1	Thematic Area 2. Treatment of HIV/AIDS and Related Hack Condition	100	2	3	3	Total	5	3	-							26,708,806
	1 Objective L. At least 80% of aligible adults /	anna Cond				7.	1									6,133,867
9	1.1 Advocace	70% of child	2	and girls) a	are receiving AK I	4	2015									29,067
	Identify relevant state stakeholders that can facilitate access to HIV and AIDS services					1.0					30					0
		7.				5					,	7	4	4	7267	2000
	1.1.2 "	7	7	7	7	16					-					1840,000
												001	007	001	000 81	
	12.1 Iran 600 health personnel in treatment centres in batches: (Doctor, Nurses, Lab scientst, Pharmacist, Adherent counsellor, Attendance, Medical records, Nurnitonist).	100				100	100	100		200	100	100	8	81	18,400	1,840,000
11	1.3 Decembration and integration											,	,	,	44.111	758,000
	1.3.1 Establish treatment services at the PHC level.	3	3	- 3	2	10	13	2	3	3 10	4 001	1001	1001	1001	175	133,000
	1.3.2 Deploy 600 personnel's to treatment centres at all levels.		95	9.		1	1	20	20						\$20,000	520,000
15	1.3.4 Distribute copies of National guidelines on ARV to all treatment centres	Sologino Sologino	95	90		150			8	50 50		90		95	2,100	105,000
	1.4 Medical commodities and equipments				The Part of the Pa									-		0
71	Procure and distribute medical equipments to all existing treatment centrers. 3 CD4 Count machine, 3 PCR. M machine, 3 chemistry automated analyser, haematelogical analyser.					-		-		-	-	-	-		14,530,000	0
	Procure & distribute medical commodities : Reagents, Lancet, count kits, cleaning		-			-			-	-		-	-	-	935,800	0
18	sounce, grow goves, menyand spine corner, corner week, paster, rect was			-	-						-					2,278,533
	1.3 Provision and upgrade of physical infrastructure  Assess and unerade existing physical smutures in the 5 ART centres in three senatorial			·		·		,		,					7,000	2278533
20	dismets			'		'		-								
	US2 Upgrade existing structures in 10 health centres of each senarcial district with 1 senerator and 1 are condition per health centre				-	"				2 2	2	6	7	2	2,800,000	0
	16 Public Private Partnership															1,085,267
	Foster collaboration (through visits) with existing private Health Institutions, CSON, Donor assences, concerns institutions	-	*	7	æ	30					30	30	30	30	3,000	21,000
	16.2 Implement quartedy review meeting with private health facilities, CSOs, Donor agencies line manistres.	-	-	-	-	7	-	-	1	1 4	•	7	7	7	1,055,000	1,055,000
	Conduct advocacy by advocacy committee) and sensitiation of corporate institutions ( finance industries, od conquines, industries) to engage them in the public provate focum to support comprehensive ANT services	rı			6	10			3	2 5	ıc	ů.	5	10	4,633	9,267
	1.7 Laboratory quality system management network			SALES AND												0
	17.1 Upgrade the laboratory facilities in the existing ART centures in each senatorial district.				1	1			-		-	1	-		4,334,000	0
	Train 60 laboratory personnel ( rechnicians, rechnologist and scientist) on quality management				10	10				01 01	10	10	10	10	25,550	0
20 20	1.7.2 Create impress for annual maintenance and repair of equipments 18.0 [A/O]		-			-	-	+			-	-	-	1	100,000	108,000
1	Dambure copies of SOP and guidelines to laboratory facilities in all ART centres		8	90	30	150			05	93		98			633	89,000
32 182	Conduct supportave supervisory visits to the ART centures	1	1	1	1	7	-	1	1	1	7	7	7	7	19,000	19,000
	1.9. Cfinical Pharmacovigilance for ARVs															0
19.1	Crear awareness on side effects of ARVs by distributing pumphlets to health workers, dients, etc.				200	900			35	900 900	900	200	200	800	5,885	0
35	1.9.2 Implement active surveillance and reporting of adverse drug reaction to ARV drugs .	Suice no		Towns of the last	1	-						1			410,000	0
36 1.9	1.9.3 Provide treatment and referral services for adverse drug reaction	SuioSuo	STATE OF THE PARTY		1000	1000			1000	000 1000		1000	1000	1000	8,012	000
	1.10. Local manufacture of ARVs and other commodities					,	-			-				-	58,000	opice .
	02 Mg out local ARV manufactures	-	1			3				0					35,000	35,000
1.1	0.3 Provide space for herbs plantation	STATE OF THE PARTY		-		23	Salverine Labor			0					1,400	THE STREET WHEN THE PARTY OF TH

	3				I						Color		
29,514,556		97,744,745	149,828,363	28,204,606	37,683,356	35,644,523	47,267,111	148,362,097	141,751,863	184,853,997	141,638,997	115,211,997	881,647,313
T12,092,01	18,065,483	THEAT	74,473,938	5,469,667	19,708,417	17,362,250	30,184,838	272,707,27	69,877,438	112,939,572	70,724,572	43,297,572	436,008,764
790,65	79,067	29,067	116,267	0	0	0	0	0	29,067	29,067	29,067	29,067	232,533
0	0	0	0	0	0	0	0	0	0	0 .	0	0	0
79,067	19062	190'62	116,267	0	0	0	0	0	29,067	790,02	790,02	190'62	232,533
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057.245	30.417	19788	1,278,333	199'88	714,79	141,750	238,000	548,333	194,833	211,167	106,167	211,167	2,550,000
133,000	19788	19788	443,333	199'88	199'88	133,000		463,333	177,333	88,667	88,667	88,667	1,330,000
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andre.			010200	23.12.000	2 148 000	10,843,800	19,762,149	35,101,949	35,281,949	52,125,949	35,281,949	26,613,949	220,683,69
8,066,000	2,190,000	39,731,415	0.000	0310000		10.843.800		29,501,949	29,681,949	46,525,949	29,681,949	21,013,949	187,083,692
5,266,950	2,190,000	36,931,415	946 TT408	and party	O Contractor				2,600,000	2,600,000	2,400,000	2,600,000	33,600,000
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24,000	21,000	24,500	000'06	0	0	0	0	0	000'06	oon*oo	and a		Wine.
1 055 (100	1,055,000	1,055,000	4,220,000	1,055,000	1,055,000	1,055,000	1,055,000	4,220,000	4,220,000	4,220,000	4,220,000	4,220,000	25,320,000
0	0	13,900	23,167	0	0	13,900	79,267	23,167	23,167	23,167	23,167	23,167	000'661
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108,000	30,000	22,747,615	6,956,615	000'61	19,000	000'61	5,903,615	5,960,615	5,960,615	22,804,615	5,960,615	5,960,615	53,603,692
COST COR	autus	00000	000 9L	000'61	000'61	000'61		76,000	26,000	000'92	000'92	000'92	156,000
19,000	000/61	11,364,308	3,352,308	0	0	0	2,942,308		2,942,308	900-HOK-11	2,242,308	2,942,308	18,473,846
0	0	2,942,308	2,942,308	0	0	0	2,942,308	2,942,308	2,942,308	2,942,308	2,942,308	2,942,308	17,653,846
3	0	410,000	410,000	0	0	0	0	0	0	410,000	0	0	820,000
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#400 mon					***				09		020	050	250	250	4.2 Cotrimoxazole Preventive therapy for PLWHIV with The
15 (70000)														9	4.1.2 Provision of HIV crames and prevention
0	0					+	+						by 2015	AIDS services	4:1 HCT of TB patients
0	0			+	1		-							M&E	4 Objective 4. All TB patients have access to quality and comprehensive 1117 and 1120
0														link to	3.5.2 Quartedy review of data analysis and feed backs
0				1	-	-	-							link to	
313,750	20,917	8	3	-	+	-								422	
10,278		1	97	93	99	93	15 15	15 1	15	09	C	2		(C&S)	
324,028	10.278	7	7	7	7	7	1 1	-	-			1/2	15	15	342 I framing of 360 community pharmacy to provide DOT services (link up to activity 4.4.2)
107,333								-	-		1	-	-	1	spanners / prantitor refunctions/hospital phannacies
201	107,333	9	9	9	9	9	C1	-				The state of the s			3.4.1 Collaborare with community pharmacies / objects
0		-	-	-	-	1	,		-	9	C1		1		3.4 Linkages/Integration of Pharmacy and DOTN services
13,218	812,61				1	-	-			-		-			1333 metadarani (CEL trew pounts at strangos places within community e.g. public places where people socialise.
	11.719	-	7	7	7	7	-	-							implement local arrais not covered by the state ridio / IV station
120,551											-	-	-		Duilbuard, handbulls, posters, film show, role-play,
0	0	100	100	100	100	100									111 Create avarences in the community should
0									100	100			0	100	33 Communities, PLWHIV and Partie
18,000	18,000	7	7	7	1	•									3.2.1 Train of 600 health personnel on HIV/ TB case management and adherence counselling
000'06	000'06	7	7	1				-	-	7		-			3.2 Training and Capacity Building
121,667	121,667	4	7	7	•	, ,	-	-	-	7		-			31.4 Support formation and meetings of HIV/TB working Group at service delivery level
110,000	Occions				-	-	-	-	-	7	-				3.1.3 Support quarredy review meetings of HIV/TB working erous in 18 LGAs
	110 000	7	7	7	7	7	-	-							3.1.2 Impare formation meeting of HIV/TB working Group at local level in all 18.1.G.A.
339,667											-	-	1		Control of the Control of HIV/AIDS /TB Working Group at state level
784,246															3.11 Courtes must be take and LGAs level and facility level
0											ons by 2015	tive interventions	IIV collabora	Atrong TB/	3.1 Coordinating bodies /Strengthen the collaboration of HIV AIDS + True
	0													T and	J Objective 3. All states and local government areas (LGAs) are implementing agence Traylors.
10,600	1,060	40	40	01-	40	10 40							.8.2	link to 1.8.2	
10,600	THE RESERVE OF THE PARTY OF THE						9	01	10	07	01	10 10	01		2.4.2 Conduce annual contract to the contract
100,000	100	4,000	4,000	4,000	4,000				-						53 241 Dismbure copies of SOPs and enidelines on On 111
						1,000	1.000	1,000	1,000	4,000	000'1	000'1	1,000		52 2.4 Implementation of QA/QI for Ol management
0	0														233
0	0												114	p. 02 d.	SO activity 1.1.4) activity 1.1.4) activity 1.1.4)
100,000							<u> </u> ,						1.1.4	1.1.4)	Precurement & distribute the following: Reagens, Janes Cank up to activing
														7 2	49 machine, chemistry automanel inclinate to health centres: CDA Count machine, PCR VI
	0														
													15.1 & 15.2	Juk Juk	23 Provision of martins
	0 001	001	100												22.1 Renovation and standardization of existing infrastructure for the management
								100	100				2) 100		46 2.2 Upgrade laboratory infrastructure for Ol man
													(link to		
110,600														1	2.1.1 scientist, Pharmasise A.A.
	18,000				0					13	treatment) by 2015	ban, sixe	gnosis, prophy	lor Ole (diag	Their Aces of Clingnosis, prophy
R 5	Q C	-	0		-								Missing		Training
		-	-	2	M			The second second	Z	1	The second second	STREET, STREET			2 Objective 2

1,2,000   1,5,	Test Compare (aben) for			ACCOUNT ACCOUNT ACCOUNT		9	の変数を変数				W	N	0		-		
State by with	Odfitte and supplies	13,000	15,000	13,000	15,000	000'09	15.000								3 W		
Table   Tabl	on distribution of medical commodities for HCT services disk		SERVICE S												8		750,094
1,000   1,00	PIIV with scrive TB	Mak to 4.2.1															
1	Categorie ARV done G. Dr. rest.																
100   100	way it PLWHA with scave TB	250		250	260	000											13,125,000
10000   100000   100000   100000   100000   100000   100000   100000   10000	To ensure all PLHIV have access to quality and comprehensive T	B services by 2015			3	0001	250	250	230						52,500		13,125,000
1	throng of TB		STATE														4010000
1, 10, 10, 10, 10, 10, 10, 10, 10, 10,	s on 1B infection through radio slot [ingles]	00						1									4,010,000
A character,   A ch	on TB infection through billboard	R	S.	8	8	360	06	8	06							STREET, STREET	0
1, and   1	O Thisting	2	0	0	3	12			1				360	360			0
1,0,000   1,0,	con TR. Controller IV slot (imples)	08	06	60	20		•	2	2	3			12	1.3			0
1	on 1.0 microon through handbills, .	10.000		000001	00000	360	06	06	8					77			
No.   No.	aton on 1B /HIV infection and prevention in the market , churches,			1	0000	40,000	10,000			40	40	40,000	40,000	360			00
Section   1	Bott for Th and MDB TTO					•	-	1	-		2	2	2	,	2000		
single-strokers         1         1         1         1         1         3         400000         5000000         500	and														andana		9
1	2 laboratories with equipment to provide standard laboratories		1														000 000
sign         10         1	listrict			-	-	•											280,000
1	T personnel on TB and MDR-TB diagnosis in HIV infection		01			-				1					200,000		
1   1   1   1   1   1   1   1   1   1	contonies in the diagnosis of TB and MDR-TB in HIV infection				1	01	2			10	10				and an		5
1	largine of laborator					-		-							96,000	The state of the s	0
1,000   1,000   1,000   1,000   2,100   1,000   2,100   1,00	Silvanianis	Section 1	Separate Contra			-	-	1					-	1			0
1,000   1,00	alive therapy for PLHIV													Management of	280,000		280 000
The continue of the continue	and drug for preventive themory for PLWHA	or or															-
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1,000   1,000   1,000   2,000   1,100   2,000   1,00									-	DON's	4,000	4,000	4,000	4,000	200		1,000,000
change         500         1,000	B and commodities such as centrifuge, respents, ZN stain microscope, cordes, alcohol, Lab forms, corten wood, mask, gloves.		1,000	000'1				000									0
dring         SO         1,000         5/0<	c for anti-TB drugs									2,000		1,000		1,000	1,000		•
drage         Stop         1,000         540         540         540         540         540         540         540         55	sound & public on recognition of adverse effects, done innerarrione																
Arthogon   Sam   1,000   Sam	wing anti-TB drugs through facility-based presentations	-		-		۲۱											100,000
SAO    SAO    1,000   SAO    1,000   SAO    SAO	are documents/materials on anti- TB drugs side effects, drug									(1	-	-	-	-	0		•
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10         10         10         10         40         10         10         10         40         10         10         10         10         10         10         10         10         10         10         10         10         10         200         500         500         500         200           500	universal precautions at HIV health care delivery sites	005								Name of Street	THE STATE OF THE S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECTION OF SECTION				
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						THE STATE OF	200	PERMIT	TOTAL STREET	200	2009	OF S	07	0+	3,000		30,000

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000,000,0	1,000,000	0	1,000,000	0	2,000,000	0	9	1,000,000	1,000,000	2,000,000	0	1,000,000	0,000
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12,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	0	1,000,000	0	1,000,000	2000,000	1,000,000	0	9 0
1,680,000	280.000	280,000	280,000	280,000	280,000	0	0	0	280,000	280,000	0	0 0	0
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7,560,000	280,000	280,000	280,000	1,240,000	2,740,000	200,000	200,000	200'000	1,240,000	2,740,000	0007005	000'005	1,460,000
4,500,000	000'009	000'009 .	000'009	000'009	1,200,000	300,000	300,000	300,000	300,000	000'006	300,000	300,000	300,000
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4,500,000	000'009	000'009	000'009	000'009	1,200,000	300,000	300,000	300,000	300,000	000'006	300,000	300,000	300,000
47,180,000	000'002'9	5,700,000	000'002'9	0000'099'9	10,860,000	830,000	2,030,000	1,830,000	000'0119	10,560,000	1,830,000	1,930,000	2,790,000
315,000,000	52,500,000	52,500,000	52,500,000	52,500,000	52,500,000	13,125,000	13,125,000	13,125,000	13,125,000	52,500,000	13,125,000	13,125,000	13,125,000
315,000,000	52,500,000	52,500,000	52,500,000	52,500,000	52,500,000	13,125,000	13,125,000	13,125,000	13,125,000	52,500,000	13,125,000	13,125,000	13,125,000
•							•		•		•		
- 3000	•	Service and the service and th	•			• 1938/1830/0951				•			
18,002,250	3,000,375	3,000,375	c/c'ooo's	cidoode	ciclopate	. rober	cataci	acolor:	acoloc i	cichools	H60'05'L	150,027	150,094

7 6	2 8		TARGETS	W .	4	<sub>S</sub>	I		×	7	Σ	Z	0	Ь	۵
							2011							_	Unit cost
7		Thematic Area 3. Care and Sunnors for Band 1 2	Q1 Q2	(c)	₹	Total	01 02	10	70	Train	2012	2013	2014	2015	
5		Sub-theme : PLHIV	y HIV/AIDS					3	5	1 0131					
		1													
۱۱۹			by 2015												
1		Advocacy to re													
60	1.1.1														
		Conduct sub-holden:		36		36		36							
0	1.1.2	2 PHC Coord, Led Ack officer, community leader, PLP representative, CBO rep)		30	09	8	01	;		R	30	98	36	8	12,000
8	12	2 Review/develop and disseminate national policies, standards and protocols for care and asset					96	09		06	06	90	06	8	6,889
		Confirm													
H	121	Jounnact review meetings with stakeholders to assess existing policies on cire and 1 support services for PLWHIV. (30 participans) media, GSHAN, NEPWAH, MOJ, GSO, Private org., LACA, Line ministries, Community leaders,			-	7				0	0	0	•	-	292 000
n	122	Reviewed policies adapted and produced for the state on Care and support services for PLHIV, (20,000).			0009	000 9		100						•	oo'ror
13	1.3									0	2,500	2,500	2,500	2,500	700
12	13.1	From the page of relevant MDAs and CNOs - Youth groups, FBOs, women crowns et as he are a larger to be a second to the second to													
7.	132	Assess of existing resources and human assessment of the							1			-			510,000
: :	133	Development and production of ratining materials to build canadia of MDAs and	link to 1.3.1	-					-			-			on or or
4		_		•	50 50	100			20						0
77	3	services		ış,	50 50	001			00	30	98	50	30	50	1,000
138	1.4	Provision of integrated care and support services to PLWHIV							30	30	90	90	90	50	18,000
21	141	Map PLWHIV through the existing support groups													
R	1777	1.4.2 Identify and Train 5 Care givers per LGA to carry out Home based care services.			00	- 00				0	1 20 20 10	Marketon Sa	-		250,000
	1.43 N	Monitor and supervise care givers on quality of services (set up monitoring committee,			3	OK.			06	06 0	06	06	06	06	14,889
27 22	drr.	position of monitoring visits by the committee, tools for the committee etc.)			0	0	5	5	5 5	20	20	06	000		
	I S I	Team peer educations on positive losine for PLWHIV	250 2	250 250	250	1.000	100	001				07	707	50	
2		0			30	30		00+		1,6					5,000
22	20	Objective 2. 50% of PLWHIV and PABA especially women, marginalized and people w	후	need are linke	d to IGAs an	I november	special need are linked to IGAs and nowners allowering		30	30	30	30	30	30	22,667
22	2.1 Ac	Advocacy to relevant stakeholders				The state of the s	ration programs.								
92	21.1 %	(1.9.1)	link to Advocacy	20		20									
77	2 2 2	Capacity building on LGA programs targeted at PLWHIV/PABA especially women, young girls and persons with special needs e.g. Physically challenged	1.9.1				And the last of th			10	10	10	10	10	27,222
	Ide	enis PLWHW/PARA. One of the live								0					
28	22.1 Inc	Income generation activities - Fashion designing Furniture making. Pariting. Shoe making, ICT, Barbing, Catering, Hair dessing etc.			200	200	ا الرسوري		30	ōč	S	98	98	S	6
82	222 Tra	Train of PLWHIV/PABA on income generating activities (IGA) (450 people in the 18 LGA)			0000	-	1				(4)				
				The state of the s	200	200			30	30	30	30	30	98	50,000

Total		#REF.	404,829,556	52,027,000	6,312,000	2592000		3,720,000	11,785,000	385,000		11,200,000	8,810,000	2,160,000	0	350,000	000'006'9	50,240,000	25,120,000	8,040,000	0	13,000,000	000'080'+	29,837,556	1,905,556	955,536	27,500,000	0	22,500,000	
2015	Call of Section 1	#REF.	53,608,778	6,312,000	1,052,000	432 000		620,000	1,750,000	0		000'052'1	1,490,000	340,000	0	900'09	000'006	000'0+0'+	2,020,000	1,340,000	0	0	000'089	3,327,778	272,272	272,272	3,055,556	0	2,500,000	
2014		#REF!	53,106,278	5,772,000	1,052,000	000 CEF		620,000	1,750,000	0		1,750,000	950,000	0	0	90,000	000'006	000'010'1	2,020,000	1,340,000	0	0	000'089	3,327,778	272,222	22,272	3,055,556	0	2,500,000	
2013		#REF!	53,646,278	6,312,000	1,052,000	000 027	and the	620,000	1,750,000	0		1,750,000	1,490,000	540,000	0	20,000	000,000	1,040,000	2,020,000	1,340,000	0	0	000'089	3,327,778	22,272	222,272	3,055,556	0	2,500,000	
2012	and the state of t	#REF!	54,356,278	5,772,000	1.052,000	000 551	000,400	620,000	1,750,000	0		1,750,000	950,000	0	0	90,000	900,000			1,340,000	0	0	000'089	3,327,778	272,222	222,272	3,055,556	0	2,500,000	
	Foral	#REE	66,282,278	12,562,000	1.052.000	133 000	435,000	620,000	0	0		0	1,490,000	540,000	0	50,000	900,000	20,040,000		1,340,000	0	8,000,000	000'089	3,543,778	272,272	22,272	3,055,556	0	2,500,000	
	T +	#REF!	14,795,556	4,020,000	0	0	>	0	0	0		0	0	0	0	0	0	8,040,000		1,340,000	0	2,000,000	000'089	3,055,556	0 0	0	0 3,055,556	0	0 2,500,000	
	93	#REF!	37,674,722					0	0	0		0	1,490,000	540,000	0	90,000	000,000 0	4,000,000	2,000,000		0 0	2,000,000	0 0	0 272,272	0 272,222	0 22,272	0	0	0	
	02	#REF!	1		1		0 432,000	413,333	0 0	0		0 0	0 0	0 0	0 0	0 0	0	000,000,4	2,000,000		0	000 2,000,000			0	0	0	0	0	
2011	01	#REF						0 206,667										000,000,4			0	2,000.		216,000	1	1	13	0	8	
	Total	HPFF				0 1,052,000	0 432,000	0 620,000	4,785,000		0 585,000	4,200,000	2,440,000			100,00						000 000 9		121			22,222,222	0	10,000,000	
		5			3 8,420,000	To Manual	0		4,200,000			0 4,200,000				20.03					0 0		00 1,250,000			1 1	0 12,222,222		0 10,000,000	
		C)		"	<u>د</u>	7 413,333		7 413,333	585 000		0 585,000			winch		0	0 50,000			00 1,250,000	0	0	00 1,250,000			544,444			0 0	
	2010	20		3,148,667	00 2,428,667	0 638,667	0 432,000	T204,002 0		D .	0			0 540,000	0 540,000	0	0	0		000 1,250,000	0	0	000 1,250,000	0	0 216,000	0	0 0		0 0	0
BUDGET		10	#REF!	1,250,000	1,250,000														2,500,000	1,250,000			1,250,000							
1 Cost type	_	3	4	5	,	7		<b>∞</b>	6	10		11	12	13	14	55	at at	1 2		18	50 20		21	33	24	13 23	26	7.7	28	29

	30	Equip and empower of trained	,	٥	ш	-	9	1	The second second second	1	Statement Statement St.					
		o manica persons -teorganize micro finance					8 10			4	-	Σ	Z	0	۵	đ
	31	2.3 Resource mobilization and fund allocation				200	200				50 50	20	20	8	90	11,111
							0				0		100			
	æ	2.3.1 Government, NEPWAHN. and Corporate organizations that can provide resources (fink to activity in 4.3.1 in institutional architecture).	link to Institutional				-	-								216,000
m	8	Conduct advocacy visits (by advocacy committee) to sensitize the identified groups for Treatment)  Treatment)	li treat		02		10				01	01	10	01	S	Wifai-
w)	æ	Set up Budget Tracking committee - representatives of CNO, NEPWHAN, CISHAN, 233 Community leaders, Religious leaders, NUJ and Conduct 3-day Training (20 ppl) on Budget rracking (link to activities 9.1.1 and 9.2.2 under institutional architecture)	1				-				0			-	2 0	9
æ	10	3 Objective 3. To improve access to and support to 60% of PLWA extrecially woman manipulized necessarial. i.	and manner	nalizad pare	The last											
88	9	3.1 Behaviour change communication	Sur III III III III III III III III III I	manacon pers	ans mending	g persons wit	th special nec	eds Infected wi	th HIV within	a right based	pproach					
37		3.1.1 Development and production of 50,000 printed IEC materials on stigma reduction in														
		Dissemination of SBC materials to communication of SBC			20,000		20,000		10,000	000	10,000	2,000	2,000	5,000	5.000	001
ж Ж					20,000		20,000		10,000	00	10,000	5,000	5,000	5.000	5,000	001
					364		364			364	364	364	17/2	37.1	non'r	
8		M.4 in major roads and strategic locations in rural and urban areas			15		15			01	01	9	4	30.	36	2,500
4		31.5 Conduct sensitization meetings and workshops for print and electronic media personnel (150) on stigma reduction.				30	205						,	C	2	250,000
끂		3.2 Caapcity building of care providers and PLWHA								25	25	25	25	25		1,500
£		S.2.1 Conduct 5 day training of 5 health service providers (Dectors, Nurses, Counselors) on interpretaonal skills sites providing HIV/AIDS treatment sites.				06	0 06		9	06	0 06	6	8	58		
4		3.2.2 Train 300 PLWHA on stigma reduction and human rights				97	021						2	R	96	206,389
\$		33 Policy enforcement				001	130			70	70	70	70	70	70	38,400
46		Conduct a review meeting on existing national HIV policies (link to activity 4.2.1 line tunder policy and advocacy)	link to		-		-									
47		existing policies - Workplace, Child right law,				000 01	1 0000				0					39,800
\$	3	gents on implementation (link to activity 1.8.1 under policy	k to			10,000	10,000				0					700
£		To improve by 80% effective referral and linkages within and by	policy 1.8.1	_			0	100			100	100	100	100	100	33,000
S		4.1 Advocacy	THE ASIA HAVE	nealth care ta	aculities and c	communities	based care s	facilities and communities based care service points.								
51	7	4.1.1 Conduct mapping to Identify the existing health care facilities and community based care service points in the 18 LGAs on continous basis over the ware		-												
25	17	4.1.2 Conduct advocacy visits to the facilities and service points in the 18 LGAs /2 per LGA			,,,			The second second second second second	=			1	-	1	-	504,000
EX.	-+	+2 Networking and collaboration			30		36		36		36	36	36	36	36	12,000
*	77	4-21 Develop and produce directory (5,000) of HIV related services delivery points			1 500			the same of the sa	the same of the same of the same of		0					
SS	127	2.2 Froduce and disseminate referral forms to be used at the service points (100,000 booklets)				20 000	000,1		1,500		1,500	200	300	300	300	200
%	+	43 Institutional and human capacity building					non'nc			10,000	10,000	10,000	10,000	10,000	10,000	200
C	13.1	Support formative meeting for TWG of service providers, CSOs, laboratory personnels covered on the service providers, CSOs, laboratory					0				0					
					-		-				0					54,000
									The second name of the last of							THE R. P. LEWIS CO., LANSING, MICH.

54,000	0	0	0	0	0	0	0	0	0	54,000	0	54,000	0	0
3,600,054,000	2,160,000	2,160,000	2,160,000	2,160,000	2,880,000	720,000	720,000	720,000	720,000	1,494,000	720,000	774,000	0	0
70,000,000	7,000,000	7,000,000	2,000,000	7,000,000	7,000,000	7,000,000	0	0	0	35,000,000	35,000,000	0	0	0
3,500,000	350,000	350,000	350,000	350,000	1,050,000	0	1,050,000	0	0	1,050,000	0	1,050,000	0	0 0
73,500,000	7,350,000	7,350,000	7,350,000	7,350,000	8,050,000	7,000,000	1,050,000	0	0	36,050,000	35,000,000	1.050,000	-	
2,592,000	432,000	432,000	432,000	432,000	432,000	0	432,000	0	0	432,000	0	432,000	0	-
3,024,000	504,000	204,000	204,000	504,000	204,000	0	0	504,000	0	204,000	0	0	504,000	0
5,616,000	936,000	936,000	936,000	936,000	936,000	0	+32,000	504,000	0	936,000	0	432,000	504,000	, c
92,130,000	10,446,000	10,446,000	10,446,000	10,446,000	11,866,000	7,720,000	2,202,000	1,224,000	720,000	38,480,000	35,720,000	2,256,000	504,000	0
16,500,000	3,300,000	3,300,000	3,300,000	3,300,000	3,300,000	0	0	0	3,300,000	0	0	0	0	0
7,000,000	0	0	0	0	0	0	0	0	0	7,000,000	7,000,000	0	0	0
23,500,000	3,300,000	3,300,000	3,300,000	3,300,000	3,300,000	0	0	0	3,300,000	7,000,000	7,000,000	0	0	0
47,000,000	000'009'9	000'009'9	000'009'9	000,009,9	000'009'9	0	0	0	000'009'9	14,000,000	14,000,000	0	0	0
19,200,000	2,688,000	2,688,000	2,688,000	2,688,000	2,688,000	0	2,688,000	0	0	5,760,000	5,760,000	0	0	0
111,450,000	18,575,000	18,575,000	18,575,000	18,575,000	18,575,000	0	18,575,000	0	0	18,575,000	18,575,000	0	0	0
130,650,000	21,263,000	21,263,000	21,263,000	21,263,000	21,263,000	0	21,263,000	0	0	24,335,000	24,335,000	0	0	0
225,000	0	37,500	37,500	37,500	37,500	0	37,500	0	0	75,000	75,000	0	0	0
12,500,000	1,250,000	1,250,000	1,250,000	2,500,000	2,500,000	0	2,500,000	0	0	3,750,000	0	3,750,000	0	0
5,460,000	910,000	910,000	910,000	910,000	910,000	0	910,000	0	0	910,000	0	910,000	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	
35,000,000	3,500,000	3,500,000	3,500,000	3,500,000	7,000,000	0	7,000,000	0	0	14,000,000	0	14,000,000	0	0
53,185,000	5,660,000	5,697,500	5,697,500	6,947,500	10,447,500	0	10,447,500	0	0	18,735,000	75,000	18,660,000	0	0
230,835,000	33,523,000	33,560,500	33,560,500	34,810,500	38,310,500	0	31,710,500	0	000'009'9	57,070,000	38,410,000	18,660,000	0	0
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432,000	0	0	0	0	215,600	0	0	0	216,000	216,000	0	0	216,000	0
432,000	0	0	0	0	216,000	0	0	0	216,000	216,000	0	0	216,000	0
5,000,000	955,556	555,556	955,556	555,556	555,556	555,556	0	0	0	2,222,222	22222	0	0	0

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	43.2	2 representatives of the seminary meetings at 3 senatorial zones to involve			THE PERSON NAMED IN	4	9	Н	THE RESERVE OF THE PERSON NAMED IN	STATE STATE OF	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM	The real Property lies and the least lies and the lies and the least lies and the least lies and the least lies and the least lies and the lies and the least lies an	Σ				
3	8	ART, Treatment, Laboratory,			12	12	PC.	5	25		5			2	0	a	a
8		Sub-theme : OVC						71	7	2	7.	<del>\$</del>	36	36	36	*	000'09
8	S	Objective 5: To create an embling gravity															
19		5.1 Advocacy	n of OVC by	by 2015													
G	SILI	Conduct advocacy to key socio-economic institutions such as NAPEP, NDE, SMOWA, SUBER, WECA, OSOPADEC on sunners seek as NAPEP, NDE,	8	Ę	Se .												
8	2118	Conduct advocacy to for the legal protection of OVC MOJ, House of assembly, MOA (link up with activity 1.1.1)	link to \$.1.1		3	R	08	8	50	50	50	80	01	10	10	10	24000
3	Z	52 Community mobilization and participation														T	0
S	5.21	Set up a committee in the state to include relevant stakeholders in 18 LGAs to mobilize, sensitize and advocate for OVC support at community level and conduct stakeholders' CSO focum.			-		-					0					
99	3222	Conduct monthly meeting of community OVC care and support team at the 18 LGAs			J	3	007										00099
19	3	Development, revision and implementation of existing legislation and poilicy for OVC				5	0	Ā	X	3	2	216	216	216	216	216	9750
8	3310	Prepare and adopt memorrandum of understanding and Policy guideline between ODSACA, MOE, UBE, and other sectional players to prioritize and create enabling environment to provide access to basic education of OVC		-								, .					
8	09	Objective 6. To provide gender sensitive integrated care and support for 30% of	for 30% of C	OVC by 2015								,					20000
8	61.1 ld	Identify and Train 5 service providers in the 18 LGAs (link up with activity 3.2.1 in PLWHA/PABA)	link to 3.2.1														
17	6.1.2 Tr	Train Care givers at 2 per 203 wards every 2 years				701	707										
R	613 B	Conduct training for the OVC community care teams (1 team/LGA) to coordinate and monitoring OVC activities at LGA level.				20	g <u>8</u>					0 0	90+		90+		16,833
22	6.2 Re	Resource mobilization										0	80	<u>sc</u>	<u>80</u>	<u>se</u>	37500
72	621 Phil	Fazirane public/pavane parmership - Map out Government Agencies/Ministries, Philanthropiese, Donor agencies and Corporate organizations that can provide Resources	link to Institutional														
K	Res. Act	Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fand allocation and follow up action	link to treatment														0
92	623 Com	Conduct 3 day training for relevant stakeholders on Budget tracking (20) to form Committee on budget tracking for the stare (link to activities 9.1.1 and 9.2.2 under institutional architecture)	1.6.3				W 1000 1000 1000 1000 1000 1000 1000 10										0
	E.3 Pro	Provision of quality essential services (Education, Health, Shelter, Legal protection, Nutritional, ) OVC.															1170000
	63.1 Conc	Conduct advocacy to relevant agencies for free health ,shehrer and clothing for OVC.  MOH, MWANAGO, philamropsis agencies ere	20	50													
							0+					0	20	20	30	0	36000

	•							9		1,440,000	0	0	720,000	720,000
2,036,700,000	105,450,000	000,071,001	106,170,000	106,170,000	180,450,000	67,950,000	37,500,00	37,500,000	37,500,000		27,000,000	27,000,050	27,720,000	58,170,000
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11,583,000	2,106,000	2,106,000	2,106,000	2,106,000	2,106,000	526,500	526,500	526,500	526,500	1,053,000	526,500	526,500	0	0
000'99	0	0	0	0	0	0	0	0	0	000'99	0	000'99	0	0
11,649,000	2,106,000	2,106,000	2,106,000	2,106,000	2,106,000	526,500	526,500	526,500	526,500	1,119,000	526,500	592,500	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4,800,000	240,000	240,000	240,000	240,000	1,920,000	480,000	480,000	480,000	480,000	1,920,000	480,000	480,000	480,000	480,000
000,008,+	700,042	740,000	740,000	000,042	000,024,1	000'00+	460,000	480,000	480,000	1,920,000	480,000	480,000	480,000	480,000
000 0081	000000	000001	000000	DON'G! C	1 000 000	000 081	000 001	000,000,		000,650,5				480,000
16.469.000	2346.000	2346.000	2 346 000	2346 (00)	4.026.000	1.006.500	1 006 500	1 006 500	1 002 500	2000000				
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3,600,000,000	2,160,000	2,160,000	2,160,000	2 160,000	2,880,000	720,000	720,000	720,000	720,000	1,440,000	720,000	720,000	0	0
2	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		District Section		The second secon		The state of the s	-		*	^	n	7	S

2		levels in the 18 LGAs to cover fees, books		0	E	L	9	н			К	1	Σ	N	0	9	-
8		6.3.3 Provide nutritional support to 10 households.	1,800	1,800	1,800	1,800	7,200	2,500	2,500	2,500	2,500	10,000	9,000	2,000	2,000	9,000	15000
20	8	A Provision of Peadiatrics Care and	2,030				2,030				2,030	2,030	2,030	2,030	2,030	2.030	4 6000
88	64.1																00061
22	જ	SSBC		09	99	09	180	80	80	- 80	80	320	150	180	200	250	10000
3	6.5.1	Develop and disseminate jingles, drama and discussion programs on radio and TV to sensitize the community towards support of OVC (link up with 3.1.3)	link to				0					c					
8	652	Produce and disseminate printed IEC materials (60,000 posters& 90,000 handbills) in indigenous languages to mobilize community support on (3VC)				20 000	00000										
8	7	Objective 7. Strengthen capacity of 30% of older OVC households					non'ne				20,000	20,000	20,000	20,000	20,000	20,000	150
82	7.1	Capacity 1	and comi	numicy based	mitatives re	unnumy based initiatives respectively to mitigate the impact of OVC especially young girls by 2015	mitigate the	impact of O	VC especial	ly young girl	s by 2015						
88	71.1	COLUMN TO SERVICE				06	96					0	S				
88	7.1.2	7.1.2 Train older OVC on Family Life Education skills ear Necotinion skills are										•	2		06		16,833
8	7.2	Support Income generating activities					0				06	06		8		06	16,833
91	157	Train older OYC & Household care givers in IGA on skills such as Fashion designing. Soap making, Barbing, Harchressing, Carpentary, clothmaking - the & dye	30	30	30	20	200				90	50	95	98	128	Ş	00000
8	72.21	Empower trained OVC and Household care givers				9	-									3	non'nc
93	8	Objective 8. To establish functional gender-responsive coordinating machanism last 2015	inating m	ochanism	hw 2015	91	8				78	78	92	78	78	99	111,111
3	8.1	Intervention 1: Capacity building of policy makers, decision makers and	0	-	20 2013												
8	81.1	Conduct a 3 day workshop for policy makers/decision makers and program planners on gender - mainstreaming			90												
98	81.2 C	Conduct advocacy to policy makers and decision makers on OVC mainstreaming in state activities and funds alecation			001	001	200				30	90	30	50	50	90	58,500
97	22 3 38	Establish and/or strengthen existing gender- responsive coordination structures					000				95	98	90	90	50	30	24,000
88	23 22 12 12	Establish commutee on gender responsive structures at each of the 18 LGAs to myoke the LG desk officers and CBOs to coordinate and monitor OVC activities ( linl link up with 5.2.1)	link to 5.2.1				0										
8	822 Ide	sions (1.	link to 7.1.1				6					0					
100	S.3 Es	Establish functional gender- responsive management information system						Carlo and Carlo				0					
101	8.3.1 Est	Establish a Committee to monitor the gender responsive management information system															
				-			1	THE COLUMN THE PARTY OF THE PAR				0					0
															SALES OF TAXABLE PARTY.	THE REAL PROPERTY.	

958,000,000	182,700,000	12,800,000	12,800,000	22,500,000		22,500,000	36,589,557	755,080,6	877,4+5,4	877,4+5,4	27,500,000	22,500,000	3,000,000	37,125,000	37,125,000	26,325,000	10,800,000	0	0	0	0	0
75,000,000	30,450,000	2,500,000	2,500,000	3,000,000		3,000,000	4,681,593	1,514,926	0	1,514,926	3,166,667	2,500,000	199'999	4,125,000	4,125,000	2,925,000	1,200,000	0	0	0	0	0
75,000,000	30,450,000	2,000,000	2,000,000	3,000,000		3,000,000	4,881,593	1,514,926	1,514,926	0	3,366,667	2,500,000	866,667	4,125,000	4,125,000	2,925,000	1,200,000	0	0	0	0	0
75,000,000	30,450,000	1,800,000	1,800,000	3,000,000		3,000,000	4,881,593	1,514,926	0	1,514,926	3,366,667	2,500,000	866,667	4,125,000	4,125,000	2,925,000	1,200,000	0	0	0	0	0
75,000,000	30,450,000	1,500,000	1,500,000	3,000,000		3,000,000	4,881,593	1,514,926	1,514,926	0	3,366,667	2,500,000	866,667	4,125,000	4,125,000	2,925,000	1,200,000	0	0	0	0	0
150,000,000	30,450,000	3,200,000	3,200,000	3,000,000		3,000,000	4,881,593	1,514,926	0	1,514,926	3,366,667	2,500,000	866,667	4,125,000	4,125,000	2,925,000	1,200,000	0	0	0	0	0
37,500,000	30,450,000	800,000	800,000	3,000,000		3,000,000	4,881,593	1,514,926	0	1,514,926	3,366,667	2,500,000	866,667	4,125,000	4,125,000	2,925,000	1,200,000	0	0	0	0	0
37,500,000	0	800,000	800,000	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37,500,000	0	800,000	800,000	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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108,000,000	30,450,000	1,800,000	1,800,000	7,500,000		7,500,000	12,381,593	1,514,926	1,514,926	0	10,866,667	10,000,000	199'998	16,500,000	16,500,000	11,700,000	4,800,000	0	0	0	0	0
27,000,000	0	000'009	600,000	7,500,000		7,500,000	4,881,593	1,514,926	1,514,926	0	3,366,667	2,500,000	199,998	8,250,000	8,250,000	5,850,000	2,400,000	0	0	0	0	0
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4	Thematic Area	5	8	83	8	Total		5			lead.		ETO7	4107	2015	
5	1 OBJECTIVE #1							3			3					
	1.1 Capacity building on it.1.															
9 ~	living with HIV and AIDS															
														The same of		
00 0	drive the advocacy processes/activities in the state related to HIV and AIDS issues	7	0			07					- 0					30,000
	1.1.4 Sensitive and state advocacy team on effective advocacy		01			97										
91		006	006	006	006	3,600	006	006	006	006	3,600	006	006	006	000	
-	1.1.5 Advocacy visit to law makers policy makers and other relevant stakeholder to elicit their support and commitment.		-	-		2									90	2,500
122	1.1.6 Train law series areas										5					90,000
						0			09		09	09				
2	effective implementation of anti-stigma					0			100		100					6,333
27	on human rights and HIV and AIDS															6,125
35	1.2.1 Train NHRC personnel, legal and personnel and CNOs on human rights on 111V and															•
	AIDS.		R		20	80			30		30					
16	to access justice, seek redress in instances of violation															1,250
17	Levelop SBC and BCC materials on human rights (stickers, posters, handbills, etc)	30,000				30,000					0					
18	13.2 Implement radio and relevision jingles and advertisement on human rights on HIV and if AIDS and rights issues and channels to seek redress for violation on rights	link to 1.1.4				0					0 0					125
19	Implement radio and relevision programmes on HIV and AIDS and Human Rights including channels to send the send of					·										
	14 Strengthen linkages between NACA, SACA, LACA, NEPWHAN and					•				-	2	2	2	2	2	
20	SOS etc to provide free legal services to PLWHIV															
21	1.4.1 Implement a bi-annual forum between the Office of the Public Defender (OPD), relevant stakeholders in the provision of ligal services and PLWHA		-		-	2	2		-		3	-	2			200,000
22						0			30							200,000
	1.5 Establish and strengthen linkages/referrals between PLWHIV, support groups, NEPWHAN etc and NDE, NAPEP for economic empowerment for PLWHIV.								R		20					9,750
			7	7	7	12.	The second secon	The second second								
	1.2.2 Conduct quarterly review and follow up meetings with beneficiaries of economic empowerment facilities above		1	-	-	1		1	-	-	91	12	12	12	12	550,000
	1.6 Public education on human rights for specific settings i.e. health, education, religious places, workplace, etc.					0			-	-	7 0	7	7	7	7	185,000
	L&! Develop appropriate, setting-specific SBC materials	10,000				10,000					0 0					
	16.2 Design and implement media advocacy programmes through Radio and Television. Init	link tol.3.3									0					150
																0

		111,476,467	86,371,500	28,582,500	30,000	0	27,000,000	180.000		760,000	005,797	797,500	3,750,000	3,750,000	0	0	1,892,500	1,600,000	292,500	46,055,000	41,800,000	4,255,000	2,190,000	1,500,000	0
2015 Total		14,042,000	10,198,000	2,250,000	0	0	2.250.000	0		0 0	0	0	0	0	0	0	0	0	0	7,340,000	6,600,000	740,000	0	0	0
2014		12,230,000	000'065'6	2,250,000	0	0	2,250,000	0		0	0	0	0	0	0	0	0	0	0	7,340,000	6,600,000	740,000	0	0	0
2013		16,817,167	10,558,000	2,250,000	0	O	2,250,000	0	C	0	0	0	0	0	0	0	400,000	400,000	0	7,340,000	6,600,000	740,000	0	0	0
2012		12,420,000	10,170,000	2,630,000	0	0	2,250,000	0	380,000	0	0	0	0	0	0	0	200,000	200,000	0	7,340,000	6,600,000	740,000	0	0	0
	tal	27,145,400	21,280,500	10,022,500	30,000	0	000'000'6	0	380,000	612,500	217,500	217,500	0	0	0	0	892,500	000'009	292,500	9,540,000	8,800,000	740,000	0	0	0
	Total	8,022,500	4,635,000	2,250,000	0	0	2,250,000	0	0	0	0	0	0	0	0	0	0	0	0	2,385,000	2,200,000	185,000	0	0	0
-	Q3 Q4	6,554,900	6,337,500	3,242,500	0	0	2,250,000	0	380,000	612,500	217,500	217,500	0	0	0	0	492,500	200,000	292,500	2,385,000	2,200,000	185,000	0	0	0
		5,243,000	5,243,000	2,250,000	0	0	2,250,000	0	0	0	0	0	0	0	0	0	0	0	0	2,385,000	2,200,000	185,000	0	0	0
2,011		7,315,000	2,065,000	2,280,000	30,000	0	2,250,000	0	0	0	0	0	0	0	0	0	400,000	400,000	0	2,385,000	2,200,000	185,000	0	0	0
	Total	28,821,900	24,535,000	9,180,000	0	0	000'000'6	180,000	0	0	580,000	580,000	3,750,000	3,750,000	0	0	400,000	400,000	0	7,155,000	6,600,000	925,000	2,190,000	1,500,000	0
	Q4	2,906,900	5,052,500	2,250,000	0	0	2,250,000	0	-	0	217,500	217,500	0	0	0	0	200,000	200,000	0	2,385,000	2,200,000	185,000	0	0	0
	63		5,530,000	2,340,000	0	0	2,250,000	90,000	-	0	0	0	0	0	0	0	0	0	0	2,385,000	2,200,000	185,000	0	0	0
	70			2,340,000	0	0	2,250,000	000'06		0	362,500	362,500	0	0	0	0	200,000	200,000	0	2,385,000	2,200,000	185,000	000'069	0	0
2,010	01	000'000'6	7,500,000	2,250,000	0	0	2,250,000	0		0	0	0	3,750,000	3,750,000	0	0	0	0	0	0	0	0	1,500,000	1,500,000	0
2	3	4	5	9	7	88	6	10	11	12	13	14	15	16	17	18	19	50	21	22	23	24	25	26	77

11   12   Control of the state of the stat		23,000	337,000	475,000		15,200		117,000							20,000							25,000	25,000			
1   15						40									30							30				
11-20   Content and content						40																30				
15   Control to the Parties of the Activation of the Wilson of the Wil	H					-															100	8				
1   15   Colonial viscos gold the pages of Challed Retinition Bill at all levels   1   1   1   1   1   1   1   1   1	7	0	0 0		9		0	0		0		0			8 0	0	0		30		S		0		-	
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1.77] Conveyed from the paragraph of Activities and But all freed.   1   2   Activities on the paragraph of Activities and the paragraph of Activities of the paragraph of Activities of the paragraph of Activities of the paragraph of the parag																										
1.15] Conducts remembration on the passage of Auriciacimination Bill at all levels   1.15] Conducts remembration on the passage of Auriciacimination Bill at all levels   1.15] Conducts remembration on the passage of Auriciacimination Bill at all levels   1.15] Conducts on the passage of Auriciacimination Bill at the same level.   1.15] Conducts on the passage of Auriciacimination Bill at the same level.   1.15] Conducts on the passage of Auriciacimination Bill at the same level.   1.15] Conducts of the passage of Auriciacimination Bill at the same level.   1.15] Conducts of the passage of the pass													•												-	
1.3   Conduct sentiation on the peakege of Amic discrimination Bill at Ill-review	30				0		7	0				9			0		2									
1.73 Conduct returnization on the passage of Anti-discrimination Bill as all levels   1.74 Conduct returnization on the passage of Anti-discrimination Bill as all levels   1.75 Conduct returnization of members of Anti-discrimination Bill as all levels   1.75 Conduct returnization of members of the judiciary and law enforcement   1.75 Conduct returnization of members of the judiciary and law enforcement   1.75 Conduct advocacy to reterrate for PLWHA.   1.75 Conduct advocacy to reterrate Coverment and other   1.75 Conduct advocacy to reterrate Coverment and coverment agencies and the judiciary of Women Affairs of Conduct advocacy to reterrate Coverment and coverment and other   1.75 Conduct advocacy to reterrate Coverment and other   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion of   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion of   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion of   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion of   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion of PLWHY   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion of PLWHY   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion in decision making processes.   1.75 Conduct advocacy for greater and metaningful gender-responsive inclusion and referse.   1.75 Conduct retining week-loop for PLWHY   1.75 Conduct advocacy for greater decision in decision making processes.   1.75 Conduct retining week-loop for PLWHY   1.75 Conduct advocacy for greater decision making processes.   1.75 Conduct retining week-loop for PLWHY   1.75 Conduct advocacy for greater decision and referse.   1.75 Conduct retining week-loop for PLWHY and CSCOs in   1.75 Conduct retining week-loop for PLWHY and CSCOs in   1.75 Conduct retining week-loop for PLWHY   1.75 Conduct a gent general processes of the processes of the processes of the processes of the process							0												3				06		0	-
1.7.1 Convolves for the passage of Anni-discrimination Bill at all levels   1.7.2 Convolves from the passage of Anni-discrimination Bill at all levels   1.7.2 Convolves remainston on the passage of Anni-discrimination Bill at all levels   1.7.2 Convolves remainstance on the passage of Anni-discrimination Bill at the state level.   1.8.1 Convolves on the rights of PLWHA    1.8.1 Convolves and the judicary of Women Allian of the rights of PLWHA    1.8.1 Convolves and variety of Women Allian of the rights of PLWHA    1.8.1 Convolves and variety of Women Allian of the rights of PLWHA    1.8.1 Convolves and variety and variety of PLWHA    1.8.1 Convolves and variety of PLWHA    1.8.1 Convolves and variety of PLWHA    1.8.1 Convolves and variety of the participation in decision making processes.   1.8 Convolves and variety of PLWHA    1.8 Convolves and variety of PLWHA    1.8 Convolves and variety of the participation in decision making processes.   1.8 Convolves and variety of PLWHA    1.8 Convolves and variety of the participation of decision making processes.   1.8 Convolves and variety of the participation of decision making processes.   1.8 Convolves and variety of the participation of decision making processes.   1.8 Convolves and variety of the participation of participation of variety of the participation of participation of variety of the participation of participation of variety of the participation of pa							7															30				
1.31   Conduct sentination on the passage of Anti-discrimination Bill at all levels     1.32   Conduct sentination on the passage of Anti-discrimination Bill at all levels     1.32   Conduct sentination on the passage of Anti-discrimination Bill in BLGAs.     1.43   Sensitization of members of the judiciary and law enforcement dependent on the rights of PLWH?     1.44   Conduct subsequence of the passage of Anti-discrimination Bill in BLGAs.     1.45   Conduct subsequence of the passage of Anti-discrimination Bill in BLGAs.     1.46   Advocacy on the rights of PLWH?     1.47   Advocacy on relevant Government Agencies for gender responsive economic empowerment policy programment for PLWH!     1.46   Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women Affairs of PLWH!     1.47   Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women Affairs of PLWH!     1.48   Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women Affairs of PLWH!     1.48   Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women Affairs of PLWH!     1.48   Conduct advocacy visits to WECA, Micro Credit Agencies for PLWH!     2.14   Ensure representation of PLWH!     2.15   Conduct advocacy for the institutionalization of SACAs and support groups to enhance of the participation in decision making processes.     2.14   Conduct and All All All All All All All All All Al	E.																									
1.3.1 Conducts estimation on the passage of Anti-discrimination Bill at all levels agencies on the relation on the passage of Anti-discrimination Bill at all levels agencies on the rights of PLWHA.  1.8 Sensitization of members of the judiciary and law enforcement agencies on the rights of PLWHA.  1.9 Advocacy to relevant Government Agencies for gender responsive conomic empowement for PLWHA.  1.9 Advocacy to relevant Government Agencies for gender responsive five pages of PLWHA.  1.9 Advocacy to relevant Government Agencies for gender responsive for the need to promote gender equality in their conomic empowerment policy program for the need to promote gender equality in their conomic empowerment of promote gender equality in their conomic empowerment of program of PLWHA.  2.1 Advocacy for greater and meaningful gender-responsive inclusion of PLWHA.  2.2 Fromote affirmative action for economic empowerment and other conomic empowerment of PLWHA.  2.3 From the relation of PLWHA.  2.4 From the relation of PLWHA.  2.5 From the relation of PLWHA.  2.6 From the relation of PLWHA.  2.7 From the relation of PLWHA.  2.8 From the relation of PLWHA.  2.9 From the relation of PLWHA.  2.1 General of the private script for PLWHA.  2.1 Advocacy for the institutionalization of SACAs and LACAs for improved their participation in decision making processes.  3.1 Advocacy for the institutionalization of SACAs and LACAs for improved advocacy for the institutionalization of SACAs and support at all levels.  3.2 Advocacy for the institutionalization of SACAs and LACAs for improved advocacy for the institutionalization of services and accountability in HIV response in parameters to the state base of assembly for the transformation of SACAs and LACAs for improved advocacy for sustained policial leadership and support at all levels.  3.3 Training workshop for transparency and accountability in HIV and CSOs in Armanagements and relation to mittees a sensition for members of the grivate sectors media, PLWHA and CSOs, All Develop a policy	,,,				uo						link to 1 51 %			30			2		9.							
13   13   13   13   13   13   13   13	levele	LGAs	state level.	Orcement	id the judiciary o	onsive	Women Affairs tolicy programm		10 House		rated by the	to enhance		decision		mproved	non	i	esponse in	O. will		to increase	IV and			
13   13   13   13   13   13   13   13	tion Bill at all	nation Bill in 18	and law	aw cul	nent agencies ar	Render resp	res, Ministry of empowerment p	Sponeiwa in al		erment and o	opportunities c	pport groups		n sdnoas mada	11 1001	lor sport	dative backing.		ility in HIV r	WHIV and CS		mership forum	ination on H			
13   13   13   13   13   13   13   13	ti-discrimina	f Anti-discrimi	he judiciary	HA	A den city	HIV.	heir economic	ful gender-re	o State	omic empow	empowerment	works and su	& processes.		of SACAs an	the transform	us through legi- rship and sup	ze holders.	d accountab	xtors media, PI		wate-public par	nding co-ord	ordination.		
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nittees in rele	HIV and A	ch stakehold	thts guidelinst PLWF	and regional citizens inch	rs for streng IIV from dis	d AIDS by b ring new laws garding testi	and researc	nstitutions or	intervention	care and trea	relevant lear	rofessional institutions IIV and AI	ethics, hum	human righ	mions e.g. N	embly	al institution	nic central o
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/strengthen s	oduction of	Host a state bi-annual conference for state research stakeholders on research address	Strengthening compliance with human rights guidelines with regard to mandatory testing and discrimination against PLWHY at all institutions.	Adopt in the State the domesticated international and regional human rights IIIV and AIDS related instruments for the protection of all citizens including international guidelines on HIV and AIDS and human rights.	organise training workshop for various stakeholders for strengthening complian burnan rights guidelines and Lws protecting PLWHIV from discrimination and rightnessation.	Strengthen the state assembly response on HIV and AIDS by building capacity of Legislanes at State and LGA levels on issues requiring new laws such as workplace, insurance coverage for PLWHIV, and guidelines regarding resting and anti-discrimination law.	uilding and all levels.	Organise fraining workshops for existing research institutions on research ethics and policies	Develop a state specific HIV and AIDS treatment interventions operational research spenda.	Disseminate information on new HIV prevention, care and treatment technologies.	Support existing research networks and create new relevant learning and research networks to meet bi-annually	Capacity building and advocacy to health professional bodies, labour unions, employers, legislators, educational institutions, media and Faithbased bodies on ethics, human rights and HIV and AIDS.	ning worksho	orkshop for	ousknow gui	orkshop for n	reshop for a	
4.1.1 Constitute/strengthen state research ethics committees in relevant institutions	4.1.2 Support production of annotated bibliographic of HIV and AIDS in Cont.	3 Host a sta	4.2 Strengthening compliance with human rights guidelines with regard to mandatory testing and discrimination against PLWHIV at all institutions	AlDS relan	"C-games training workshop for various stakeholders for strengthening complaince with human page guidelines and laws protecting PLWTHV from discrimination and strengthance.	Legislators insurance of law.					Support ex networks to	4.4 Capacity building and advocacy to health professional bodies, labour unions, employers, legislators, educational institutions, media and Fabased bodies on ethics, human rights and HIV and AIDS.	Organise training workshop for CNOs and media on ethics, human rights and HIV	442 Organise a workshop for health workers on ethics, human rights and HIV and AIDS	443 Organise training workshop for registered affiliated unions e.g. NLC,TUC and employers	444 Conduct a workshop for members of House of Assembly	counsellors, principals of secondary and counsellors and pressure and pressure and counsellors are accounted to the counsellors and counsellors are accounted to the counsellors and counsellors are accounted to the count	
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7		Thematic Area 4 Indian	T	
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1		Sub-theme Institutional Arrangement and C.	unements, and Human and Financial Resource Issues	
6		1 Objective 1: SACA and TACA		
~	1.1	Intervention 1. Intervention 1	d gender-sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthand	
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13	13.1	Street		70,000 C
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2	141	1.4.1 Advocacy visit to the Executive Governor		
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17	1.5	S Intervention 5: Caracir building in	0 1 0	20000,62
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20	1.6 1	Intervention & Convene regular coordination meeting of \$ 10.1 10.1	0	1 150 000 0
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23	H	HIV/AIDS program 03 Of a participation of wemen in 0 0	0	
24	1.7.2 Ac	Adopt guidelines for mainstreaming HIV/AIDS and gender into poverty reduction of programmes		O 000'9
25	30	Objective 2: Strengthened coordination mechanisms of development	2 Objective 2: Strengthened coordination mechanisms of development of the coordination mechanisms of the coordi	181,000 C
	2.1 Im	Intervention 1: Create Partnership forum	l levels, national state and local government to harmonize support to the national research	
	21.1 Es	2.1.1 Establish parmership forum with development numers	The state of the s	
28	2.2 Int	Intervention 2: Conduct meetings with development areas	0	
	22.1 Co			105,000 C
30	2.3 Inn	23 Intervention 3: Conduct quartichy FTG manifest	0 1 0 1 0	
	23.1 Co	23.1 Conduct regular quarterly ETG meetings	The state of the s	105,000 C
	3 06	ordination mechanisms of CSO 3.111		
	3.1 Inte	- state,	and local government.	120,000 C
	-	Control of SACA and CSOs		
	31.1 80	3.1.1 Scope and map all CSOs in the state		
	3.L2 Buil		0	24,000 F
	3.1.3 con	3.1.3 convene quarterly meeting of SACA and CSOs.	0 1	369,000 C
				120,000 C

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		3.2.1 Registeration of all Cco															
7	3	San Carlos Working on HIV with SACA and LACA	-								-						
88	0	3.3 Mobilize funding for collaborative activities for CSO									9						
40		3.3.1 klentify and hase with donor agencies and all a	0	0	-	0	_				0						_
4		34 Strengthen machanistic	0	0	0	-	1				0				20,000	00 C	
		Some acceptant for monitoring CSO activities					0				0						
#		3.4.1 provide strategic framework for all CSOs to follow in line with state policy					0				, ,						THE RESERVE
#		3.5 institute mechanism for monitoring CSO activities	0	0	0	-					0						No. of Lot, House, etc., in case, the last in-
\$		3.5.1 Development and implementation of a comprehensive and participatory M&E plan	-	0	0												Section in the last
\$		3.3.2 Instituting functional M&E officers by all GSOs and creation of budgetary allocation for M&E activities	0	-	0						0						
\$	10	7	OBJECTIVE 4	: Strengther	red coordinati	4: Strengthened coordination mechanism for public-private acctor partnership as all target	or public-priv	ate sector na	therapin at a	l lend	,						
47		4.1 Establish public-private forum								1							
\$		4.1.1 Establish forum	1			0											
8		4.1.2 Establish bi-annual discussion forum with public-private sector		-				-		0 .	0				0 515000	00	
20		4.2 Convene regular meeting of the forun									7	7	(1	71	2 465000 C	0 C	
22		421 Converse quarterly meeting of the forum	-	-	-	-											
22		4.3 mobilise funding for public-private partmenhip activities								-	7	7	7	7	4 900	90000 C	
53		43.1 identify and fase with donor agencies		-													
Z		4.3.2 Advocacy to pairate sector through NIBUCAA	-								0				0 115000	00	
SS		Strengthen mechanism for integrating private sector enterprises into-state									0				0 10000	0 C	
8		441 Advocate for representation of private sector on board of SACA			E1218#										0		
52		45 Institute mechanism for monitoring private sector activities								0							
9	\$	45.1 Conduct step down training on M&E for more assessed															
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8	453	Advocate for dedication of at least 10% of organisational resources to M&E atwin.	0	-		-				0							
61		Sub-theme Human Resources															
63	9	5 Objective 5: Ensure that at least 80% of HIV/AIDS programmes have adequate number of app	umber of appro	priately skil	lled and gende	ropriately skilled and gender-responsive personnel	rsonnel.										
æ	5.1	5.1 Intervention 1: Standardized and harmonize training currents															
2	5.1.1	Conduct and update gender sensitive HIV situation analysis of state and LGAs	-	0	0	-											
65	5.1.2	5.1.2 conduct workshop on gender equity	0	-	0						0				300000	V	
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63		5.21 provide bearing recovered and re-training statt		
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3		intervention 3: Conduct training		
2		5.3.4 set up an education committee to effectively implement training plan 0 0 1 0 1		
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72				
K		3.6 Intervention & Integrate HIV/AIDS curricula into Pre-service training of health workers at all levels		
72		3.6.1 advocacy for review of preservice training to include HIV/AIDS curriculum		
7		3.7 Intervention 7: Develop innovative and sustainable capacity building mechanisms to link with other related health programs		
22		3.7.1 create a hamonised capacity building framework for the health sector 0 0 0 1 1 1		2 000218
2		5.8 Intervention & Develop sustainable systems for Human resource capacity building in management and leadership		2 cooper
So		5.8.1 conduct training and retenting of personnel on leadership and management	-	150000 C
81	*	5.9 Intervention 9: Develop Human Resource Management Information Systems		
83	5.9	3.9.1 Developplan 0		- Designation of
æ	16	3.1 Intervention 10: Develop and implement human resource plan for the sector.		V COOCO
3 8	5.10	5.10.1 Develop human resource plan 5.10.2 Advocate for implementation		200000 A
88		Sub-theme: Procurement & logistics supply		25000 C
87		6 Objective & Efficient and sustainable logistics systems for unanterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS related communications occasionally.	Jour	
88	Q	Intervention 1: Establish HIV/AIDS PSM Steering committee and TWG	09 2013	
8 8	0.10	6.1.2 lauustate steeine committee		
16	6.1	6.13 quartedy meeting of strenny committee		15000 C
35	O.	sing & quantification exercise.	7	10000 C
8	6.21	mensing and quambication exercise		
3,	6.2			200000 F
88	9	6.3 Intervenion 3: Rehabilinte ensing State medical warehouses.		100000 F
8	63	6.31 Assess the state of the State warehouse 0 0 1 0 1		3 00000
176	6.3	632 Use report for advocacy		100001
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86	6.4 Intervention 4: Conduct training in Jonesias	J	٥	w	L.	g	H	-	-	×	1	Σ	z	0		a	
	O Sours management at all levels																
8							0				0						
8 3	64-2 Inaugurance of committee										0					95,000 C	
707	6.4.4 regular meeing of committee						0				-	í	í	,	·	2 000'009 COOO	П
	6.5 Intervention 5. Part 1. 11. 12.			Section 1	State		0				7	1	7	1	,	10000	T
2 2	6.5.1 Jesselven 15. Develop Unibed HIV commodities distribution system.																
			Second Second				0			STATE STATE	-					100000 C	
105	Sub-theme : Financial Resources																
106	7 Objective 7 Increase in the financial contribution of governments at all levels to at least 50% of	evels to at least 50	% of finan	cial resoure	financial resources required for HIV/AIDS by 2015	or HIV/AIL	3S by 2015										
107	7.1 Intervention 1: Advocacy to key snakeholders																T
108	7.1.1 Advocacy visit to the Stare Executive to increase funding	-	0	0			17				0					10000 C	
108	7.1.2 Advocacy visit to the Legislature to increase funding	1	0	0			17				0					10000 C	
110	7.1.3 Sensitization workshop with Chairmen LGAs and SACA to start funding LACA	0	1	0		0	_				0					120000 C	
111	7.2 Intervention 2: Establishment of budget lines for HIV/AIDS																
112	72.1					0					0						I
113	7.3																
114	Linked to activities 7.1 and 7.2					0					0						
115	8 Objective 8 To mobilize adequate fauncial resources in support of the implementation of the	nplementation of	he stateHI	stateHIV/AIDS response	sponse												
116	8.1		Ī														
117						0					0						1
118	8.1.2 Organize stakeholders meeting	0	0		0	1					0					70000 C	
119	\$2 Intervention 2 Strengthening of public-private partnerships																
52	8.2.1 Establish public-private partnership forum	0	0	0		1					0					70000 C	
121	8.2.2 develop areas of collaboration					0		0	-	0	2					15000	
122	8.3 Intervention 3: Operationalisation of Joint Funding Agreements															2000	
123	8.3.1 Sign agreement at the State Level	-	0	0	0	SEC. 2015					0			THE REAL PROPERTY.	MATERIAL STATES	20000 C	
124	9 Objective 9 To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs	source tracking an	d enhance	the efficien	cy of fund m	nanagement 1	for HIV/AL	DS programs									
125	9.1 Intervention 1: Capacity building on financial management																
126	9.12 Capacity building on resource management and accountability	0	0	-	0	-	0	0	-	0	-					J 00000 C	
127	9.2 Intervention 2: Establishment of pro-active budget tracking methods							-									
128	9.21 Develop State AIDS Spending Assessment					0	-	-	-		1					. 000000	
9	9.2.2 Leack spending armally with SASA		The same			0		-	Control of Canada Supplement	-	0	-	-	-	1	A 000000	
130	9.3 Intervention 3: Documentation and dissemination of resource tracking results	sults															
131	93.1 Dissemirate report					0	0	0	0	-	-	-	-	-	-	750000	
132	9.4 Intervention 4: Advocacy on using result of budget tracking for improved prg management	prg management															
133	9.4.1 Acrecate freeback from SASA report in programme planning					0					0	-	-	1	1	20000 C	
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+		2010													Unit cost		BUDGET
7	Thematic Area 6. Monitorine and F.	īð	92	8	3	Total	2011	5				2012	2013	2014 2	2015		201
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5	Oyecuve I. To enhance the leadership and managerial role of Bed 100	ole of East	0,1													31,	31,890,292
	Review and cla	Day 10 au	eral/State,	/LGA auth	orities for	he delivery	of an effect	authorities for the delivery of an effective One national M&E system	onal M&E	system b	by 2015					31.0	31,663,000
9	1.1 structures for M & E, and strengthen their alignment to organisational strategies at State/LGA/SDP/Project levels																
7 E																	0
8 11.2	Train identified M&E officers (35)												1		243,000 A		0
9 1.1.3	Provide computers for M&E officers		36			36	36				36		36		2000		
1	4.1.3 Conduct supervisory visits to SDPs in the state		12			21					c				40,422		0
- <del>-</del>	Develop/strengthen appropriate, fully funded mechanisms 1.2 for coordination of M&E activities at all levels, (e.g. managed networks, monthly managed networks.							1			1	1	1	1	134,286		0 0
12 121																31,59	31,598,000
13 12	1.2.2 Produce and distribute M&E plan to relevant stakeholders	7	1			1					0						
THE REAL PROPERTY.	Production of NNRIMS materials and tools (100,000 booklets and	20.03	2,000			2,000					0				002		0 0
1.2.4		oppine				20,000	20,000			35	50,000 25	25,000			000)		
15 125	activities		7			1									070	31,00	31,000,000
17 12.6	Monthly meetings of M&E stakeholders	1	1	1	1	4	-	-			0				362,000		0
	Review and enhance the organisational culture for	3	3	3	3	12	3	1 8	1 6	7,	4	4	4	4	299,000	8	000000
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133	Deployment of 2 more record staff to SACA and LACA to strengthen M&E dept		-				1				-1				362,000		0
13.4	Advocate for strategic transfer of M&E officers within the public sector					-		-	The second second		0						0
135	Promote on-going mentoring and step down training to other officers at SDP leve!					0 0					0						0
13.6	1.3.6 Conduct annual work plan meeting with implementing partners 1.3.7 Training of MSE officers	1				7 11	1		,		0 .						0
<u> </u>	Objective 2. To improve coordination				TOTAL TOTAL	0	1				1 .	-	1 1	1	000'59		65,000
-	making by all HIV/AIDS implementing	tiveness o	f data coll	ection, and	u bus and u	or of many					-				28,444		0

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		Strengthen existing M&E TWO.														X X	S
	2 82	2.1.1 representatives of the 18 LGA, SACA Mele offerd comprising of representative, CISHAN, NEPWHAN and NYNETHA to meet quarterly.	link to 1.2.5													6	
		Facilitate the emergence of an enabling environment to promote															#VALUE!
	2	across States/LGAs/Implementing norm best practices' projects response by 2015															
	2 8	Conduct regular sensitization of facility M&E officers on new measures and best practises (integrate into monthly M&E	link to														0
		ol-annual update newsletter on the state response	1.2.5	-	-	н	6	1	7		1	4	4	4	4	0	0
	<u> </u>	C2.2.3 Conduct mid term review seminar on state strategic plan and highlight documental to a seminar on state strategic plan and		1,500		1,500	3,000		1,500	1,	1,500 3,000	3,000	3,000	3,000	3,000	009	
	1	Advocate for an enhanced knowledge of and commitment to the					0					0 1				538000	0
	33 2	13.3 HIV M&E system among policy makers, program managers, PLHIV and other stakeholders at State, LGAs levels and all sectors (private & public) by 2015															
m)	23.1	Conduct advocacy and sensitization visit to policy makers such as 3.1 Permanent Sec, SSG, Chairman House Committee on Health Matters and PS Hospital Management Board.					0		4		4						
	λ	Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally 24 harmonised datas flow and collection tools, routine data analysis and received.														OOOC	0
x	10	"early alert" measures															5,000
88	24.1	Establish effective feedback mechanism at both LGA & state level through the media for data utilization					0										
37	, 242	2 Present quarterly service data report to the policy makers	-	-	-						9						0
×	243	Conduct a 5 day training for 60 data entry clerks and M&E officers 3 in the LGA, health facilities &CSOs on use of nationally adopted software			1	•	4 0	-1	1 0		1 4	4	4	4	4	9000	5,000
28	25	In collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier system									09					23925	0
8	.251	Conduct sensitization meeting with facility M&E officers and providers on the patient unique identifier system			150		051		The state of the s								0
4	30	Objective 3. M&E									0				15260	15260.86957	0
	교	Review and strengthen the effectiveness and efficiency of coordinating mechanisms for design and implementation of national/project/program specific surveys/unvailnages by one															0
7		STOP AN ACTION OF THE PROPERTY															0

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Strategic Intervention: 1.1. Advocacy	and girls) have access	s to comprehensive quality HIV ar	d AIDS treatment by 20	15
Activity				
Strategic Intervention 1.1 : Advocacy	Sub- Activity and Items	Unit Cost Unit type	No of Units	Total (Guana)
Identifying the stakeholders				174,400
	transport allowance for 4	2000 transport. 6 days	0	
	lunch allowance	1500 lunch Edavie	74	48,000
	logistics	12000	24	
pay advocacy visit to the stakeholders	printing of visitation letters	100 letter,	24	12,000
	transport allowance	2000 transport, 4 days	16	
	lunch allowance	1500 lunch .4davs		
	logistics (gift items etc)	20000	16	24000
Strategic Intervention 1.2 : Training				
identify 600 personnel to be trained	write letter to the management( MOH			. 11040000
	,HMB, LGSC etc)	100 lettersx 1yrx6yrs	009	00009
Plan for training in batches	develop and print training materials	1000 100xlyrx6yrs	OUY	
	book training venue	50000 hall sdaws 12	8	000009
	provide accommodation for	ZI YSÁBOS (IIII)	09	300000
	participants	5000 accommodation , 6 nights	ghts 600	300000
		500 tea breaks, 5 days	009	300000
	transport allowance	1000 lunch , Sdays	009	00000
	facilitators(honorarium,transport	Todd transport, 1	009	000009
Strategic Intervention 1.3: Decentralization and integration	allowance, accommodation)	60,000 4 facilitators,x12	. 48	2880000
Establishment of treatment services at at PHC level	procure commodities (lancet, cottonwool			1979500
	methylated spirit, elbow gloves, plaster HCT kit)	360,800 commodities	30	10824000
	train 20 personnel in PHC on HCT and r	2500 personnel, 3 days		

		print and distribute registers	2000 register	30	3500
	Deployment of 20personnels to each of the treatment centers.	write letters to the management	250 letter	10	2500
	ובפנווכוני בכונכני	( MOH , HMB, LGSC etc)	100 transmitt	10	1000
	I) GT meijerine eijerine ei	distribute the letters	TOO IT GISTON	000	00000
	Integration of HIV services in existing 16/L programme.	meeting with the personnel TB/L progr	2000 52 personnelx5yr	097	320000
	Distribution of 60 copies of ARV guidelines	printing , transportation	2100 60 copies,	09	126000
Interve	trategic Intervention 1.4: Medical commodities and equipments				72650000
	and distribute equipment-CD4	Prepare TOR			
	procure and distribute equipment co.	Advertise for Bidders	250,000 2dalilesx5	10	2500000
	machine, PCK machine, Clerinsuly	Opening of bids, shortlisting and award	15000 x1x5yrs	2	75000
	automated alialysel, lielliacological	contract			0000000
	dilayse.	Supply of equipments to all centres	6,000,000 CD4 countx1x5yrs	2	3000000
			15000 PCR machinex1x5yrs	2	75000
			4,200,000 chem automated x5	2	21000000
			3,800,000 heam analyserx5	2	19000000
			4		4679000
	procure and distribute medical	Advertise for Bidders	250,000 dalilies,2x5	10	2500000
	commodities- reagents, lancer,	Opening of bids, shortlisting and award	15000 x1x5	2	75000
	, clearing solution, elbow gloves	Supply of commodities to all centres	420,800 commoditiesx5	5	2104000
	methylated splint, builti, cotton methylater, HCT kits				
1.5	1.5 Provision and upgrade of physical infrastructure				14035000
	September of the septem	set up committee for the assessment			32000
	Assessment of exsiting pinysical surveines	develop / adapt a questionnaire for ass	500 copies, 5 centres	20	25000
	in 5 AKI centres	ment	2000 transport 5 centres	u	10000
		transportation	משוויושה כליו וסלפוושון סססס	C	OOOOT
	Upgrading of existing structures in the three				14000000
	senatorial distrcicts	Renovation of existing structures (chair	500,000 2centresx2	4	2000000
		tables, air conditioner, generator etc)	2,000,000 3 centresx2	9	1200000

Protection last		water and sanitary facilities, building etc)			1254000
ori diegic inten	organization 1.6: Public Private Partnership				COLCUT
1.6.1	Collaborate with existing private Health Institutions, CSOs, Donor agencies, corporate institutions	logistics (Mapping of the private facilitie	3000 4 personsx5	20	00009
		CSOs , line minsitriesand donor agencies)			
1.6.2	Quarterly review meeting with private health facilities, CSOs, Donor agencies, line minsiteries				1055000
		list the private facilities, CSOs, line			
		ministries and donor agencies	1000	7007	
		write& distribute letters of invitation	100 persons x150	DET	15000
		rent meeting venue	10000 meeting roomx5	5	20000
		Tell meeting veneral	500 person x150	150	75000
		refreshinelit	1000 person x150	150	150000
		transport allowance	COOP CASSISISSALES	150	75000
		develop and print materials for the mer	SUOU MaterialsX130	CCT	000000
		Announcement on the radio	2500 slot	7	0005
		Video coverage	10000 coverage	1	10000
1.6.3	Advocacy and sensitisation of corporate institutions (finance industries, oil companies, industries)				139000
		list the corporate institutions in the state			
		write letters of visitation and distribute	100 industries	30	3000
		transportation for advocacy visit	2000 transport, 6daysx6	36	72000
		lunch	1500 person,6daysx6	36	54000
		documentation( agenda , write-up)	10000 report	1	10000
Strategice Inter	Strategice Intervention 1.7: Laboratory quality system management network	etwork			23303000
1.7.1	Upgrade the laboratory facilities in the existing ART centres in each senatorial district.				21670000
		Assessment of laboratory facilities			
		develop and print checklist	500 4copiesx5	20	10000
		logistics( transport, refreshment)	15000 5 centres	2	75000
		collate and write report	10000 report	П	10000
		procurement of laboratory equipment			
		advertise for bidders	250000 dalilies, 2 x5	10	250000
		Open bids, shortlisting and award	15000 meeting x5	S	75000
		supply the lab equipments	3,800,000 equipmentx5yrs	5	19000000

	develop and print training materials	r) 500 materialy6vrs		
	Drint and send out invitation Letters	Suo materialxbyrs	09	30000
	rent training venue	250 lettersx1yrx 6yrs	09	15000
er. one	Stationaries	20000 nail, 3 days xoyrs	18	360000
	+00 broot.	300 10personsx6yrs	09	18000
	ica Di eak	500 personsx10x6	09	30000
	Idilch	1000 personsx10x6	09	00000
	USA (transportation & accomondation)	6000 personsx10%6	09	00000
	facilitator honorarium	55000 personsx2x6	21,	360000
Create imprest for maintainance and repair of equipments				100000
	develop proposal			000001
	imprest for maintenance and repair of	100,000 imprest		
	equipment		-	100000
Distribution of 60 copies of SOP and guidelines to laboratory facilities in all ART centres( 2 per ART centres)				152000
	printing of SOP and guidelines	500 copies		
	distribute SOP and guidelines to the lat	2000 persons x2x2days	60	30000
Supportive supervisory visit to the ART centres				0000
	transport	300000		114000
	lunch allowance	1500 2person x btrips	12	36000
	print copies of monitoring tools	200 10 coil	12	18000
Intervention 1.9 Clinical Pharmacovigilance for ARVs	0	ZOO 10 COPIES X30	300	00009
				43530000
	develop 50 pamphlets ,25 poster &	6000 copiesx100x5		000000
	25 reading materials.		200	3000000
	distribute to the centres(100/ART centr	3000 4personsx5	20	00000
Active surveillance and reporting of adverse drug reaction to ARV drugs				410000
	print the forms for reporting adverse re	700 copiesx100x5		410000
	visit to the facilities( logistics)	3000 4personsx5	0000	350000

		arug reaction				40060000
Investigate the adverse reactions(1 ab inv &d. 1000 (			documentation of adverse drug reactions			
reter the adverse reactions (lab in & &critical Book and other commodities (transport)  released ARV manufacture of ARVs and other commodities  Y manufacturers  Its the local ARV manufacturers registered in the state and Copy and grids on the state a			investigate the adverse reactions(trans	3000 4persons x5	20	00009
Manufacture of ARVs and other commodities   Manufacture of ARVs and other commodities			treat the adverse reactions( lab inv &dr	5000 1000 reactionsx5	2000	2500000
Institute of ANVs and other commodities    Closal ARV	tarteoic Int		referral (transport)	3000 1000 reactionsx5	2000	1500000
Send out traditional healers in the state   3000 2 persons/4 trips   8	10.4	et vention 1.10: Local manufacture of ARVs and other of	ommodities			173000
Part of the state   3000   2 persons 4 trips   8	IU1	Identify herbs for local ARV				58000
Send out letter of visitation to them Sool letter x20 20 visit the traditional healers 3000 [2personsx4trips 8] [18t the local ARV manufacturers registered in the state and LGAs send out letter of visitation with the traditional healers and LGAs send out letter of visitation with the proposal to the state and LGA 2500 [event 1] [1000 [2 personsx5trips 1] [1000 [2 personsx5trips 1] [1000 [2 personsx5trips 1] [1000 [2 personsx5trips 1] [2 personsx6trips 1] [2 personsx6			map out traditional healers in the state	3000 2 personsx4 trips	8	24000
Note the traditional healers  Note manufacturers  Its the local ARV manufacturers registered in the state and LGAs send out letter of Visitation visit to the registered local ARV manufacturers registered local ARV manufacturers registered local ARV manufacturers send out letter of Visitation visit to the registered local ARV manufacturers and the state and LGA and the state and LGA and the state and LGA and the proposal send the proposal and all children (boys and girls) on ART have access to quality management of OIs by 2015  Sonnel on OIs with activity LL2.1 & L2.2.)  Is the tranagement of Ois (link up) and all children (boys and girls) on ART have access to quality management of Ois link up the management of Ois (link up) and all children (boys and girls) on ART have access to quality management of Ois (link up)  AV manufactivity LL2.1 & L2.2.)			send out letter of visitation to them	500 letter x20	20	10000
Second of the state of the state and LGAs   Second of the state and LGAs			visit the traditional healers	3000 2personsx4trips	8	24000
the state and LGAs send out letter of visitation of ARV manufacturers registered in the state and LGAs send out letter of visitation of ARV proposal out letter of visitation of ARV manufacturers registered local ARV manufacturers registered in the state and LGAs send out letter of visitation of ARV develop a proposal of the state and LG and the proposal of the proposal control of ARV develop a proposal search institute and women) and all children (boys and girls) on ART have access to quality management of Ois by 2015 sonnel on Ois with activity 1.2.1.8.1.2.2)    Independent of Ois (link up)   Independent of Ois (link up)						00047
list the local ARV manufacturers registered in the state and IGAs send out letter of vigit to the registered local ARV manufacturers registered in the state and IGAs send out letter of vigit to the registered local ARV manufacturers and IGA 1000 1 event 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.10.2	Map out local ARV manufacturers				00000
the state and LGAs send out letter of visitation visit to the registered local ARV manufe send out letter of visitation develop a proposal send the proposal search institute Map out research institute in the state develop proposals create a budget line for research sonnel on Ols with activity1.2.1.8.1.2.2) laboratory infrastructure for Ol management and and children (boys and girls) on ART have access to quality management of Ols by 2015 he management of Ois (link up)			list the local ARV manufacturers registered	in the second control of the second control		32000
send out letter of visitation visit to the registered local ARV manufe and LG, and a perconsist to the registered local ARV manufe and LG, and a perconsist to the state and LG, and a perconsist to the state and LG, and the proposal and the prop			the state and LGAs			
rice herbs plantation develop a proposal to the state and LG, 1000 1 event 1  free importation of ARV develop a proposal send the proposal to the state and LG, 1000 1 event 1  free importation of ARV develop a proposal send the proposal 1000 1 event 10			send out letter of visitation	500 letterx10	10	0001
free importation of ARV develop a proposal to the state and LG, 1000 1 event 1  free importation of ARV develop a proposal send the proposal 2500   event 1  search institute pay advocacy visit to Government, NAF 5000 1 event 1  search institute Amp out research institute in the state 3000 2 personsx 2yrs 4  (men and women) and all children (boys and girls) on ART have access to quality management of Ois by 2015  sonnel on Ois with activity1.2.1 &1.2.2)  laboratory infrastructure for OI management and and advanced and girls on ART have access to quality management of Ois link up the management of Ois Ink up the management of Ois Ois Ois Ois Ois Ois Ois O			visit to the registered local ARV manufa	3000 2 perosnsx5trips	10	30000
free importation of ARV     develop a proposal send the proposal     1       free importation of ARV     develop a proposal     1000 I event       search institute     1000 I event     1       pay advocacy visit to Government, NAF     5000 I event     1       search institute     Map out research institute in the state     3000 2 personsx 2yrs     4       develop proposals     create a budget line for research     1090 1 event     4       fmen and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015     6       sonnel on OIs     with activity1.2.1 &1.2.1.2.1     6       laboratory infrastructure for OI management     and andization of existing     6	.10.3	Provision of space for herbs plantation				
free importation of ARV  develop a proposal send the proposal send			develop a proposal to the state and I.G.	1000		3500
free importation of ARV  develop a proposal  send the proposal  bay advocacy visit to Government, NAF 5000 1 event  may advocacy visit to Government  may advocacy visit to			מביבוסם מ הוס הוב אומר מווח בסי	TOOO T event	1	1000
free importation of ARV  develop a proposal  send the proposal  send the proposal  search institute  Map out research institute in the state  develop proposals  create a budget line for research  (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015  sonnel on OIs  with activity.1.2.1 & 1.2.2.)  laboratory infrastructure for OI management andardization of existing  the management of Ois (link up)  laboratory infrastructure for OI management andardization of existing  the management of Ois (link up)			sella the proposal	2500 I event	1	2500
develop a proposal send the proposal search institute  Map out research institute in the state  Map out research institute in the state  Gevelop proposals create a budget line for research (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015  sonnel on OIs with activity1.2.1 &1.2.2)  laboratory infrastructure for OI management andardization of existing  the management of OIs( link up	10.4	Advocate for duty free importation of ARV materials				8500
search institute  Map out research institute in the state abudget line for research and women) and all children (boys and girls) on ART have access to quality management of Ois by 2015  sonnel on Ois with activity1.2.1 &1.2.2)  laboratory infrastructure for Oil management andardization of existing  search institute  Map out research institute in the state 3000 2 personsx 2yrs 4  develop proposals 1000 1 eventx6yrs 6  create a budget line for research creases to quality management of Ois by 2015  sonnel on Ois with activity1.2.1 &1.2.2)  laboratory infrastructure for Oil management and of Ois (ink up)  he management of Ois( link up)			develop a proposal	1000 1 event		1000
search institute  Map out research institute in the state 3000 2 personsx 2yrs 4  develop proposals create a budget line for research (men and women) and all children (boys and girls) on ART have access to quality management of Ols by 2015  sonnel on Ols with activity1.2.1 &1.2.2)  laboratory infrastructure for Ol management and adardization of existing the management of Ois (link up			send the proposal	2500 1 event	1	2500
search institute  Map out research institute in the state 3000 2 personsx 2yrs 4  develop proposals 1000 1 eventx6yrs 6  create a budget line for research  create a budget line for research  (men and women) and all children (boys and girls) on ART have access to quality management of Ols by 2015  sonnel on Ols  with activity1.2.1 &1.2.2)  laboratory infrastructure for Ol management andardization of existing  the management of Ois( link up			pay advocacy visit to Government, NAF	5000 levent	1	2000
Map out research institute in the state 3000 2 personsx 2yrs 4  develop proposals 1000 1 eventx6yrs 6  Create a budget line for research  Create a budget line for research  Sonnel on Ols  with activity1.2.1 & 1.2.2)  Iaboratory infrastructure for Ol management andardization of existing  the management of Ois ( link up)  App out research institute in the state 3000 2 personsx 2yrs 4  Todo 1 eventx6yrs 6  Gevelop proposals 1000 1 eventx6yrs 6  Create a budget line for research 1000 ART have access to quality management of Ois by 2015  Application of existing 1000 management of Ois ( link up)	10.5	I incline un mith second incline				
(men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015  Sonnel on OIs with activity1.2.1 &1.2.2)  Iaboratory infrastructure for OI management and anagement of Ois ( link up)  Which anagement of Ois ( link up)  Aevelop proposals 1000 1 eventx6yrs 6 6  Iaboratory infrastructure for OI management 6 for research 6 for OI management 6 for OIs ( link up)		בחוציוו לה שומו וכאכשוכון ווואוומונ				18000
(men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015  Sonnel on OIs with activity1.2.1 &1.2.2)  Iaboratory infrastructure for OI management and adardization of existing the management of Ois ( link up)			Map out research institute in the state	3000 2 personsx 2yrs	4	12000
(men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015  Sonnel on OIs with activity1.2.1 &1.2.2)  Iaboratory infrastructure for OI management andardization of existing he management of Ois( link up			develop proposals	1000 1 eventx6yrs	9	0009
Training of 600 personnel on Ols  Training of 600 personnel on Ols  Training of 600 personnel on Ols  management (link with activity1.2.1 & 1.2.2)  Tategic Intervention 2.2: Upgrade laboratory infrastructure for Ol management  Renovation and standardization of existing infrastructure for the management of Ois (link up with 1.5.1.8.1.5.2)	bjective 2 :	At least 80% of adults (men and women) and all childs	create a budget line for research			
management (link with activity1.2.1 &1.2.2)  rategic Intervention 2.2: Upgrade laboratory infrastructure for OI management Renovation and standardization of existing infrastructure for the management of Ois (link up with 1.5.1 & 1.5.2)	rategic Inter	rvention 2.1 : Training	ביי (בס) ביים פיים ליים אני וופעב פרובים וח מחק	andy management of Ols by 2015		
management( link with activity1.2.1 &1.2.2)  rategic Intervention 2.2: Upgrade laboratory infrastructure for OI management Renovation and standardization of existing infrastructure for the management of Ois( link up with 1.5.1 & 1.5.2)	1.1	Training of 600 personnel on Ols				
rategic Intervention 2.2: Upgrade laboratory infrastructure for OI management Renovation and standardization of existing infrastructure for the management of Ois( link up with 1.5.1 & 1.5.2)		management( link with activity1.2.1 &1.2.2)				
Renovation and standardization of existing infrastructure for the management of Ois( link up with 1.5.1 & 1.5.2.1	rategic Inte	vention 2.2: Upgrade laboratory infrastructure for OI r	nanagement			
		Renovation and standardization of existing				
	2.1	infrastructure for the management of Ois( link up with 1.5.1 & 1.5.2)				

ic Inter	muca, cyampuna	take a stock of the drugs in the central store	store			
	distribute adequate doses	Quantity of drugs needed		4000 doses		
	of OIs drugs	distribute to centres (transport)	3000 4 persons x5	rsons x5	20	00009
						160000
c Interv	Strategic Intervention 2.4: Implementation of QA/QI for OI management	ent				106000
	3000	print treatment guidelines	700 copiesx100	iesx100	100	70000
	procure and disseminate 100 colpes of	logistics for distribution (transport)	3000 2 personsx6	ersonsx6	12	36000
	SOP and guidelines on CA to laboratory facilities ( 2/ART centres)					
		logistics for supervisory visit (transport	4500 2personsx6	rsonsx6	12	54000
	supportive supervision	and lunch allowance				
VE#3	BBIECTIVE # 3 Strategic Intervention: 3.1. Coordinating Bodies /					
		Sub- Activity and Items	Unit Cost N Uni	Unit type	No of Units T	Total (6 years)
	Activity					16 128 000
	, Coordinating Bodies					7,920,000
	Monthly review meeting of HIV/AIDS /TB Working	1. Allowance to 20 TB/HIV TWGmembers	5,000 Star	5,000 State /20person/12meetngs/6yrs	1,440	7,200,000
	Oroup at Sure to	2. stationaries	500 20	500 20 persons/12meetngs/6yrs	1,440	720,000
						2.190.000
	Formation meeting of HIV/TB working Group at	1. Venue (1 day)	25,000 ver	25,000 venue/1day/6yrs	9	150,000
	local level in all 18 LUAS	3. Refreshments - Lunch/Tea breaks	2,000 40	2,000 40 persons/1day/6yrs	240	480 000
		3. Transport allowances	5,000 40	5,000 40 persons/1day/6vrs	070	JOO'OOL
		4. Facilators honorarium	10,000 4 p	10,000 4 person/1 day/6yrs	047	1,200,000
		5. Materials - file jackets, Biros, Notebooks etc	500 40	500 40 person/1day/6yrs	240	240,000
	meeting of HIV/TB working	Chicago Branch States	5,000 36	5,000 36 persons/4 mtgs/6yrs	864	6,480,000
	Quarterly rotatry levicer	2. logsitics(feeding, stationaries)	2,500 36	2,500 36 persons/4 mtgs/6yrs	864	2,160,000

Formation meeting of HIV/TB working Group at service delivery level	1.refreshments	500 Gpersons/1day/6yrs	36	18,000
Communities, PLWHIV and PATB involvement	ent			80,616,000
				45,840,000
Create awareness in the community through mass media ( paper, Television, Radio), billboard, handbills, postals, film show, roleplay.	1.Radio Jingles	2,500 224 slots/1 yr/6 yrs	1344	3,360,000
	2. TV Jingles	5,000 336 slots/1yr/6yrs	2016	10,080,000
	3. Bill boards	300,000 litem/18LGA/6yrs	108	32,400,000
				34,776,000
Local view points at strategic places within community e.g public places where people socialise.	1. Hall	10,000 1hall/18LGA/6yrs	108	1,080,000
	2. Projector, DVD	156,000 2 items/18LGA/6yrs	216	33,696,000
Linkages/Integration of Pharmacy and DOTS services	S services			22,570,000
				3,700,000
Collaborate with community pharmacies / hospital pharmacies	1.transport allowance for idetification	5,000 4 persons/5 days/1yr	20	100,000
	2. biennial meetings (transport, refreshment, logistic)	10,000 30 persons/2day/6yrs	360	3,600,000
				7,530,000
Training of 360 community pharmacies on DOTs	1.allowances	10,000 30persons/2days/6yrs	360	3,600,000
	2. training materials	500 30persons/6yrs	180	000'06
	3.facilitator	20,000 4perons/2days/24 trainings	192	3,840,000
				11,340,000
Referral (Provision and Distribution of Referral forms)	1.print copies	200 500copies/18LGA/6yrs	24000	10,800,000
	2. distribute copies (transport)	5,000 1 event/18LGA/6yrs	108	540,000

	Ouarterly review of data analysis and feed backs	1.venue	25,000 1 hall/4days/6yrs		24	000'009
		2.transport, lunch	6,000 40 persons/4days/6yrs	6yrs	096	2,760,000
	Control Intervention 4.1: HCT of TB patients				211	211,332,000
Strate						2,520,000.00
	Training of 360 cousellors on TB/HIV infection and	1. Venue (3days)	20,000 3 days/1yr/6yrs		18	360,000
	prevention	2. Refreshements	2000 60persons/3days/6yrs	'6yrs	1080	2,160,000
						198,000,000
	Provision of HIV couseling and screening services	1. procure testing kits,	30000 1000kits/1yr/6yrs		000'9	180,000,000
	for TB patients	2. commodities ( cotton wool, gloves,spirit, jik etc)	3000 70,000 items/40facilites/yr/6yrs	yr/6yrs	0009	1800000
	Strategic Intervention 4.2:	Cotrimoxazole Preventive therapy for PLWHIV with TB	LWHIV with TB			720,090,000
	Procurement and distribution of adequate supply of 1. procure contrimoxazole for preventive therapy of PLWHA 2. transpo	procure tablets of Co-triomoxale     transport ( distribute to facilities)	50 60000tab/40 faci/1yr/6yrs 5000 4persons/5days/1yr/6yrs	/1yr/6yrs 1yr/6yrs	14400000	720,090,000
Strateg	Strategic Intervention 4.4: ARVs for PLWHIV with active TB	1.Quantity needed	52500 4000 doses of triple	eldi	OOONC	1,260,720,000
	PLWHA with active TB	2. logistics	30000 4items /1yr/6yrs		24	720.000
VE # 5 -	OBJECTIVE # 5 -To ensure all PLHIV have access to quality and comprehensive TE	ehensive TB services by 2015				
c Interv	Strategic Intervention 5.1: Intensify case finding of TB Strategic Intervention 5.1: Intensify case finding of TB					3,600,000
	Ueate milith 3 1 1)					

540,000

108

5,000 1 event/18LGA/6yrs 25,000 1 hall/4days/6yrs

2. transport ( distribute forms)

Provision of monitoring and evaluation forms

3.5.1

[jingles](link up with 3.1.1)

5.1.1

Personal and in case of the same of the same of	senbsouries, mosques	church,	5,000 36persons/5days	180	900.000
		mosques.( transport)			
Strategic Intervention 5.2 ·		2. biennal meeting	15000 2meetings/15 persons/6yrs	180	2 700 000
	Upgrade at least 2 12	diagnosis in HIV infection			Doctor II
5.2.1	provide standard laboratory services in each senetorial district	1. baseline assessment of laboratory facilities	5,000 4 persons/2 days/	8	3,700,000
		2. advertisement for bidding	250,000 2 daillies	2	50000
5.2.2	Maintaining and standardisation of laboratory equipments	1. assessment of laboratory equipment	5,000 2 persons/2 vsits/5yrs	20	10000
		2. transport allowance for maintenance	10,000 3persons/1 visit/6yrs	18	180000
5.2.3	Training laboratory personnel including personnel in private laboratory	1.print and distribute (letters) logsitics	20,000 2persons/6LGA/2 days	76	2,880,000
		2. Allowances( transport and accomodation, refreshment)	15,000 30 persons/4 days	120	1.800.000
		3.logsitics 4. facilitations	1,000 30 persons/4 days	120	120,000
		T. Ideilitators	30,000 2 persons/4days	16	480 000
Strategic Interve	Strategic Intervention 5.3: Isoniazid Preventive therapy for PLHIV				
		1.Quality needed	1000 4000 doses/1yr/6yrs	24000	24072000
Strategic Intervention 5.5:	ntion 5.5 : Pharmacovigilance for anti-TB drugs	z. iogistics	3000 4 trips/1yr/6yrs	24	72000
5.5.1	sensitisation of health personnel and public on anti TB side effects				720000
5.5.2	Produce documents on anti-TB drugs side effects, drug interaction and resistance	1. print copies 2. transport to facilities	200 500 copies/1yr/6yrs	3000	000009
trategic Interver	Strategic Intervention 5.6: TB infection control in HIV health case deliner.		Joseph Apelsonis/ IVI/ Byrs	24	120000
5.6.1	Create awareness amonast care providence	ery sites.			
567	of TB infection relations of the second seco	Create awareness - seminar refreshment, transport, logsistics	3000 100 persons/1yr/6yrs	009	3444000
	on materials on UP	1.print 500 copies of UP materials 2. logsitics to distribute UP mater	500 500 copies/1yr/6yrs 3000 4 trips/1yr/6yrs	3000	1500000
5.5.3	Provision of drugs for PEP	1.Quantities of drugs (PEP) 2. logistics	4000 doses /1yr/6yrs 3000 4trips/1vr/6vrs	47	72000

trateg	Strategic Intervention: 1.1.					
		A. A. ad Johnson and Bonne	Ilais Core M			
2	No Activity	SUD-ALLVARY and terms	0000000	out type	NO OF UNITS	Total (6 years)
111	1 Advocacy to relevant Stakeholders					5,016,000
						1,296,000
	Identify and conduct 2 Advocacy visits to each LGAs	1. Transport to each LGA on 2 occassions	N3,000	LGAs/visit	2 ppl x 18 LGA X 6 yrs =216	648,000
		2. Allowance to 3 Advocacy team members	N1,000	LGAs/visit/per son	3 ppl x 18LGA X 2 visitsx6yrs =648	648,000
						3,720,000
	a day crakeholders' Forum on state level for 5 people per 18 LGA on care and support	1. Venue (1 day)	000'05N	day	venue x1dayx6yrs	300,000
		3. Refreshments - Lunch/Tea breaks	N3,000	persons	90ppl x 6 yrs =	1,620,000
		3. Transport allowances	N2,500	persons	90ppl x 6 yrs =540	1,350,000
		4, Facilators	N10,000	person	3 ppl x6yrs =18	180,000
		5. Materials - file jackets, Biros, Notebooks etc	N500	person	90 ppl x 6 yrs=540	270,000
		e carultas				
Total state	is accommended 1.2 Review/develop and disseminate national policies, standards and protocols for care and support or care and support for care and support for care and support for care and support to the support of t	are and support.				
112	interestation: 1.2 Review/develop and disseminate national policies , standards and processors of a second					14,585,000.00
		1. Venue (2 days)	NEO OOO			285,000.00
		2. Refreshemnts	DOD, DEN	day		20,000.00
		3. Transport allowances	Opprise of	persons/day	SOppl x 2 days	300,000.00
	articipants) media, CiSHAN, NEPWAR, 1903, Co.	4, Stationery	006,270	persons	S0 ppl	125,000.00
		S. Garillators (2)	000'TM	person	50ppl x 2 days	50.000
		G. Accomplation for facilitators	N10,000	persons/day	2ppl x 2 days	40 000
		Printing	NS,000	person/day	2 ppl x 2 days	
		Supplied to the state of the st	N700	copies		20,000
	production and dissemination of reviewed powers				20,000	14,000,000
1.1.3	institutional and human capacity building fe	or MDAs and CSOs providing care and support services				
	Strategic Intervention: 1.3 months					3,240,000
		1. Consultants fee	N15,000	1		540,000
	in a services of relevant stakeholders and assess capacity of care and support services	2. Accomodation for Consultants	NS OOO	person/day	2 ppl x 5 days x3y	
	Conduct mapping of		One's	person/day	2 ppl x 3 days x 3	
		1. Accomodation for 100 ppl	N5,000	Jones		1,800,000
		2. Lunch/Tea Break		persons/days	3days x 6 yrs	000'006
	2 As Ander and CSOs (350)to initiate and provide quality support services	3. Venue	000,EN	person/day	3SOpplxSday	180,000
-		4, Facilictators	N10 000	days/venue	3 days x 3 yrs	
		3. Training materials	מסימדעו	person/day	2 pplx3 days x 3 y	
			N1,000	persons	2ppl x3 yrs	
1	Costing of	Costing of Ondo State Strategic Framework (2015) 222				non'nne
	The state of the s	*/ ICTO7 - OTO7/ WIGHT				

1.14 Strategic Intervention: 1.4 Provision of integrated care and support services to	PLWHIV				
Carry out survey to Map Pi wally through the Extention annual accuracy	1000			100	24490000
edanië voddas Binstra am Libonii Amara Abanas	1. Consultancy services	N25,000	person/days	2pplx5days	250,000
	1 Defende	-		00.000	8,040,000
	A. Kerresnments	N2,000	persons/days	5 days/90ppl/6yr	
Identify and Train 5 Care givers per LGA to carry out Home based care services	2. Training Mterials	N1,000	person	90ppl x6yrs	840 000
	3. Facilitators	N110,000	person/days	2pplx5daysx6yrs	
	4. Venue	N50,000	days	Sdaysx6yrs	
					1,500,000
	1. Training materials	M1 000		10pplx3zonesx6	4,080,000
		MT,000	persons	yrs	180,000
itain reer Educators on rositive Living for PLWHIV (10 per annum from each senatorial zone)	2. Pacliitators	N10,000	persons/days	persons/days/z 2pplx5dayx2zone	
	3. Refreshments	N3,000	persons/days,	persons/days/a 30pplx5daysx6yra	
OBJECTIVE # 2 - 50% of PLWHIV/PABA especially women, marginalized and people Strategic Intervention: 2.1	le with special need are linked to IGAs and poverty alleviation programs	ation pro	grams		
2.1.1 Advocacy to relevant stakeholders					
Identify and visit stakeholders 2 teams- 1) visit to the 181GAs & Our					735,000
	ransport to covs (ream1)	N3,000	persons/LGA	2ppl/3zones/2vi sits/6yrs	216,000
	Allowance	N2,000	persons/days/		
	Fuel for transport out of State (Team2)	N5,000	days	Sdays/3 yrs	25,000
20 mm (1 mm)	Daily Allowance (DSA)	N5,000	days/persons	_	DOC'S:
2.2 (appetry building on IGA programs targeted at PLWHIV/ PABA				_	n'on
Action of the United February Factor					28,200,000
222					2350000
	Trainers fees	N10, 000	person	450 persons	450000
	Training materials	10,000	person	450 persons	450000
	Allowance (Transportation)	N15, 000	person	450 persons	OCCOURT,
	Feeding allowance	N15.000	Operson	450 000000	000576
				and persons	00005/9
2.2.3 Equipping and Empowering of Trained persons	Sewing Machine	N15, 000	Person	120 persons	300000
	Soap making	N10.000	Corcon		Page 1
	Shoe making	M10 000	normal distance	oo persons	800,000
	Capentry tools	M20 000	lioriad	vo persons	700, 000
	clothe making (Tie and Dye)	110,000	person	60 persons	1,200,000
		N10, 000	persons	120 persons	1,200,000
2.3 Resource Mobilization and Fund allocation					
					3,498,000
23.1 Map out Government Agencies/Ministries, Philanthropists, Donor agencies and Corporate organizations that can provide Resources	identify and visit agencies/ ministries/ donor agencies	N3, 000	person/ LGA/ zone	2ppl/ 3 zones/ 2visits/ 6 yrs	216, 000
			359		THE RESERVE OF THE PARTY OF THE

				Costing of Ondo State Strategic Framework (2010 - 2015) 175	Costing of	
13500000	2700	5000 persons,5day	2000	violetia i	districts.	
750000	30	25000 hall, 5 days,	25000	Acute	5 day Training of 90 Health service providing HIV/AIDS treatment sites in the 3 Senatorial 3.2.2 skillsand referral systems in sites providing HIV/AIDS treatment sites in the 3 Senatorial	
111450000					Murses, Counselors) on Interpersonal	
2667000	ty cost	- Cro Ci activity cost			3,2,1 Planning meeting for Training of care providers at nearth commercial	-
133317000		10% 06 201		logistics	3.2 Caapcity building of care providers and PLWHA	
					The colocy of	
140000	140			( refreshments)	3.1.5 (Conduct sensitions)	
		1000 persons.7 ma	1000	meetings- stationaries, logistics	major roads and strategic bosonoms.  major roads and strategic bosonoms.  major roads and workshops for print and electronic media personnel	
12500000	20	250000 50 items	250000	Billboards		
16380000	2730				Community sensitization& awareness through jingles	
5460000	2184	6000 slots/day/qua	6000	Jingles on TV	3.1.3 Production of Jingles on radio and TV in local dialects	1
00006	30	one leucend	1000	jingles on radio	3.1.2 conta hospitals etc	3
3200000	Pris	3000 Spareons /5-4-	3000	transportation	3.1.1 Janguages. PHC centers, Public buildings, Palace, In LGAs - PHC centers, Public buildings, Palace,	60
00002569		copies	700	printing of copies of IEC materials	3.1 Behaviour change communication 3.1 Behaviour change communication of 50,000 printed IEC materials on Stigma reduction in local	
		rter	000 '011		234	2
		Slot/day/our	NG OOD	lingles		
300000	20ppl/3 times	person	Oppire.			
0009	ldds	Per soll	NS DOD	Transport allowance		
00006	2ppl/3	or	N2 000	Logistics		
240000	zoppi/s times		MIT DOD	Facilitators (2)		
DODGE	20npl/3 times	Person	N4, 000	Accomodation		
00000	20ppl/3 times	Person	1, 500	Lunch break		
00009	20ppl/3 times	Person	N500 x 2	Tea break		
30000	20ppl/3 times	person	NS00	Trianing materials		8
000006	20ppl/3 times	Person	N15, 000	training venue	Training of committee members	
1716000					2.3.3 Set up Budget Tracking committee - representatives of CSO, NEPWHAN, CISHAN, Community leaders, Religious leaders, NUJ and Conduct 3-day Training (20 ppl) on Budget tracking	
360000	20ppl/ 3 times	person	N6, 000	Refreshment/ Transportation allowance		
000'006	Person/ zone 20ppl/ 3 times	Person/ zone	N15,000	Inuguration/meeting		
300,000	person/zone 20ppl/ 3 times	person/zone	NS, 000	Identify and disseminate letters		
000'9	20 pppl/3 times	person/ zzone	N100	Develop invitation letters (20 ppl)	Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fund allocation and follow up action	

	training materials	0001			
	Allowance/ feedlace account	ad Onor	TODO persons, 3day	2700	270000
	facilitations	10000 pe	persons,3 day	2700	2700000
	inclinators	25000 pe	25000 person, 3days	2700	6750000
3.2.3 Training of 500 PLWHA on stiema radiction and human clabts					0000000
STUDIES INC. CONTROL WITH THE LIBERTS	Venue	S0000 hal	S0000 hall, 3 daysx6	18	1920000
	transport	5000 per	5000 persons,3 day	1500	900000
	training materials	1000	1000 persons 3 day	1500	750000
	Allowance( feeding& accompagation)	124 0003	and change	1500	1500000
	facilitators	anno bei	persons, 3 day	1500	750000
3.3 Policy enforcement	Commen	25000 persons,3 day	sons,3 day	72	190000
					7363635
3.3.1 Review meeting on exisiting national HIV policies					00867057
	Venue	25000 hall,1 day	1 day	-	39800
	refreshments	3000 4 000000	dan a		25000
	logsitics	0000	cisonis,	4	12000
3.3.2 mass production and dissemination of existing policies - Workplace, Child right law, HIV/AIDS policies etc.	in the second se	7800		1	2800
Double City	printing of copies of policies	700 copies	ies	10000	0007
	transport	3000 persons Sday	Sons Sdav	30	000000/
3.3.3 Training of Law enforcement agents on implementation				30	00006
of implementation	venue	25000 Hall 242005	J. daniel		16500000
	transport	, 2000 IIan	Zuaysxb	12	300000
	Allowance( feeding& accomondation)	outubersons, 2day	ons, 2day	1000	2000000
	facilitators	10000 persons,2day	ons,2day	1000	10000000
		25000 persons,2day	ons,2day	48	1200000
4.1 Advocacy					O CONTRACTOR OF THE PARTY OF TH
4.1.2 Conduct mapping to Identify the existing Health Care facilities and communty based care service points in the 18 LGAs on continous basis over the years.	transport for 4 persons to map out	3000			597600
4.1.3 Conduct Advocacy visits to the facilities and service points in the 18 LGAs /2 per LGA	develon letters of vicitation	onno persons, /day	ons, / day	168	504000
	transcent for the state of the	100 persons,x6	9x'suo	216	21600
4.2 Networking and collaboration	winsport of 4 persons in team	3000 persons,x6	9x'suc	24	73000
4.2.1 Develop and distribute Directory (5,000) to					74075000
service delivery points	print copies of delivery	700 copies	20	2000	350000
4.2.2 Produce referral forms to be most as the	transport for 4 persons to distribute	3000 persons,3day	ons.3dav	77	3300000
de used at the service points (100,000 booklets)	print copies of refferal forms	700 copies		000 001	7000000
4.3 Institutional and human capacity huilding	transport for 4 persons to distribute	3000 parener Eda			000000
		ociad ooos	ybuc,em	120	360000
public/private establishments	logsitics( refreshment, stationaries)	1500			1134000
		1500 persons,1 day	ns,1 day	36	24000
nvolve representatives					1080000
	Vansport	3000 persons, 1yrx6	15,1yrx6	216	648000
	refreshment	1500 persons, lyrx	IS, lyrxé	216	324000
OVC	logsitics( printing, stationaries)	000			324000
		and persons, 1yrxe		216	108000
		Charles of the Selection of Street, Selection of Street, Selection of	CALCULATION OF STREET,	STATE OF THE PARTY	STATE OF THE PERSON NAMED IN

00096			Costing of Ondo State Strategic Framework (2010 - 2015) 177	
	12	3000 personsx 3		2.2.2 fund allocation and follow up action every two years
13000	06	200 persons,x3	send letter of visitation ( printing)	and second committee to sensitize the identified groups for Resource mobilization and
			map out the groups, every 2 years	
180000	9	3000 persons, 5days,	0	IInistries, Philanthropists,
1404000				as promise
120000	12	CAPIT'S INC.		
324000		10000 persone 1da	litatoris	
162000		3000 persons,1day x		
0006		1500 persons, 1day x		a controls
00000	18	S00 persons	918	132
	9	ecoo ilali, 1 dayx 6		interpretation for the OVC community care teams (1 team/LGA) to coordinate
675000		100	Of 1	
00009	9	ykeni inak		
3654000	1218	10000 person, 1dayxa	illitators	
2436000	1218	on mercelly transfer		
000609	1218	2000 persons		
00052	8	E XÁBD T I		
6834000		25000 hall 1 days	training venue	
				2.1 Capacity building of service providers in the 18 LGA-link up with activity 3.2.2 in PLWHA/PABA
7509000				education of OVC
20000	10	0 persons	printing , stationaries & other logistics 2000	Prepare and adopt memorandum of understanding and Policy guideline between ODSACA, MOE, UBE, 1.3.1 and other sectoral players to prioritize and create enabling environment to provide access to basic education of OVC
20000				1.3 Development, revision and implementation of existing legislation and policy for OVC
2376000	1188	(c)		
000000	9311	O persons.	logistics-refreshment, stationaries 2000	
1056000	352	0 persons,4x88	transport of 4 persons in state to LGAs	11 18 LGAs
3432000				
00099	22	D persons,22	meetings - refreshments, stationaries 3000	
			constitute 22 member committee	Set up a committee in the state to include relevant stakeholders in 18 LGAs to mobilize, sensitize and 1.2.1 advocate for OVC support at community level and conduct stakeholders' forum.
3498000				1.2 Community mobilization and participation
				of assembly , MOA_(link up with activity 1.1.1)
2400000				11.12 Conduct advocacy for the legal protection of OVC MOJ, House
		,20 visits	institutions	
2400000	800	D persons,10 inst	transport for a team of 4 to visit 200	Conduct advocacy to key socio-economic institutions such as NAPEP, NDE, SMOWA, SUBEB, APAA, 11.1.1 OSOPADEC on support services for OVC

1						
2.2.3	Form Committee on budget tracking for the state made of relevant stakeholders(20) and conduct 3 day training	OS HERRI				
		Torm committee of 20 member				
		training materials		COO SECONDO DE		1170000
		allowance( feeding and accomondation	, 5	on posterior adams	180	00006
		transport	8 8	acco persons, adays	180	000006
7	2.3 Provision of quality essential services (Education, Health, Shelter, Legal protection, Nutritional, ) OVC.	1000	8	acon persons,x3	9	180000
23.1						888832000
		transport for advocacy team of 4 to	30	3000 persons, 3days,	144	432000
		relevant stakeholders identified.		12 visits		
232	LGAs to cover fees, books, uniforms, school meals, exam fees, registration	scholarship for 10,000 in 18 LGA	150	15000 persons,18LGA	57200	85800000
-						
2.3.	2.3.3 Provision of Nutritional support to 10 Households per ward per annum in 18 LGAs	Nutritional support for 10 household	1500	15000 persons	2030	
2.4	Provision of Peadiatrics Care and support	per ward in 18LGA				3045000
2.4.1						
		purchase of nutritional supplement	1000	10000 items	1340	1340000
2.5	338	(baby food) for 1340				1340000
25.1	Develop and disseminate Jingles, drama and discussion programs on radio and TV to sensitize the					2003:011
	community towards support of OVC ( link up with 3.1.3)					000012111
25.3	Produce and disseminate printed IEC materials (60,000 nosters 8, 90,000 bandallis) 1-11-11					
		print IEC materials( 60,000 posters)	100	1000 copies	60,000	0000009
		print IEC materials( 90,000 handbills)	50	500 copies	00006	AFOOGOA
3.1	Capacity building	transport for 6 persons to distribute	300	3000 persons.7daysx	150	DOUG!
:						nnac/
	identity and Train Household care givers, community and religious leaders on OVC support services	identify household care givers				8910000
		training materials	105	SOO persons 14st	OLE	
		transport	3000	3000 persons	017	135000
		allowance	2003	5000 50000	0/7	810000
-		facilitators	150021	Supplied Door	270	135000
3.1.2 T	Train older OVC on Family Life Education skills e.g Negotiation skills etc	training materials	2005	500 persons,1day	270	270000
	t ·	transport	3000	3000		Yest I
	8	allowance	200	Silosiad	270	810000
		facilitator	2000	2000 persons	270	1350000
			15000	15000 persons	270	4050000

The second secon						
012	Activity	Sub- Activity and Items	Unit Cost Un	Unit type	No of Units Total	
111	Fractment of the laws protecting the rights of PLWHIV	the rights of PLWHIV				30,000
101		1-day advocacy visit to members of House of Assembly by 10 people				
		Transportation for 10 people	1500 1 day	day	10	15,000
		Steady daily allowance for 10 people	1500 1 day	day	10	15,000
1.2	Sensitization and awareness campaign on the existence of	paign on the existence of rights of PLWHIV				170000
		Advertisement on TV, Radio & newspaper publication				
		2 slots per day on TV for 5 days	5000 2 slots	slots	10	20000
		2 slots on radio per day for 5 days	2000 2 slots	slots	10	20000
		Quarter page of advertisement in print media.	100,000.00 1day	lay	1	10000
	Advocacy visit to law makers, polic	Advocacy visit to law makers, policy makers and other relevant stakeholders to elicit their				90,000.00
6.1.		Planning meeting for 10 members of margin to the House of Assembly				
		Transportation allowance for 10 participants	1500	1	10	15,000
		DSA for 10 participants	1500	1	10	15,000
		Visit to Members of executives council	4			
		Transportation allowance for 10 participants	1500		10	15,000
		DSA for 10 participants Advocacy visit to judges, magistrates by 10 member			10	15,000
		team	1500			
		DSA for 10 members	1500	1	10	15,000
	I workshop for law enforce	The second to enforcement agents on the need to enforce the anti-stigma	30 000 00			190000
14	Talling work	Training venue for 1 day.  Training materials for 30 participants.	1500		30	30000
		4 - 1 - 2015) 179	179			

1.1. Strategic Intervention: Capacity building on linkages between MIV and numan rights for people living with HIV and AIDS

		Transportation allowers				
		Facilitator food	1500	Т	30	45000
		Too head of a	10,000	1	1	10000
and other management was an arrangement		led break for 30 participants	200	1	30	15000
1,1,5	Training workshop for judicial aff	Training workshop for individual control of the second control of	1500	1	30	45000
	TO DANCIA	cers and officials of the office of public defender on the				245,000.00
		I raining venue for 1 day	35,000	1	1	35000
And in case of the last of the		I raining materials for 40 participants.	1500	1	40	00009
		Facilitator fees	10,000	1	1	10000
		I ransportation allowance for 40 participants	1500	1	40	000009
			200	1	40	20000
		Lunch break for 40 participants	1500	1	40	00009
1.2.	Capacity building for NHRC legal Aid Council and					0
1.2.1	Training of NHRC personnel on human rights and HIV and AIDS	man rights and HIV and AIDS	nts and HIV and A	IDS.		
		Training young for a dair				145,000.00
		Training Venue for a day.	35,000	1	1	35,000.00
		Training materials for 20 participants	1500	1	20	30000
		Iransportation allowance for 20 participants	1500	1	20	30000
		Facilitator fees	10,000.00	1	1	10000
		Tea break for 20 participants	200	1	20	10000
100		Lunch break for 20 participants	1500	1	20	30000
7.7.1	I raining workshop for legal Aid pe	Iraining workshop for legal Aid personnel on human rights on HIV and AIDS				00006
		Training venue for 1 day	30,000.00	1	1	30000
		Training materials for 10 participants	1500	1	10	15000
		Transportation allowance for 10 participants	1500	1	10	15000
		Facilitator fees	10,000	1	1	10000
		Tea break for 10 participant	200	1	10	2000
		Lunch break for 10 participant	1500	1	10	15000
123	Training of CSOs on Human rights and HIV and AIDS.				2	105000
		Training venue for 1 day	35,000	1	7	DOODE
			000,00	1	7 00	35000
		Transnortation allowance for 30 participants	1500	T ,	30	45000
		Collibration force	1500	1	30	45000
		Facilitation fees	10000	1	1	10000

1.3    Printing of 10,000 copies of Handbill   10    Printing of 10,000 copies of Stickers   15    Printing 10,000 copies of Stickers   15    Printing 10,000 copies of Stickers   15    Printing 10,000 copies of Stickers   100    Printing 10,000 copies   100    Printing 10,000 cop		1250000	150000	1000000					0	0		800000	200000	120,000.00	120,000	PLWHIV		00	3,100,000	300,000	400,000	2,000,000
		10.000	10,000	10,000								•	4	4	4 4	al services to				2 2	2	2
													30 by 4	30 by 4	30/4	vide free leg				200		
		10	15	100		2000	2000	15,000	2500	9		200'05	1000	1000	3000	CSOs etc to pro			100 To 10	2/000/2		
	1.3	Development of SEC and BCC Illaterials of Indian Parish	Printing 10,000 copies of stickers	Printing 10,000 copies of posters	Padio TV and Print Media programmes on human rights on HIV and AIDS related issues.	2 slots Radio jingle for a day	2 slots of Radio adverts	2 Slots of TV jingle	2 Slots of IV adverts Print Media adverts		OPD and PLWHIV through quarterly meetings to be	Promote linkages between S. Meeting venue per day	Stationaries for 30 participants	Lunch for 30 participants	Transportation allowance for 30 participants.	Strengthen linkages between NACA, SACA, LACA, NEPWHAN and NHRC, Human rights	4.	with various outfit providing free Igal services to				Costing of Ondo State Strategic Framework (2010 - 2015) 1

Public education on human rights, rights based programming and channels to access justice, seek redress in instance of violation.

Establish and strengthen linka	Establish and strengthen linkages/refferals between PLWHIV, support groups,NEPWHAN etc and NDE, NAPEP for economic empowerment for PLWHIV	N etc and NDE, N	NAPEP for	economic	
Foster monthly meetings between PLWHIV support gr	een PLWHIV support groups and all stakeholders on				0000099
	Meeting venue for 12 months	100,000	1	12	120000
	Stationeries for 100 participants	200	I	1200	900 009
	I ransportation allowance for 100 participants	3000	1	1200	3,600,000
	Lunch for 100 particicipants	1000	1	1200	1,200,000
1.5.2 Quarterly M&E meetings to eva	Quarterly M&E meetings to evaluate progress made by beneficiaries				
	Meeting venue	000 02	-		740000
	Transportation allowance for 30 participants	3000	7		20000
	Lunch for 30 participants	1000		1 4	360000
	Stationaries	500		17	120,000
1.6 Public education on human r	1.6 Public education on human rights for specific settings i.e Health, Education, Religious places, Workplace, etc.	us places,Workp	olace,etc.		
1.6.1 Develop SBC and BCC materials for specific settings	for specific settings		1		
	Print 2500 fliers on health	2		0030	50000
	Print 2500 fliers on education	5		2500	12500
	Print 2500 fliers on christian and muslim religion	5		2500	17500
	Print 2500 fliers on workplace.	5		2500	12500
1.6.2 Design media advert programmes through Badia advert	the desired balls and the second				
	Produce 26 iii-1-6				540000
	Produce 35 Jingles for a quarter on Radio.	2000	per jingle	36 slots	180,000
	rioduce 2 adverts per week for a quarter on TV	15000 p	per advert	24 slots	360,000
L.b.3 Painting of building, shops, vehicles with HIV messages,	es with HIV messages,				

10 20000	10 40000	10 30000	20 100000		337,000,00	1 30000	20 30000	18 180000	18 54000	10 10000	100001			1000 1000 50000 4 20000 3 15000 3 45000 3 45000 3 45000 3 45000
2000 per labour	4000 per paint	3000 per labour	5000 per writing			30,000 1 day	1500 participant	10,000 participant	3000 1	1000 pparticipar	1000 participant	10000 facilitator f	1500 2	20000 1 day 50 1 day 5000 1 day 5000 1 day 5000 per jingle 15000 per advert 150,000 per advert 30,000 1 day 1500 participant 2000 participant
10 shops workmanship	Painting of 10 buildings	10 building workmanship	Writing of HIV messages on vehicles	Advocacy for the passage of Anti-discrimination Bill		Meeting venue for a day	Training materials	097	Lunch break for 18 Chairmen	Lunch break for 10 others	Transportation for 10 others	2 Facilitators	Lunch for 2 Facilitators	Rally ground 1000 chairs 4 canopies 4 canopies 4 canopies 5 decorations 3 slots of Radio Jingles 3 Tv adverts 3 Tv adverts 1/2 page print advert 1/2 page print advert 1/2 page print advert Transportation allowance for participant Transportation allowance for participant
				1.7 Advocacy for the pass		discrimination bills at all core								Sensitization on Anti- discrimination Bill at State level

1.8 Sensitisation of Judiciary and law enforcement agencies on the rights of PLWHIV  Organise training workshop for members of the Judiciarysuch as Judges, magistrates and law officers,  Workshop materials for 25 participants  Venue for 2 day  Workshop materials for 25 participants  Tea break for 40 participants  Lunch break for 40 participants  Transportation allowance for 25 people  Logistics  Conduct advocacy to VECA, Micro-credit Agency, Ministry of women Affairs of the need to Promote ge equality in their economic empowerment policy programme for PLWHIV  Pre-wish meeting  Meeting wenue  Lunch break for 10 participants  Transportation allowance for 10 participants  Transportation allowance for 10 participants  Tea break for 10 participants  Transportation allowance for 10 participants  Meeting materials  Transportation allowance for 10 participants  Meeting materials  Transportation allowance for 10 participants  Meeting materials  Meeting materials  Transportation allowance for 10 participants  Meeting materials  Meeting materials  Meeting materials  Transportation allowance for 10 participants  Meeting materials  Meeting materials  Meeting materials  Transportation allowance for 10 participants  Meeting materials  Meeting materials  Transportation allowance for 10 participants  Meeting materials		Logistics			20,000
Organise training workshop for members of the Judiciarysuch as Judges, magistrates and law officers, a Venue for 2 day Venue for 2 day Vorkshop materials for 25 participants Teab break for 40 participants Transportation allowance for 25 people Lunch break for 40 participants Transportation allowance for 25 people Logistics Transportation allowance for 25 people Logistics Transportation allowance for 10 participants Meeting materials Meeting materials Meeting materials Meeting materials Media coverage (wide o mobilisation) Media coverage (wide o mobilisation) Media coverage (wide o mobilisation)	Sensitisation of Judiciary and lav	enforcement agencies on the rights of PLWHIV			
Venue for 2 day   Workshop materials for 25 participants   2 Pacilitators	Organise training workshop for men law enforcement agencies such as P.	Ders of the Judiciarysuch as Judges, magistrates and law of lice, Army, etc.	fficers, and		
Workshop materials for 25 participants   2 Pacilitators     Tea break for 40 participants   1     Lunch break for 40 participants   1     Lunch break for 40 participants   1     Lunch break for 40 participants   1     Logistics   Transportation allowance for 25 people   1     Logistics   Transportation allowance for 10 participants   1     Conduct advocacy to WECA, Micro-credit Agency, Ministry of women Affairs of the need to Promote generated and their economic empowerment policy programme for PLWHIV   1     Meeting wenter   Previsit meeting   1     Meeting wenter for 10 participants   1     Transportation allowance for 10 participants   1     Meeting materials   1     Transportation allowance for 10 participants   1     Meeting materials   1     Meeting materials   1     Media coverage (video mobilisation)   50     Refreshment for 10 participants   50	<u> </u>	nue for 2 day	1000 ac		380,000
Tea break for 40 participants   Tea break for 40 participants   Tea break for 40 participants   Transportation allowance for 25 people   Logistics   Lunch break for 40 participants   Logistics   Lunch break for 10 participants   Drewist meeting   Pre-visit meeting   Transportation allowance for 10 participants   Pre-visit meeting materials   Transportation allowance for 10 participants   Transportation allowance for	5		35,000 per day	2	70,000
Tea break for 40 participants  Lunch break for 40 participants  Transportation allowance for 25 people Logistics  1.9 Advocacy to relevant Government Agencies for gender responsive economic empowerment Conduct advocacy to WECA,Micro-credit Agency,Ministry of women Affairs of the need to Promote genequality in their economic empowerment policy programme for PLWHIV Pre-visit meeting Meeting venue Lunch break for 10 participants Tea break for 10 participants Transportation allowance for 10 participants  Advocacy visits to 3 ministies  Transportation allowance for 10 participants Meeting materials  Advocacy visits to 3 ministies  Transportation allowance for 10 participants Meeting materials  Advocacy wisits to 3 ministies	2		10 000 per day	25	25,000
Lunch break for 40 participants Transportation allowance for25 people Logistics  1.9 Advocacy to relevant Government Agencies for gender responsive economic empowerment Conduct advocacy to WECA, Micro-credit Agency, Ministry of women Affairs of the need to Promote generality in their economic empowerment policy programme for PLWHIV Pre-visit meeting Meeting venue Lunch break for 10 participants Tea break for 10 participants Transportation allowance for 10 participants Transportation allowance for 10 participants Meeting materials  Advocacy visits to 3 ministies Transportation allowance for 10 participants Media coverage (video mobilisation)  Media coverage (video mobilisation)  Refreshment for 10 participants  Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation)	T	a break for 40 participants	LO,000 per day	4	40,000
Transportation allowance for 25 people  Logistics  Logistics  Logistics  Logistics  Logistics  Logistics  Conduct advocacy to VECA, Micro-credit Agency, Ministry of women Affairs of the need to Promote genequality in their economic empowerment policy programme for PLWHIV  Pre-visit meeting  Meeting venue  Lunch break for 10 participants  Tea break for 10 participants  Transportation allowance for 10 participants  Meeting materials  Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation)  Media coverage (video mobilisation)  Refreshment for 10 participants  Advocacy visits to 3 ministies	וו	nch break for 40 narticinants	500 per day	80	40,000
1.9 Advocacy to relevant Government Agencies for gender responsive economic empowerment  Conduct advocacy to WECA,Micro-credit Agencies for gender responsive economic empowerment policy programme for PLWHIV  Conduct advocacy to WECA,Micro-credit Agency, Ministry of women Affairs of the need to Promote genequality in their economic empowerment policy programme for PLWHIV  Pre-visit meeting  Meeting venue  Lunch break for 10 participants  Transportation allowance for 10 participants  Transportation allowance for 10 participants  Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Meeting materials  Media coverage (video mobilisation)  Refreshment for 10 participants  Sol	E	insportation allowance for 5 people	1500 per day	80	120,000
1.9 Advocacy to relevant Government Agencies for gender responsive economic empowerment  Conduct advocacy to WECA,Micro-credit Agency,Ministry of women Affairs of the need to Promote genequality in their economic empowerment policy programme for PLWHIV  Pre-visit meeting  Meeting venue  Lunch break for 10 participants  Transportation allowance for 10 participants  Transportation allowance for 10 participants  Meeting materials  Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation)  Media coverage (video mobilisation)  Refreshment for 10 coverage (video mobilisation)		pictics	2000	25	125,000
Conduct advocacy to relevant Government Agencies for gender responsive economic empowerment  Conduct advocacy to WECA, Micro-credit Agency, Ministry of women Affairs of the need to Promote genequality in their economic empowerment policy programme for PLWHIV  Pre-visit meeting  Meeting venue  Lunch break for 10 participants  Tea break for 10 participants  Transportation allowance for 10 participants  Meeting materials  Meeting materials  Transportation allowance for 10 participants  Meedia coverage (video mobilisation)  Media coverage (video mobilisation)  Refreshment for 10 contraction allowance for 10 participants  Meeting materials				2	30,000
Conduct advocacy to WECA,Micro-credit Agency,Ministry of women Affairs of the need to Promote gerequality in their economic empowerment policy programme for PLWHIV Pre-visit meeting Meeting venue Lunch break for 10 participants Tea break for 10 participants Transportation allowance for 10 participants  1 Facilitator Meeting materials Meeting materials Transportation allowance for 10 participants Media coverage (video mobilisation)  Media coverage (video mobilisation)  Refershment for 10 carticipants  Advocacy visits to 3 ministies  Media coverage (video mobilisation)  Refershment for 10 carticipants	Advocacy to relevant Governmen	Agencies for gender responsive economic empow	erment for PLWHIV		
Pre-visit meeting	Conduct advocacy to WECA,Micro-cri	dit Agency,Ministry of women Affairs of the need to Prorent policy programme for PLWHIV	mote gender		117 000
Meeting venue   Lunch break for 10 participants   Tea break for 10 participants   Tea break for 10 participants   Transportation allowance for 10 participants   Teaching materials   Meeting materials   Advocacy visits to 3 ministies   Transportation allowance for 10 participants   3   Media coverage (video mobilisation)   So, Refreshment for 10 participants   So, Refres	Pr	-visit meeting			00'177
Lunch break for 10 participants     Tea break for 10 participants     Transportation allowance for 10 participants     Transportation allowance for 10 participants     Advocacy visits to 3 ministies     Transportation allowance for 10 participants     Media coverage (video mobilisation)     Refreshment for 10 participants     Refreshment for 10 parti	Σ	eting venue	50.000 1 day	-	000003
Transportation allowance for 10 participants  1 Facilitator  Meeting materials  Transportation allowance for 10 participants  Media coverage (video mobilisation)  Refreshment for 10 participants  So	Lu	ch break for 10 participants	1000 participan	101	10,000
Transportation allowance for 10 participants 3  1 Facilitator Meeting materials Advocacy visits to 3 ministies Transportation allowance for 10 participants 35 Media coverage (video mobilisation) 50,00	Te	break for 10 participants	700 participan		7,000
Advocacy visits to 3 ministies  Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation)  Refreshment for 10 carticipants  Solution 20	T	nsportation allowance for 10 participants	3500 participan		35,000
Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation)  Refreshment for 10 carticipants  Solution allowance for 10 participants	11	ıcilitator	5000 Facilitator		5,000
Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation)  Refreshment for 10 participation  Refreshment for 10 participation	Ž	eting materials	1000 materials	1	10,000
Advocacy visits to 3 ministies  Transportation allowance for 10 participants  Media coverage (video mobilisation) 50,000 media					
3500 50,000 media				167	167 000 00
)5	Tr	nsportation allowance for 10 participants		30	105 000
	Ž	dia coverage (video mobilisation)	50,000 media	1	50,000
	Re	Refreshment for 10 participant	1000 participant	10	10,000

	97,000,00		1	10 35,000	90,000,00 10 35,000 10 5,000	366,000,00 2 20,000 2 40,000 1 10,000 4 12,000 100 50,000 2 10,000
	40,000 1 day	700 participant	1000 participant	3500 participant	3500 participant 500 participant 50,000 media	15,000 banner 10,000 PAS 20,000 2 10,000 2 2,000 days 3,000 2 towns 500 participant 1,500 participant 5,000 towns
Advocate for the inclusion of HIV of HIV in Health Insurance Scheme	Planning meeting of advocates	Tea break for 10	Lunch break for 10	Writing materials for the Transportation allowance	Advocacy visit to the Governor Transportation allowance for 10 Refreshment for 10 participant Refreshment for 10 participant Media coverage (video mobilisation)	Sensitisation and Awareness campaign by various groupsin Akure and Ondo on the need to include HIV and AIDS in the Health Insurance Scheme Printing of 2 large banners Rentage of Public Address System Rentage of Public Address System Hiring of 2 long Trucks Hiring of 2 long Trucks Production of Radio Jingles  1 week Airing of prepared radio Jingles to create awareness Allowance for M.C Allowance for M.C Allowance for M.C Transport allowance for participant Transport allowance for participant Contigency

Objecti 2.1 Stra	Objectives 2: An equitable increase in page 2.1 Strategies: Advocacy for greater ar	Objectives 2: An equitable increase in participation of PLWHIV in decision making processes at all levels 2.1 Strategies: Advocacy for greater and meaningful gender-responsive inclusion of PLWHIV in HIV response in Nigeria	t all levels in HIV response in Niger	<u>a</u>	
24.1	Create an enabling Policy environment for effective gender se through advocacy visit to the Governor and cabinet members.	Create an enabling Policy environment for effective gender sensitive State HIV and AIDS through advocacy visit to the Governor and cabinet members.			75,000,00
		Planning meeting by visitation team  Transport allowance for 10 members of visitation team for 3 yrs	1500 participant	30	45,000
		DSA allownce for 10 members for 3yrs	1000 participant	30	30,000
2.1.2	Review existing HIV and AIDS rela	Review existing HIV and AIDS related policies to address gender human rights issues.			315,000,00
		Constitute 10 member reviewing committee Transportation allowance for 10 members	3000 partcipants	30	000.06
		our Care and another Others for the Care and another He down!	0017		135 000
		Lunch allowance for 3 days for 10 members for 3 yrs	TOOO participant	06	133,000
		Writing materials for 3 days for 10members for 3 yrs	1500 participant	30	45,000
		Tea break for 10 participants for 3 days for 3yrs	500 participant	06	45,000
2.	2.2 Inclusion of PLWHIV in AIDS ACTION COMMITTEE in the LGAs	CTION COMMITTEE in the LGAs			
22.1	One day sensitisation workshop for 18 LACA officers,18 PLWHIV and 14 officres from CSOs in the state				584,000
The section of		Workshop venue	50,000 venue	1	20,000
		Training/workshop materials	1200 participant	20	60,000

	Radio announcement for 7 days	3000 days	7	21,000
	TV announcement for 7 days	4,000 days	7	28.000
	Tea break for 50 participants	500 participant	50	25,000
	Lunch break for 50 participants	1,500 participant	20	75,000
	Daily Sustainance Allowance (DSA)	6000 participant	50	300,000
	Contigencies	5,000	1	2,000
2.3 Promote affirmative action for economic empowerm	r economic empowerment and othr opportunities for PLWHIV	LWHIV		
A day Stakeholders meeting				966 500 000
T'C	Printing of Invitation letters	40 participant	100	4 000
	Meeting venue	50,000 venue	1	20,000
	Training materials	1200 participant	100	120,000
	2 Facilitators fee	10,000 facilitators	2	20,000
	Tea break for 100 participants	500 participant	1001	50,000
	One week radio announcement	2,500 days	7	30,000
	Lunchbeak for 100 participants	1000 participant	100	17,500
	Transportation allowance	3,000 participant	100	100,000
	Contigencies	2000	100	300,000
			1	2,000
Weekly Radio and TV Discussion				
3.2 Programmes				2,595,000
	Airtime for radio discussion propram for 1 quarter	100,000 Quarterly		
	Presenters fee	10,000 weekly,pre	52 4	400,000
	2 Discussant appearance of a line included in the second of the second o	20 000 lingle	104	520,000
	Radio Jingles produnction	35,000 jingle	1	20,000
	Airtime for TV for 1 quarter	250,000 Quarterly	L 4	35,000
				000'000'1
	Costing of Ondo State Strategic Framework (2010 - 2015) 187			

All participants annually for 6yrs  30 participants annually for 6yrs  30 participant 180  21		Conduct training workshop for PLWHIV networks and Support groups in decision making			9,000 000
30 participants annually for 6yrs 1500 participant 180 27  ilpants annually for 6yrs 500 participant 180 27  ilpants annually 1,500 participant 180 27  ance for 30 participants annually 1,500 participant 180 27  erable and marginalised groups from HIV Infections arriers/practices that impede access to reproductive health information and nee for 3 members for 6yrs 1000 visitation to 18 18  and for 6yrs 100		I raining venue for 1 day annually for 6yrs	35,000 participant	9	210,000
erable and marginalised groups from HIV Infections arriers/practices that impede access to reproductive health information and listation team  n Ondo State.  n Ondo State.  ippents annually for 6yrs and for 6yrs arriers arriers for 6yrs and for 6yrs an			1500 participant	180	270.000
erable and marginalised groups from HIV Infections arriers/practices that impede access to reproductive health information and traditional practices  arriers/practices that impede access to reproductive health information and the for 3 members for 6yrs  am for 6yrs  n Ondo State.  isitation team  n Ondo State.  isitation team  n Condo State.  isitation team  n Condo State.  isitation team  n Condo State.  and for 6yrs		Facilitator fee annually for 6yrs	10,000 facilitator/	9	000,072
erable and marginalised groups from HIV Infections arriers/practices that impede access to reproductive health information and isitation team  nondo State.		Lunch break for participants annually for 6yrs	500 participant	180	000,00
3: Protect women, children and other socially vulnerable and marginalised groups from HIV Infections services.  Advocacy visit to media to discourage harmful cultural and traditional practices  Planning meeting by visitation team  Transportation allowance for 3 members for 6yrs  DSA for 3 visitation team  Planning meeting by visitation team  Transportation allowance for 5 members  DSA for 3 visitation team  Transportation allowance for 5 members  DSA allowance for 5 members  Transportation allowance for 5 members  1000 1 day 5		for 6yrs	1,500 participant	180	270,000
Advocacy visit to media to discourage harmful cultural and traditional practices  Planning meeting by visitation team  Transportation allowance for 3 members for 6yrs  DSA for 3 visitation team for 6yrs  Advocacy visit to Traditional rulers and Religious leaders in Ondo State.  Planning meeting by visitation team  Transportation allowance for 5 members  DSA allowance for 5 members  1000   1 day   5    DSA allowance for 5 members   1000   1 day   5	ctive 3: Protect women, childrer Strategies :Promote the removal	and other socially vulnerable and marginalised groups frocultural and traditional barriers/practices that impede access to re	om HIV Infections		
6yrs 2000 visitation to 18 18 1800 visitation to 18 18 18 1800 visitation to 18 18 1800 1 day 5 1000 1 day 5	Advocacy visit to media to disc	ourage harmful cultural and traditional practices			
am for 6yrs 2000 visitation to 18  am for 6yrs 1000 visitation to 18  in Ondo State.  isitation team 1000 1 day 5  nembers 1000 1 day 5		Planning meeting by visitation team			54,000
am for 6yrs		Transportation allowance for 3 members for 6yrs	2000 visitation to	000	36.00
in Ondo State. isitation team nce for 5 members		DSA for 3 visitation team for 6yrs	1000 visitation to	18	18,000
isitation team  nce for 5 members 1000 1 day 5 nembers 1000 1 day 5	Advocacy visit to Traditional ru				
1000 1 day 5 1000 1 day 5		Planning meeting by visitation team			10,000
1000 1 day 5		Transportation allowance for 5 members	1000 1 day	u	200 2
		DSA allowance for 5 members	1000 1 day	5	5,000

2,000	2,000	10.000	5,000	5,000	10,000	0	5,000	267.500	15,000	150,000 50,000 4,500	3,000	55,000	
2	2		ſ	2		L	0 4	) 	m m	H H M	8	N N	
1000 1 day	1000 1 day		1000 1 day	1000 1 day		1000 1 day	1000 1 day		5000 per jingle 15,000 per Advert	150,000 per advert 50,000 per Advert 1,500 1 day	ÁBD 1	10,000 1 day 1000 1 day	6
Planning meeting by visitation team Transportation allowance for 5 members	DSA allowance for 5 members	1 or in the domestication of the Protocol of	Advocacy visit to the Governor and Cabinet On the Concording State of State	DSA for 5 members	mbly for the domestication of the Protocol of African	Planning meeting by visitation team	Transportation and transportatio	Los Indiana dangerous practices	Planning meeting by visitation team 3 slots of Radio jingles 3 slots of TV Adverts	1/2 page print Adverts in National Daliy Newspaper 1/2 page print advert in local Newspaper Transportation allowance for 3 members	DSA for 3 members  DSA for 3 members  DSA for 3 members  DSA for 5 mem	Advocacy visit by pressure groups to National Assembly viltation team planning meeting by viltation team Transportation allowance for 5 members DSA allowance for 5 members	Costing of Ondo State Strategic Framework (2010 - 2015) 189
Autorial Paragraphic			Advocacy visit to the Governor a		Assembly for the domestication	Advocacy visit to figure of		the Chide' Bight	Sensitization on the Chius mer			Advocacy visit by pressure groul	
3.2.1			3.2.2			3.2.3			3.2.4			3.2.5	

33	Improved services for the protect youth, OVC and MARPS) from HIV	Improved services for the protection of people who are valuerable and marginalised (People living wth disabilty, out-of-school youth, OVC and MARPS) from HIV	le living wth disabilty,	out-of-scho	loo	
3.3.1	Advocacy to Law makers to enact Laws to protect peg	Laws to protect people who are vulnerable and				000'09
		visit the house of Assembly members				0
		Peak for 10 members	1500	2	20	30,000
		Service the illegits	1500	2	20	30,000
3.3.2	Organise training workshop for se	Organize training workshop for selected schools. Physically challenged, out of school			2,28	2,280,000,00
		Training materials for 400 participants	2000	1	400	800,000
			30000	1	2	000'09
-		Tea break for 400 participant	200	1	400	200,000
		Lunch break for 400 participants	1500	1	400	000'009
1		Transportation allowance for 400 participants	1500	1	400	000'009
		Facilitators fees	10000	1	2	20,000
3.3.3	Vocational training for vulnerable and marginalized in	and marginalized in 18 LGAs.			70′9	6,040,000,00
		Training venue	30000	1	2	000'09
		Training materials for 540 participants	2000 Participant	ipant	1080	2,160,000
		Transport allowance for 540 participants	1500 Participant	ipant	1080	1,620,000
		Tea break for 540 participant	500 Participant	ipant	1080	540,000
		Lunch break for 540 participants	1500 Participant	ipant	1080	1,620,000
		Facilitators fees	10000 Facilitator	atori	4	40,000
						000
3.3.4	Promote grassroot education of vu	Promote grassroot education of vulnerable and marginalized persons			1,2	1,228,000,00
		Airtime Radio programme for 2 quarters	100,000 Quarterly	erly	2	200,000
		Presenter fees	10000 Weekly pre	ly pre	26	260,000
		Airtime for TV discussion for 2 quarters	250,000 Quarterly	erly	2	200,000
		Transportation for 2 facillitators	2000 Quarterly	erly	2	4,000
		TV Presenter fee	10,000 Weekly pre	ly pre	97	260,000
		DSA for 2 facillitators	1000 Quarterly	erly	4	4,000
	3.4 Support family life and HIV ed	3.4 Support family life and HIV education among youths in and out of school in urban, rural and hard to reach places	ural and hard to rea	ch places		
						ס

20 90,000,000 20 20 20 1,932,000 1,9	Advocacy meeting with students in	ranportation allowance for to inclination			
1500 Participant   20   3000000   20000000   20000000   2000000   2000000   200000   200000   200000   200000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   20000   2000000   20	dvocacy meeting with students in		TOOOO Falticipalit		200,000
1000,000,000   1,932,000,000	dvocacy meeting with students in	DSA for 10 members x 2	1500 Participant		1825
Sample   S		n schools in other LGAs.		0'06	00,00
amme for 1 quarter. 100,000.00 Quarterly 4 400 1 day 1000 Quarterly 20 3000 Quarterly 4 1,000 Quarterly 52 52 52 50,000 Quarterly 4 1,000 Quarterly 6 1,932,000,00 Quarterly 7 1000 Quarterly 7 1000 Quarterly 7 1000 Quarterly 7 1,000 Quarterly 30 Quarticipant 30		Planning metting			0
amme for 1 quarter. 100,000.00 Quarterly 4 400 1,000 Quarterly 52 52 52 52 5000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 4 1,000 Quarterly 52 55,000 Quarterly 52 55,000 Quarterly 6 1,000 Quarterly 7 1,00		Transportation allowance for 10 members x 2	3000 Participant	20	60,000
amme for 1 quarter. 100,000.00 Quarterly 4 40 10000 Weekly pre 52 250,000 Quarterly 4 1,000 2000 Quarterly 4 4 1,000 30,000 Quarterly 4 4 1,000 30,000 Quarterly 4 4 1,000 30,000 Quarterly 30		DSA for 10 members x 2	1500 Participant	20	30,000
amme for 1 quarter. 100,000.00 Quarterly 4 4 1,000 250,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 4 4 1,000 Quarterly 4 1,000 Quarterly 250,000 Quarterly 4 1,000 Quarterly 1000 Quarterly 10	omotion of sexuality and reproc	ductive health education in schools.		1,93	2,000,00
1 quarter. 100,000.00 Quarterly 4 4 1,000 250 52 52 52 52 52 52 50 60 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 52 55 55,000 Quarterly 6 1,000 Quarterly 70 2000 Quarterly		Planning meeting			0
250,000 Quarterly 4 1,000 2000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 4 1,000 Quarterly 250,000 Quarterly 4 1,000 Quarterly 30 200,000 Quarticipant 30 20 200,000 Quarticipant 30 20 20 20 20 20 20 20 20 20 20 20 20 20		Airtime for Radio discussion programme for 1 quarter.	100,000.00 Quarterly	4	400,000
250,000 Quarterly 4 1,000 2000 Quarterly 4 1,000 Quarterly 4 1000 Quarterly 4 4 1,000 Quarterly 2000 Quarterly 2000 Quarterly 4 1,000 Quarterly 30		Presenter fees	10000 Weekly pre	52	520,000
2000 Quarterly 4 1000 Quarterly 4 10000 Quarterly 4 10000 Weekly pre 52 250,000 Quarterly 4 1000 Quarterly 4 1000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 4 1,000 Quarterly 30 1500 participant 30 500 participant 30 ts 1000 participant 30		Airtime for TV for 1 quarter	250,000 Quarterly	4	1,000,000
1000 Quarterly 4 100,000 Quarterly 4 10000 Weekly pre 52 250,000 Quarterly 4 1,000 Quarticipant 30 1,000 Participant 30 1,000 Participant 30		Transportation fee for 2 members	2000 Quarterly	4	8.000
100,000 Quarterly 4 4 4(1,932,000,00   1,932,000,00		DSA for 2 members	1000 Quarterly	4	4,000
100,000 Quarterly 4 4 40 1000 Weekly pre 52 250,000 Quarterly 4 1,00 2000 Quarterly 4 1,000 30,000 Quarterly 30 1500 Participant 30	romote sensitiazation of proper	sexuality education by parents and guidance planning meeting		1,9	32,000,00
inter   10000 Weekly pre   52   53		Airtime Radio discussion for 1 quarter	100,000 Quarterly	4	00000
Section   Sect		Presenter fee	10000 Weekly pre	52	520,000
1000 Quarterly   4   1,000		Airtime for TV for 1 quarter	250,000 Quarterly	4	1 000 000
n hard-to-reach areas. E.g         30,000 1 day         1           y         1500 participant         30           pants         500 participant         30           rce for 30 participants         30           1000 participant         30           1000 participant         30           1000 participant         30		Transportation for 2 members	2000 Quarterly	V	1,000,000
h hard-to-reach areas. E.g  y  O participant  Ipants  Soo participant  1000 participant  1000 participant  30  1000 participant 30		DSA for 2 members	1000 Quarterly	7 7	8,000
y         30,000   1 day         1         200,000,00           0 participant         30         1500 participant         30           nce for 30 participants         1000 participant         30	Faining Workshop of CSOs/Pressi	ure groups on HIV/AIDS in hard-to-reach areas. E.g			
1000 participant 30	verrine location	Training venue for 1 day Training materials for 30 participant	30,000 1 day 1500 participant	THE REAL PROPERTY.	0,000,00 30,000 45,000
		Transportation allowance for 30 participants	1000 participant	30	30.000

4.1 Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.  4.1 Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.  4.2 Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.  4.2 Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.  4.3 Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation workshop wrune theres  4.4 Strategies: Advocacy wist by 20 000 1 day  4.5 Secretary allocation for SACA, AdAs and prompt release of funds.  4.6 Secretary allocation for SACA, AdAs and prompt release of funds.  4.7 Advocacy wist by 20 005ACA Board members to Governor and Executive members to SACA AdAs and prompt release of funds.  4.8 Advocacy wist by 20 005ACA Board members of Board Board Members Board			Luncin break for 30 participants	1000	1000 participant	30	30.000
Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.  One Gay sensitisation workshop for 100 stakeholders drawn from relevant ministries.  Depts and CSOs, SACA and LACA on the transformation of State Action Committee on HIV  Workshop venue  Invitation letters  2 Large banners  Transpotation allowance for 100 participants  1000 participant  1000 participant  1000 participant  1000 participant  1000 participant  2 Fedilitators  2 Fedilitators  Advocacy visit by 20 ODSACA Board members of House of Assembly  Advocacy visit by 20 ODSACA Board members of House of Assembly  Advocacy visit by 20 ODSACA Board members of House of Assembly  2000 Banner  2 Large banners  Advocacy visit by 20 ODSACA Board members of House of Assembly  2 Large banners  Contigencies  Advocacy visit by 20 ODSACA Board members of House of Assembly  2 Large banners  Contigencies  Advocacy visit by 20 ODSACA Board members of House of Assembly  Contigencies  Transportation allowance for 20 participants  1000 participant  1000 participant  2 Large banners  Contigencies  Transportation allowance for 20 participants  1000 participant  1000 p			ansportation fee for 5 facilitators	10,000	facilitator f	5	50,000
Advocacy visit by 20 ODSACA Board members to represent for 20 participants  Advocacy visit by 20 ODSACA Board members to members of funds.  Transportational board members of funds.  Advocacy visit by 20 ODSACA Board members to members of funds.  Transportational board members of funds.  Transportational board members of funds.  Advocacy visit by 20 ODSACA Board members of funds.  Transportational board members of funds.  Advocacy visit by 20 ODSACA Board members of funds.  Transportational board members of funds.  Advocacy visit by 20 ODSACA Board members of funds.  Transportational board members of funds.  Advocacy visit by 20 ODSACA Board members of funds.  Transportational board members of funds.  Transportational board members of funds.  Transportational for 20 participants  Tr	Object	ives 4: Progressive funding for HIV/A	IDS response through political commitment at all I	evels			
Operand CSOS, SACA and LACA on the transformation of State Action Committee on HV  Depts and CSOS, SACA and LACA on the transformation of State Action Committee on HV  Wintation letters  2 Large banners  Tea break for 100 participants  Transpotation allowance for 100 participants  Transpotation allowance for 100 participants  The announcement for 7 days  Advocacy visit by 20 ODSACA Board members to Gevernor and Executive members to an another for 20 participant to 20 participants  Advocacy visit by 20 ODSACA Board members to Gevernor and Executive members to 20 participant to 20 participants  Advocacy visit by 20 ODSACA Board members to member for 20 participants  Advocacy visit by 20 ODSACA Board members to members of House of Assembly, 20 ODSACA Board members to members of House of Assembly, 20 ODD Participant to 20 participants  Thansportation allowance for 20 participants  Thansportati	4.1 Str	ategles: Advocacy for the institution	lization of SACAs and LACAs for improved budgets	ary allocation	and release.		
Workshop ventue of the committee on HIV   So,000   1 day   1	0.25	One day sensitisation workshop for 1 Depts and CSOs, SAGA and LACA on the	00 stakeholders drawn from relevant ministries,				0
Invitation letters		M	orkshop venue				758,000
2 Large banners		WI	vitation letters	50,000	1 day	1	50,000
Tea break for 100 participants   10,000 participants   1000 participant   1000 particip			POR PARAMETER	20	participant	100	5.000
Line break for 100 participants   SO0 participant   100	-	y F		10,000	Banners	2	20,000
Transportation allowance for 100 participants  Transportation allowance for 100 participants  Transportation allowance for 100 participants  Transportation allowance for 20 participants  Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Transportationallowance for 20 participants  Advocacy visit by 20 ODSACA Board members of flunds.  Advocacy visit by 20 ODSACA Board members of House of Assembly  Advocacy visit by 20 ODSACA Board members of House of Assembly  Transportation allowance for 20 participants  Transportation allowance for 20 pa			a break for 100 participants	200	participant	100	50,000
Tanspotation allowance for 100 participants   3500 participant   100     To announcement for 7 days   4,000   days   120   participant   100     Eacilitators   2   2   2   2   2   2   2   2   2		3	nch break for 100 participants	1,000	participant	100	30,000
Vorkshop materials for 100 participants   1200 participant   100		E	anspotation allowance for 100 participants	3500	participant	100	350,000
Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Transportationallowance for 20 participants  Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Transportationallowance for 20 participants  Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Transportationallowance for 20 participants  Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners  Advocacy for sustained bolitical leadership and support to 20 participants  2 Contigencies  4.2 Advocacy for sustained bolitical leadership and support to 20 participants  2 Contigencies  4.2 Advocacy for sustained bolitical leadership and support to 20 participants  5 Contigencies  5 Contigencies  6 Contigencies  7 Contigencies  7 Contigencies  8 Contigencies  9 Contigencies  1 Contigencies  2 Contigencies  3 Contigencies  4 Advocacy for sustained bolitical leadership and support to 1000 participants  1 Contigencies  2 Contigencies  3 Contigencies  4 Contigencies  4 Contigencies  4 Contigencies  4 Contigencies  5 Contigencies  6 Contigencies  7 Contigencies  8 Contigencies  9 Contigencies  1 Contigencies  2 Contigencies  1 Contigencies  2 Contigencies  2 Contigencies  3 Contigencies  4 Contigencies  4 Contigencies  5 Contigencies  6 Contigencies  7 Contigencies  8 Contigencies  9 Contigencies  1 Contigencies		2	announcement for 7 days	4,000	davs	7	200,000
Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  Transportationallowance for 20 participants  Transportationallowance for 20 participants  Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners  Advocacy visit by 20 ODSACA Board members of House of Assembly  2 Large banners  Transportation allowance for 20 participants  Transportation allowance		M	orkshop materials for 100 participants	1200	participant	100	28,000
Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  make budgetary allocation for SACA, LACA and prompt release of funds.  2 Large banners  Transportationallowance for 20 participants  TV announcement for 20 participants  Contigencies  Advocacy visit by 20 ODSACA Board members of House of Assembly  2 Large banners  Transportation allowance for 20 participants  TV announments for 7 days  TV announments for 7 days  TV announments for 7 days  Advocacy for sustained political leadership and cumors to all local and contigencies  4.2 Advocacy for sustained political leadership and cumors to all local and cumors and		2.5	acilitators	15.000	facilitators	001	20,000
Advocacy visit by 20 ODSACA Board members to Governor and Executive members to  make budgetary allocation for SACA, LACA and prompt release of funds.  2 Large banners  Transportationallowance for 20 participants  TV announcement for 20 participants  Contigencies  Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners  Transportation allowance for 20 participants  20,000 Banner  20,000 Banner  2 Large banners  Transportation allowance for 20 participants  Transportation allowance for 20 participants  TV announments for 7 days  4.2 Advocacy for sustained bolitical leadership and sumort to a contigencies  4.3 Advocacy for sustained bolitical leadership and sumort to a contigencies  Transportation allowance for 20 participants  Contigencies  Advocacy for sustained bolitical leadership and sumort to a contigencie  Transportation allowance for 20 participants  Contigencies  Sooo contigencies		8	ntigencies	000		7	nnn'nc
Make budgetary allocation for SACA,LACA and prompt release of funds.  2 Large banners  2 Large banners  2 Large banners  Transportationallowance for 20 participants  To announcement for 7 days  Contigencies  Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners  Transportation allowance for 20 participants  1000 Participant  20 Days  4.2 Advocacy for sustained political leadership and sumort to all local  4.2 Advocacy for sustained political leadership and sumort to all local  4.3 Advocacy for sustained political leadership and sumort to all local  2 Days  4.3 Advocacy for sustained political leadership and sumort to all local  2 Days  3 Days  4.4 Advocacy for sustained political leadership and sumort to all local  4.5 Advocacy for sustained political leadership and sumort to all local  4.6 Days  5 Days  5 Days  6 Days  7 Days  7 Days Days  7 Day		Advocacy visit by 20 ODSACA Board m	embers to Governor and Executive members to	non's		1	2,000
Transportationallowance for 20 participants Transportationallowance for 20 participants  Refreshment for 20 participants TV announcement for 7 days  Contigencies  Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners Transportation allowance for 20 participants Transportation allowance for 20 participants TV announments for 7 days  Advocacy for sustained political leadership and survey at all largests  20,000 Banner  20,000 Participant 20  4.2 Advocacy for sustained political leadership and survey at all largests  4.2 Advocacy for sustained political leadership and survey at all largests	4.1.2	make budgetary allocation for SACA,L	ACA and prompt release of funds.			ç	00000
Advocacy visit by 20 ODSACA Board members for 20 participants  Advocacy visit by 20 ODSACA Board members of House of Assembly  Transportation allowance for 20 participants  Advocacy visit by 20 ODSACA Board members of House of Assembly  2 Large banners  Transportation allowance for 20 participants  To announments for 7 days  Contigencies  4.2 Advocacy for sustained political leadership and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors at all largers are supported to 20 participant and surnors are		12 L	arge banners	00000			
Advocacy for sustained bolitical leadershin and sumeer for 20 participants  Refreshment for 20 participants  TV announcement for 7 days  Advocacy for sustained bolitical leadershin and sumeer 50 participants  Refreshment for 20 participants  1000 participant  20,000 participant		\$ F		70,000	Banner	2	40,000
Advocacy visit by 20 ODSACA Board members to members of House of Assembly  Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners  Transportation allowance for 20 participants  TV announments for 7 days  Contigencies  4.2 Advocacy for sustained political leadership and sunners at 1000 participant and sunners at 20 contigencies at 20 con			insportationallowance for 20 participants	1500	participant	20	30,000
sembly       20,000 Banner       2         ipants       1500 Participant       20         4000 Days       7         5000 contigencie       1		Rei	reshment for 20 participants	1000	participant	20	20,000
Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners    Transportation allowance for 20 participants    Refreshment for 20 participants    TV announments for 7 days    Contigencies  4.2 Advocacy for sustained political leadership and support at all local and		7		4000	days	7	28,000
Advocacy visit by 20 ODSACA Board members to members of House of Assembly  2 Large banners  2 Large banners  Transportation allowance for 20 participants  Refreshment for 20 participants  TV announments for 7 days  Contigencies  4.2 Advocacy for sustained political leadership and support at all locals		00	ntigencies	2000		1	5,000
20,000 Banner   2   1500 Participant   20   1000 Participant   20   4000 Days   7   5000 contigencie   1	.1.3	Advocacy visit by 20 ODSACA Board m	embers to members of House of Assembly			135	00 000
ipants 1500 Participant 1000 Participant 4000 Days 5000 contigencie		2 L	arge banners	20,000	Banner	NO.	00000
1000 Participant 4000 Days 5000 contigencie		Tra	nsportation allowance for 20 participants	1500	Darticipant	7 00	40,000
4000 Days 5000 contigencie		Ref	reshment for 20 participants	10001	Participant	20 20	20,000
5000 contigencie		VT	announments for 7 days	4000	Javs	7	28,000
		OO	ıtigencies	20005	ontigencie	1	5,000
בייייי לייייי איני איני איני איני איני אי	4	2 Advocacy for sustained political le	adership and support at all level		0		

1 35,000	35,000 1 day (15) 193	Training workshop for Private sector, media, PLWHIV, CSOs  Venue for 1 day  Costing of Ondo State Strategic Framework (2010 - 2015) 193
60 30,000 60 90,000 25 125,000 25 30,000	1,500 per day 5,000 2 day 5,000 per day 15,000 2 days	Tea break for 30 participants Lunchbreak for 30 participants Transportation fee for 25 allowance Accomodation for 25 participants Logistics
535,000,00	35,000 per day 1000 per day 10,000 per day 500 per day	Leadership training fornPolitical office holder.  Venue for 2 days  Workshop material for 25  Facilitators fee for 2
9 45,000	5000 day,visit	Contigencies
180 9 450,000	visit, particip ant for 9 ant for 9 1000 visitations 50,000 day / visits	Refreshment for participants Media coverage and mobilisation
30 120,000	4000 days	Tv announcement for 1 month
4 16,000	4000 buses/LGA	2 Large Banners Friel of 2 buses
1,171,000,00	20 000 banara Aui	Advocacy visit by 20 ODSACA Board members to Chairmen and Counsellors of 18 LGAs in Ondo State to cover 2 LGAs per day.
000	Aug	Meeting venue
	1500 Participant	Transportation allowance
	500 Participant	Refreshment
	100 Participant	Meeting Material
008 07	40 Farticipalit	Printing of Invitation letters

Ŋ

2 Facilitators Teabreak for 30 pa Lunch break for 25 pa Lunch break for 25 pa Lunch break for 30 pa Lunch break for 30 pa Transportation for 2 pa Lunch break for 30 pa Lunch br	2 Facilitators  Teabreak for 30 participants  Lunch break for 30 participants  Transportation allowance for 25  Logistics  and accountability in HIV response in partnershi with the private sector, media, PLWHV and CSOs  Training venue for 2 day  30,000 per day	10,000 1 day 500 1 day 1,500 1 day 2000 1 day 15,000 1 day 15,000 1 day	30 30 25 11	20,000 15,000 45,000
4.3 Strenghten capacity for transparency Training workshop for Private and	for 30 participants ak for 30 participants ation allowance for 25 tability in HIV response in partnershi with the private eholders enue for 2 day	500 1 day 1,500 1 day 2000 1 day 15,000 1 day 15,000 1 day	30 25 25 1	15,000
4.3 Strenghten capacity for transparency Training workshop for Private and	ak for 30 participants ation allowance for 25 itability in HIV response in partnershi with the privat	1,500 1 day 2000 1 day 15,000 1 day 15,000 1 day	30 25 1	45,000
4.3 Strenghten capacity for transparency Training workshop for Private and	ation allowance for 25 tability in HIV response in partnershi with the privateholders enue for 2 day	2000 1 day 15,000 1 day te sector,media, PLWHV and CSOs	25 1 1	Oppie:
4.3 Strenghten capacity for transparency Training workshop for Private and	tability in HIV response in partnershi with the privat eholders	te sector,media, PLWHV and CSOs	1	20.000
4.3 Strenghten capacity for transparency Training workshop for Private and	itability in HIV response in partnershi with the privat ceholders	te sector,media, PLWHV and CSOs		15,000
4.3 Strenghten capacity for transparency Training workshop for Private and	stability in HIV response in partnershi with the privat ceholders enue for 2 day	te sector,media, PLWHV and CSOs		
4.3 Strenghten capacity for transparency Training workshop for Private and	tability in HIV response in partnershi with the privat eholders enue for 2 day	te sector,media, PLWHV and CSOs		
Training workshop for Private and	eholders enue for 2 day	30000		
Training ve Training m 2 Facilitato 2 Facilitato Tea break f Lunch brea Transporta Accomodat Logistics	enue for 2 day	30 000 par day		000 003
Training ma  2 Facilitato Tea break f Lunch brea Transporta Accomodat Logistics		יסייסר שבו משא	2	90,000
2 Facilitato Tea break f Lunch brea Transporta Accomodat Logistics	naterials for 20 participant	1000 per day	20	20,000
Tea break f Lunch brea Transporta Accomodat Logistics	ors	10,000 per day	4	40.000
Lunch brea Transporta Accomodat Logistics	Tea break for 25 participants	500 2 days	20	25,000
Transporta Accomodat Logistics	ak for 30 participants	1,500 2 days	09	
Accomodat	Transportation for 25 participants	4000 2 days	20	200,000
Logistics	ition for 25 participants	5,000 1 day	25	125,000
		15,000 2 days		30,000
Objective 5: Compliance with existing guidelines on ethical	ethical			C
5.1 Strategies: strengthening of national and state research	research			0
				0
S.T.T. Fromote Operational Research on HIVand AIDS at Loca	05 at Local and State Level		1	1,191,000,000
				0
Training wo	Training workshop 40 people training venue 2 days	50,000 day x	2	100,000
Tea break f	Tea break for 42 participants and facilitators	500 participate	84	42,000

	facilitators	2500 participant	42	105,000
		participan		
		ts and		
	I unch break for 42 participants and facilitators	1000 facilitators	84	84,000
	Transport allowance for 40 participants	5,000 participate	80	400,000
	Facilitators fees for 2 facilitators for 2 days	10,000 facilitators	4	40,000
		participan		
	Accommodation for 40 participants and 2 facilitators	5,000 facilitators	84	420,000
				0
				0
Training Workshop Support	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
Production of Annoted Biographic				619,000
5.1.2 of HIV and Albs III Chies				
	Workshop venue for 2 days	50,000 day	2	100,000
		Particina		
		ts and		
	and facilitators	facilitators		
	Tea break for 20 participants and lacintators	500 x 2 days	46	23,000
		participan		
	Workshop materials for 20 participants and 3	ts and		
	facilitators	2,500 facilitators	46	115,000
				חחחיירדד
		participan		
	hreak for 20 participant and 3 facilitators	1000 facilitates		
	Lunch bicci.		46	46,000
	Costing of Ondo State Strategic Framework (2010 - 2015) 195	195		

		participan		
	il alishol tation allowance for 20 participants	5,000 ts	20	100.000
	Facilitation fees	facilitate		
		0000	0	120,000
		participan		
	Accommodation of 20 participants and 3 facilitators	ts and 5.000 facilitators	73	
•			67	115,000
Three Hallshorthand Three	Self-state the Hosting of a Three Day Bi annual Ctabological and a self-self-self-self-self-self-self-self-			00
	of chamings states in Ondo			2,997,500
	Conference venue for 3 days	50,000 day	ď	0 01,
				150,000
	onference marterials for 100 participants x5	participan ts and		
	idefilitators-(bags face caps, Stationaries)etc	5,000 facilitators	105	525,000
		participan		
	Tea break for 100 participants and 5 facilitators	ts and 500 facilitators	315	157 500
		participan		
		ts and		
	Lunch break for 100 participants and 5 facilitators	facilitators	246	, , , , , , , , , , , , , , , , , , ,
		participan	CTC	315,000
	Transport allowance for 100 participants	5,000 ts	100	200,000
		20,000 facilitators	15	300.000
	Accommodation for 100 participants x 5 facilitators for 2 nights	5.000	210	1 050 000
			7.70	1,050,000
				0

5.2: Strengthing compliance with human rights guidelines with regards	uidelines with regards				0	THE LOW
					0	
5 2 1 Adont and Domesticate Internatio	Adont and Domesticate International and Rigional Rights, Annual Guidelines on HIV and				563,000,000	
	Advocacy visits to the state Gov. 5 members of					
	stekeholders	1,000	5	1	2,000	
	Advocacy visit to law makers	1,000	5	1	2,000	
	Advocacy visit to the executive council	1,000	5	-	2,000	
	Training workshop for 50 participants training venue				2001	
	for 1 day	50,000 day		7	20.000	
		participan	cipan		200(2)	
		ts and	-			
	tea break for 50 participant and 2 facilitators	S00 days		52	26.000	
		1				
	materials for 50 participants and 2	ts and	par tilcipan ts and			
	Workshop meter in the second of	2,500 facilitators	tators	Ξ		
		parti	participan	70	130,000	
		ts and	7			
		facili	facilitators			
	Lunch break for 52 people	1,000 day		3	000	
		parti	participan	75	22,000	
	Transport allowance for 50 paticipants	5,000 ts day	^	5		
		facilli	facilitators	3	750,000	
	Facilitators fees for 1 day for 2 facilitators	20,000 fees		2	40.00	
					40,000	
	for Strangthening Compliance with					
Training Workshops for	Various Stakeholders 101 Strong	50,000 day			508,000	
5.2,2 Organise main 9	Training venue for 1 day	App Coole	1	1	20,000	
		part	participan			
	for 50 participants and 2 facilitators	ts and 500 facilitators	itatore			
	Tea Dreak for 30 Pares			52	26,000	
	Costing of Ondo State Strategic Framework (2010 - 2015) 197	7				

L L		2,500 racilitators	52	130,000
M T	• 12	participan ts and facilitators		
<u></u>	Lunch break for 52 participants	1,000 day	52	52,000
	Transportation for 50 participants	5,000 t day	20	250,000
Fa	Facilitators fee for 2 facilators	facilitators 10,000 fees		0
				00
Objective 6: Compliance with existing guidelines on ethical	elines on ethical standards on HIV/AIDS			
6.1 STRATEGIES: Strengthen respones and build capscity of	build capscity of assembly men on new laws and quicklines on anti-discrimination laws.	uicklines on anti-discriminat	ion laws.	
6.1.1 Training Workshop for Dissemination	Training Workshop for Dissemination of Ethical and Research Standards Policies to			2,990,000,000
T.	Training venue 1 day	50,000 1	1	20,000
÷	Training materials 350	1,000 1 day	350	350,000
Ē	Facilitators 3	30,000 1 day	e e	000'06
<u> </u>	Tea break 350	500 1 day	350	175,000
LO.	Lunch break 350	1,500 1 day	350	525,000
<u> </u>	Transport allowance 350	5,000 1 day	350	1,750,000
P	Logistics	50,000 1 day		20,000
				0
Training Worldhows for Fritting				0
I raining workshops for Existing Ke	earch institute at State and LGAs			710,000,000
보	Training venue 3 days	30,000 Per day	3	90,000
<u> </u>	Training materials 30	1,000 Per day	30	30,000
E	Facilitators 2	30,000 Per day	2	000'09
Te	Tea break 40	500 Per day	40	20,000

	Transport allowance 30	sken c non'c	s nays	30	150,000
	Accommodation	2,000	5,000 2 nights	30	150,000
	Logistics	10,000 3 days	3 days	3	30,000
					0
	*				0
					0
HIV/AIDS	delines on ethical standards on HIV/AIDS				0
Objective 7: Compliance with existing 5477 Strategies: 3-days workshops for he	Objective 7: Compliance with existing barrens and propertional institutions, media and FBOs bodies on 7.1 Strategies: 3-days workshops for health labour, employers legislators, educational institutions, media and FBOs bodies on 7.1 Strategies: 3-days workshops for health labour, employers legislators, educational institutions, media and FBOs bodies on	utions, media an	d FBOs bodies	uo	
HIV/AIDS related issues					
					0
Werkhan for Disseminat	The Mark for Dissemination of Ethical and Research Standards Policies to				2,240,000
The state of the s	Training venue 3 days	20,000	50,000 per day	3	150,000
	Training materials 150	1,000	3	150	150,000
	Facilitators 3	30,000	3	æ	90,000
	Tea break 160	200	E S	160	80,000
	Lunch break 160	1,500	e e	160	240,000
	Transport allowance 130	000,5	1	150	750,000
	Accommodation 130	3,000		150	750,000
	Logistics	00000	3	3	30,000
					0

Strategic Intervention: 1.1. Build the capacity of health workers	spacity of health workers					
No	Activity					
1.1 Assessing the existing organisational, infractural, personel, and equipment audit of		Sub- Activity and Items	Unit Cost Un	Unit type	No of Units	Total
	1 DAY planing meeting for 2 consultants					#KEF!
		mobilization	2000			0
		materials for 2 participants	500 participants	ticipants	2	2,000
		DSA for 2 participants	20000 participants	ticipants	2	1,000
	visit to sites	refreshment for 2 participants	500 part	500 participants	2	1,000
		transportation to 18 LGA	5000 LGA		0,7	
		DSA for 2 field consultants x 18LGA	20000 workers,LGA	kers,LGA	36	90,000
		compilation and submission of report	50000 num	50000 number consultant	,	1,20,000
		Subtotal			•	100,000
1.2 Development of Capacity building plan						957,000
	1.2 Development of Capacity building frame work for Ondo State					COMMON
	5 days stakeholders forum	venue for S-day	- 000 01			MINAINIE
		tea break @500 x 60participants x	50,000 day		5	250,000
		Sdays	500 part	500 participants, days	300	150,000
		lunch @1000 x 60participants x 5days	1000 part	1000 participants, days	300	300,000
		training materials for 60 participants	1500 participants	icipants	09	000'06
		DSA for 60 participants × 5days	5000 part	5000 participants, days	300	1,500,000
		5days	10,000 parti	10,000 participants, days	150	1,500,000
		facilitators fee for 3persons × 5days	20000 facilitators, days	tators, days	15	300 000
	Sale Arear Assessment and Company of the Company of	mobilization and logistics				
1.3 Establish and strengthen all LACAs		Subtotal				4.200,000
	conduct 3 days capacity building and					
1	training programmes for LACAs on resource mobilization and management during which sector wide plan of 1.3.3 will also be done					
		venue for 3-day	50.000 day		3	150,000
		tea break @500 x 110participants x	500 partic	500 participants.davs	330	165,000
		sdays				

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165,000	330,000	3,000,000	180,000	110.000	4,430,000				000	4,000	4,000	20,000	98,000		20000	20,000	100,000	20,000	200,000	00000	110,000	620,000			150,000	45,000	000'06
110	330	300	o						,	2	1				1	100	100	100	100	3					8	On I	06
1500 participants	1000 particioents, days	10,000 participants, days	20000 facilitators,days	The state of the s					2000 fueling	2000 fueling	50000 memoirs			50,000 day	S00 participants	1000 participants	500 participants	2000 participants	Doo fe-ii:	2000 Tacilitators				50,000 day	500 participants, days	1000 participants, days	
	100	10,00	200						20	30	200			50,0					,	24				20			
training materials for 110 participants	DSA for 110particpants × 3days	accomodation for participant 100 x	facilitators fee for 3persons x 3days	mobilization and logistics	Subtotal			write executive & legislators	transportation to executive	transportation to legislators	mobilization and logistics	subtotal		venue for 1-day	tea break @500 x 100participants	lunch @1000 x 100participants	materials for 100 participants	transport allowance for 100particpants	Succession 300 Sons	mobilization and logistics	subtotal			venue for 3-day	tea break @500 x suparticipants x 3days	lunch @1000 x 30participants x 3days	
1							1.4.1 conduct advocacy visit to the Executive and Legislative arms of Government on neccesity to upgrade SACA	a standa					1.4.2 Organise sensitisation for all stake holders on the importance of upgrading	SACA to an Agency									1.5.1 conduct 3 days capacity building and training programmes for SACA and LACAs training programme coordination and	management			
						Advocacy to policy makers to upgrade SACAs																conscity building in program management	d coordination of SACA LACA				

Costing of Ondo State Strategic Framework (2010 - 2015) 201

1.5.2 & 3 organise 5 days refresher course and annual retreat for SACA and LACA to identify gaps in implementation during the year  6. Convene regular coordination meeting of Convene regular qualiterly meeting of SACA and LACA.	training materials for 30 participants  DSA for 30particpants x 3days accomodation for participant 30 x 3days	cipants	500 participants	30	15,000
e regular coordination meeting of a	DSA for 30particpants x 3: accomodation for particip 3days				Continu
e regular coordination meeting of	accomodation for particit 3days	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	5000 participants, days	06	450.000
e regular coordination meeting of			10,000 participants,days	06	900,006
e regular coordination meeting of	facilitators fee for 3persons x 3days		20000 facilitators,days	6	180,000
e regular coordination meeting of	mobilization and logistics				110 000
e regular coordination meeting of	100				1.940,000
e regular coordination meeting of	ays refresher course SACA and LACA to mentation during the				
e regular coordination meeting of	venue for 5-day	50)(	50,000 day	5	250 050
e regular coordination meeting of	tea break @500 x 30participants x 5days		500 participants, days	150	75,000
e regular coordination meeting of	lunch @1000 x 30participants x 5days		1000 participants,days	150	150,000
1.6 Convene regular coordination meeting of SACA LACA convene regular qualterly mand LACA	training materials for 30 participants		500 participants	30	15,000
e regular coordination meeting of	DSA for 30particpants x 5days		5000 participants, days	150	onoic-
e regular coordination meeting of	accomodation for 30participant x Sdays	10	10,000 participants, days	150	1,500,000
e regular coordination meeting of	facilitators fee for 3persons x 5days		20000 facilitators, days	15	300,000
e regular coordination meeting of	mobilization and logistics				oor'oor
regular coordination meeting of	subtotal				110,000
convene regular qualterly mi					3,150,000
	erly meeting of SACA				
	venue for 1-day		25.000 day	•	2007
	tea break @500 x 50participants		500 participants	1 0	25,000
	lunch @1000 x 50 participants		1000 participants	200	50,000
	materials for 50 participants		500 participants	50	25.000
	transport allowance for 50 particpants		2000 participants	90	100,000
	mobilization and logistics	CONTRACTOR OF THE PROPERTY OF			000.00
7 CALLIST	subtotal	A LO AND MANAGEMENT OF THE AMERICAN PROPERTY AND ADDRESS OF THE AMERICAN PROPERTY AND			20,000
L./ Cstabilsin gender-management system at all evels					245,000
1.7.1 Advocacy to policy makers for minimum of 50% participation of wome HIV/AIDS programs	y makers for ipation of women in				
	fueling to house of assembly		2000 days	m	6,000

	into poverty reduction programmes				
		fueling to house of assembly	2000 days	3	6,000
		fueling to WECA, Min. labour &productivity,Min. of finance	2000 days	S	10,000
	Review meeting with all involve			The state of the s	
		venue for 1-day	25,000 day	1	25.000
		tea break @500 x 20participants	500 participants	20	10,000
		lunch @1000 x 20participants	1000 participants	02	000 00
		materials for 20participants	500 participants	20	10,000
		transport allowance for 20particpants	2000 participants	20	40.000
		facilitators fee for 2 persons	20000 facilitators		DOD'OT
		subtotal		3	000'09
					181,000
1 Create Partnership forum	establish partnership forum with				
	development partners	venue for 1-day	25,000 day		
		tea break @500 x 20participants	500 participants	1	25,000
		lunch @1000 x 20participants	1000 participants	20	10,000
		materials for 20participants	500 participants	20	20,000
		transport allowance for 20particpants	2000 participants	70	10,000
		subtotal		20	40,000
					105,000
with development partners	44)		7		
_	Conduct regular annual meetings with				
	development partners	venue for 1-day	25,000 day		
		tea break @500 x 20participants	500 participants	1	25 000
		lunch @1000 x 20participants	1000 participants	20	25,000
		materials for 20participants	500 participants	20	00000
		transport allowance for 20particpants	2000 participants	50	10,000
		subtotal	Clind	20	40,000
					105,000
3 Conduct quarterly ETG meetings	conduct regular quarterly ETG meetings	Veb. Facilities			
		venue for x-037	500 day		
		lunch @1000 x 20participants	1000 participants	100	25,000
		materials for 20participants	500 participants	200	10,000
		transport allowance for 20particpants	2000 2000	202	20,000
			2000 participants	20	00001
	The open of the state of the st	Strategic Framework (2010 - 2015) 203	015) 203		40,000

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		Inclusion			
		subtotal			120,000
3.1 Establish, strengthen forum of NACA/SACA and CSOs					
	3.1.1 Identify and establish contact with all CSOs within the state				
		make radio and TV annoucement	4000 number of times	9	24,000
	3.1.2 organise SACA-CSOs meeting				
		venue for 1-day	50,000 day	1	20,000
		tea break @500 x 70participants	500 participants	02	35,000
• •		lunch @1000 x 70participants	1000 participants	70	70000
		materials for 70participants	500 participants	70	35,000
		transport allowance for 70particpants	2000 participants	70	140,000
		logistics			15,000
					369 000
	3.1.3 convene a quaterly meeting of SACA, LACA, and CSOs at state level	A STATE OF THE PARTY OF THE PAR			
		venue for 1-day	25,000 day	1	25.000
		tea break @500 x 20participants	500 participants	20	10,000
		lunch @1000 x 20participants	1000 participants	20	20,000
		materials for 20participants	500 participants	20	10,000
		transport allowance for 20particpants	2000 participants	20	40,000
		logistics			15.000
		subtotal			120,000
3.2 Develop/revise framework for NACA/SACA-CSO partnership					
	3.2.1 registration of all CSOs working on				
	_	linked with 3.1.2			
3.3 Mobilise funding for collaborative activities of CSOs					
	identify and liase with donor agencies and philanthropist		CONTROL ( FOR CO. STANS A AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINI		
		invitations to all agencies	10000		10,000
		refreshment for 10 people	1000 participant	10	10,000
		subtotal			20,000
3.4 Strengthen mechanism for integrating CSOs into state programmes					
	provide stractegic frame work for all CSOs to follow in line with state policy				
		linked with 3.1.2			
3.5 Institute mechanism for monitoring CSO activities					

Main Sanishanish of Sanishanish Market C 2 C	refer to M & E			
3.5.2 Instituting a functional M & L officers by all CSOs and creation of budgetary allocation for M&E activities	PATI-S MINTE STREET			
	refer to M & E	Commission of the State of the		
4.1.1 identify and establish contact with public and private organisations working/intrested in HIV & AIDS issues				
	radio & TV advert @5,000 x 10 times	5000 number of times	10	20,000
one day meeting of private/public				
organisations	venue for 1-day	50,000 day	•	
	tea break @300 x 100participants	500 participants	1001	50,000
	materials for 100participants	500 participants	100	100,000
	=	Supday and	100	20,000
	transport allowance for 100particpants logistics	2000 participants	100	000
	subtotal			15,000
noissus in the contraction of th	umoo			515,000
4.1.2 establish a bi-annual discussion to the with public-private sectoctor				
	venue for 1-day x 2times a year	day,number of time per 50,000 year,number of vears		
		participants, number of	7	100,000
	tea break @500 x 100participants	times per year, number 500 of years		
	lunch @1000 x 100participants	participants, number of times per year, number	200	100,000
		C Injured	200	200,000
	materials for 100participants	times per year, number of 500 of years		
			500	100,000

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		transport allowance for 100particpants	participa times pe 2000 of years	participants,number of times per year,number of years	500	
			DU	number of time per		000,004
		logistics	15000 ye	15000 year, number of years	2	30.000
		subtotal				930,000
4.2 Convene regular meeting of the forun						Novince
	convene regular bi-annual meetings of representatives of the public and private organisation					
		venue for 1-day x 2times a year	da 25,000 ye	day,number of time per 25,000 year,number of years	2	000
		tea break @500 x 15participants	participa times pe 500 of years	participants,number of times per year,number of years	30	15,000
		lunch @1000 x 15 participants	participa times pe 1000 of years	participants,number of times per year,number of years	30	30,000
		materials for 15 participants	participa times pe 500 of years	participants,number of times per year,number of years	30	15,000
		transport allowance for 15 particpants	participa times pe 2000 of years	participants,number of times per year,number of years	30	000'09
		logistics	nu 5000 ye	number of time per 5000 year,number of years	2	10,000
4.3 mobilise funding for public-private partnership activities		Subtotal				180,000
	4.3.1 meet with donor agencies and philanthropist					
		venue for 1-day	25,000 day	^		25,000
		tea break @500 x 20participants	500 pa	500 participants	20	10,000
		lunch @1000 x 20participants	1000 pa	1000 participants	20	20,000
		materials for 20participants	500 pa	500 participants	20	10,000
		transport allowance for 20particpants	2000 pai	2000 participants	20	40,000
		logistics		THE RESERVE THE PERSON NAMED IN COLUMN		10,000
		Subtotal				115,000

	public/private activity at state level	TOOLS .	NAME AND POST OF THE PARTY OF T	The second second			
	advocacy to min. of finance	Raeling @2000 x Sdays	2000	davs	5	10,000	70
private	•						
sector enterprises into state programmes	Advocacy to private sector enterprises to intimate them with the state programmes						T
		merge with activity 4.2					Т
4.5 Institute mechanism for monitoring private		•				***************************************	
sector activities		Request for report on activities; link					T
	HAVE ADEQUATE MEN	IEMBERS OF APPROPRIATELY SKILLED AND GENDER	GENDER				T
Objective: 5 To ENSURE THAT AT LEAST 80 % OF HIV/AIDS TROCKING	HIV/AIDS FROM						T
Strategic Intervention: 5.1 Standardize and natmonists:		a in A salaribas and Hames					T
	Activity	Sub- Activity and items	Unit Cost	Unit type	No of Units	Total	T
No	conduct and update gender sensitive HIV						
5.1.1 Situation Analysis	situation analysis of state and	Contract a Consultant	30,000	30,000 Working days	10	#REF1	8
	1 day workshop on gender equity link to 3.1 on meeting between LACA,SACA						
	and CSO	facilitator	20,000	20,000 facilitator	1	20	20 000
	retraining (						
Strategic Intervention: 5.2 Develop sustainable system for training and ret	provide bi annual training and retraining						
77	system for stall	training venue x 5days	25,000 day	day			<u> </u>
2770		tea break@500 for 20 staff	200	500 participant	S		125,000
		lunch	200	500 participant	20		10,000
		transportation	1000	participant	100		20,000
		faciltator x2	20.000	20.000 facility	200		100,000
		subtotal		acilitator	10		40,000
	create state resource center for easy access	NAME OF TAXABLE PARTY.					525,000
	to information creation of ICT center	provision of computer installation of internet and petworth		150,000 computars			-
3,4,4		of offices		CIDINA	20	3,000,000	18
			000'0000'7	4,300,000 networking		1,500,000	000
	Costing of Ondo St	State Strategic Framework (2010 - 2015) 207	1-2015) 207			· · · · · · · · · · · · · · · · · · ·	1

		Eurolehlan of ICT control	200 000 firestings	,	200 000
		Control of the centre	ZOCYOCO I GILLINGIA CO		000'007
		subtotal			4,700,000
523	create enabling environment for				
Strategic Intervention: 5.3 Conduct Training	Activities sworkshop within the department				
	Set up an education committee to				1
5.3.1	effectively implement training plan				-
		and an antitation and an inches			
		appoint committee members			I
		III-LAD TAVE 2			
		IIIK (0 5.1/ 5.2			Ī
	and the state of t				
5.4	5.4 Parastatalls on staff deployment				•
		Transportation	2,000 day	5	10,000
	training of workers for easy delegation of				
5.5	5.5 duty				0
	link with 5.1				
	advocacy for review of preservice training				
5.6	5.6 to include HIV/AIDS curiclum				0
	link with 5.4			Market State of the State of th	
8.7	framework for the health sector				
	3 day development and harmonization				0
	meeting	Venile	25 000 day	•	000 11
		lunch @1000 per day x30	1000 participant	30	30,000
		tea break @500 x 30	500 participant	30	15,000
		writing materials	500 participant	30	15.000
		transportation	2000 participant	30	00009
		facilitators x2	20000 facilitator	9	120.000
		subtotal			315,000
oc v	conduct training and retraining of personel				
	,00	link with 5 1			٥
6.3 Rehabilitate existing state medical		4:0			
warehouses.					
	rehabilition of state warehouse				
		contract consultant	20,000 working days	5	100,000
	一年 日本	use report for advocacy on			
		Tellabilitation			

CANAILE	set up a logistics management committee at all level				,	
		manguration of committee	000 10	Control of the second s		
		venue for 1-day	1000 day	Continuential in the Control and the Control and the Control of Co	1	25,000
		refreshment @ 1000 xz0	1000 participants	CIDANTS	20	20,000
		materials for zuparticipalitis	SOU participants	CIDANTS	20	10,000
		transport allowance for 20particpants	2000 participants	cipants	20	40,000
%OE LEVEL AT LEAST 30%	ON DE GOVT AT ALL LEVEL AT LEAST 30% O	Subtotal OF FIN RESOURCES TO FUND HIV/AIDS				95,000
Objective: 7 INCREASE IN FINANCIAL CONTRIBUTE						
	Advocacy visit to the State Executive to					
7.1	7.1 increase funding	SSG and SACA officials				0
	Ludy visit	transportation (fuelling)	10,000 vehicle	cle	1	10,000
	district control					
	Advocacy visit to the State Legislator					
7.2	7.2 (House) to incresse running	SSG and SACA officials				0
	T not know	transportation (ruelling)	10,000 vehicle	cle	1	10 000
	cancitization workshop with chairmen LGA	The second secon				
7.3	7.3 & SACA to start funding LACA	venue	000			
	1 day	lunch @ 2000 x 30	2,000 participant	lighter	1	0 000
		mobilization and logistics	10,000	ucipant	30	00009
		Subtotal				10,000
	- 1 intercration of HIV to Budgetary process					120,000
link to 7.1/7.2	link to 7.1/7.2	MENTATION THE NATIONAL HIN/AIDS BEER				0
AND THE FINANCIAL	L RESOURCES IN SUPOPORI OF THE	ACAN COLO (ALLA MARIA)	ONSE			
Objective: 8 TO MOBILISE CONTROL Objective: 8 TO MOBILISE CONTROL OF CONTROL						
Strategic intersection	identifying potential patner and networking					
8,1,1	SACA and SMOH					0
	collate list of patrici					
	write letters of meeting stake holders meeting	venue for 1 day	25,000 day			
		materials	1000 participant	ticipant	1	25,000
		subtotal	500 material	terial	30	30,000
					30	15,000
						000'02
		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM				

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81.2	ministries				6
	link to activity 3.1				
9.1 Capacity building on resource management					
New York Control of the Control of t					
	3 days workshop for accounting officers and lead project managers				
		venue for 3-day	50,000 day	3	150,000
		tea break @500 x 30participants x	con participants days	6	17.000
		2004.9	destandanted occ		000,64
		lunch @1000 x 30participants x 3days	1000 participants, days	06	000'06
		training materials for 30 participants	500 participants	30	15.000
		DSA for 30particpants x 3days	2000 participants, days	06	180,000
		accomodation for participant 30 x			OO TO
		Suays	10,000 participants, days	25	900,000
		facilitators fee for 3persons x 3days	20000 facilitators, days	6	180 000
		mobilization and logistics			110,000
		subtotal			1 670 000
9.2 Establishment of pro-active budget tracking methods					7,970,000
	intregration of budget tracking into M&E activity				
		develop SASA			
		contract consultant	30000 working days	30	000 000
9.3 Documentation and dissemination of resource tracking results				3	
	provide quaterly reports in both print and electornic format and make reports accessible to all stakeholders				

3,000   07	A STATE OF THE PARTY OF THE PAR	THE RESIDENCE OF THE PARTY OF T				-
Transportation allowance		A searn of 6 officers (SACA MOH)				
Lunch allowance		insportation allowance	3,000	Officers, days	54	162,000
Training Venue for 5 days   250,000 day   250,000 day   250,000 day   250,000 day   250,000 days   250,000 days   250,000 days   260,000 da	ח	nch allowance	Louisian of the on the	Picers, days	54	81,000
Training Venue for 5 days						0
Training Venue for 5 days   S0,000   day   S150   Participants   S150   S150   Participants   S150   Participants   S150   S150   Participants   S150   S150   Participants   Participants   S150   Participants   Partic	or officers					832,000
Training materials for 18 participants x 5 days		aining Venue for 5 days	20,000	day	5	250,000
Training materials for 18 participants x 5   2,500   Participants x 5   2,500   days		nch break for 18 particiapnts x 5 days	1,500	Participants, days	06	135,000
Transportation allowance for 18 participants x 5 days	L. Agricultural of	aining materials for 18 participants	4,000	Participants	18	72,000
Facilitator fees for 3 facilitators x 5 days	F 9	ansportation allowance for 18 participants x 5 yys		Participants, days	06	225,000
100,000 booklets (different forms)		acililtator fees for 3 facililtators x 5 days	10,000	Facilitators,d ays	15	150,000
100,000 booklets (differrent forms)						0
100,000 booklets (different forms)   750   Booklet   100,000   75,000     25,000 ART cards						77,500,000
25,000 Anticatos   25,000   2,50   2,500   2,50   2,500   2,		00,000 booklets (different forms)	75(	D Booklet	100,000	75,000,000
3.24 3.04 Sand state & 18 at LGAs  provision computer hard drives 18 pieces  provision drives 18 pie		Syddy Art calds	10(	0 Card	25,000	2,500,000
3,24   3,24						0
Provision computer hard drives 18 pieces   5,000   Laptop   21   3,11		Officers at state 8.19 at 10 A.				3,240,000
provision computer hard drives 18 pieces 5,000 piece 18  Ided 4 SACA team, 2 CISHAN, 2 NEPWAN  Transportation Allowance 2,500 Persons 8  Lunch allowance 1,500 Persons 8		סווירבו ז מו זימור אינט מו רפאז	150,00	O Laptop	21	3.150.000
4 SACA team, 2 CISHAN, 2 NEPWAN Transportation Allowance 2,500 Persons 8		orovision computer hard drives 18 pleces	2,00	00 piece	18	000'06
4 SACA team, 2 CISHAN, 2 NEPWAN  Transportation Allowance  Lunch allowance  1,500 Persons  2	ties on the recommended					0 00 00
2,500 Persons 8 1,500 Persons 8		4 SACA team, 2 CISHAN, 2 NEPWAN				32,000
1,500 Persons		Transportation Allowance	2,5	00 Persons		
			1,5	00 Persons	0 0	

	One-day sensitization work shore of 100 to 1					
	Constitution of Low chairmen.					2000
		SA Chalaman				362,000
		TO COURT HEIL				
		Workshop venue	50,000 day	day	1	50,000
		Transportation Allowance	10,000	10,000 participants, day	18	7
		Lunch Allowance	1,500	1,500 particpants,d	18	27,000
		Workshop Materials	2,500	Participants, day	30	75,000
		Facilitator fees for 3	10,000	Facilitators,d ays	3	30,000
						0
Di	Deployment of two more records staff to SACA and LACA to strenghten the M&E department.					0
		×		×	×	
Mo stal faci TB.	Monthly meetings of M&E officers/focal persons of stakeholders (implementing partners & NGOs,FBO, CBO) and facilities (public & private) working in the area of HIV/AIDS and TB.					3,588,000
		70 Participantsx12				
		Transportation allowance	2,500	Participants	840	2,100,000
		Lunch allowance	1000	Participants, dav	840	840,000
		Hall rental	50000 Per use,	Per use, meeting	12	000'009
And		Stationaries	4000	Stationaries,	12	48.000
state.	state.			day		65,000
	1	10 Participants				0
		Transporattion Allowance	S000	Participants, day	10	20,000
		Lunch allowance	1500 P.	1500 Participants, day	10	15,000
					MANAGEMENT STREET, STR	Contraction of the last of the

			etozene universitational and anti-		6
A 5- day training and retraining of M&E officers at least 2 person per LGA covering data collection/analysis, report writing and budgeting.					1,024,000
	Workshop Venue	50000 days	VS.	2	250,000
	Wokshop Materials for 36 Paticipants	1500 par	1500 participants, day	36	54,000
	Transport Allowance for 36 Participants x Sdays	2500 Pa	Participants ,day	180	450,000
	Lunch Allowance 36 Participants x Sdays	ed b,	Participants ,day	180	270,000
					0
Strategic transfer of trained M&E officers such that the staff replacing them is able to function without a vacumwhile the officer being transferred is also taken to a location where officer being transferred is also taken to a location where					0
his/her skills will occur	No funds required	0	Paper works only	0	0 .
Trained staff to continously mentor and step-down training to					0 0
other officers at the sdp level.	0 morrove coordination patterns:	0	6		
	programme data and information (routine, surveys, and surveys and surveys of data collection, analysis and use of	Cost-effectiveness	s of data collect	tion, analysis	and use of
2 Objective 2 Strenghten existing M&E TWGs at the state level comprising of Strenghten existing M&E TWGs at the state level comprising of strenghten existing M&E TWGs at the state level compression of the 18 LGA, SACA M&E officer, NACA representative, CISHAN, NEPWHAN and NYNETHA to meet	Surveillance) to inform programme planning and	on Spirit	ance) to inform	1 programme	planning and
quarterly.	36 Officers from 18 LGAs, 2 from SACA,2 from NACA and 2 each from CISHAN, NEPWHAN and NYNETHA X 3 meetings				0
	Transport Allowance for 46 Participants x 3	2500	Participants,		
	Lunch Allowance for 46 Participants x 3	1500	days Participants.	138	345,000
		DOCT I	day	138	207,000
Costing of Ond	Costing of Ondo State Strategic Framework (2010 - 2015) 213				

	Venue x3	20002	42.		
Regular sensitisation of facility M&E officers on new		onn'nc	) day	m	150,000
innovations and best practices.					702,000
	46 M/E Officers across the state				
	Venue x 3 (quarterly)	50,000 days	days	m	150.000
	Transportation Allowance 46 participants x 3 (quarterly)	2500	Participants, days	138	345,000
	Lunch Allowance 46 Participants x 3 (quarterly)	1500	Participants , day	138	207,000
Conduct mid-term review seminar on state strategic plan and					0
					538,000
	46 M&E Officers in Ondo State x2				
	x2 (bi-annual) .				
	Venue x2	50,000 day	day	2	100,000
	Transportation Allowance 46 Participants x2	2500	Participants	96	240,000
	Lunch Allowance 46 Participants x 2	1500	Participants,	96	144,000
	Workshop Materials	1500	Participants,	36	54,000
Conduct advocacy and sensitization visit to policy makers such as Permanent Sec, SSG, Chairman House Committee on Health Matters and PS Hospital Management Board.					5,000
	SACA Chairman, PM and 5 other key officers to conduct advocacy visits as management.	5,000		1	5,000
Establish effective feedback mechanism at both LGA and State level through the media for data utilization, planning, decision making and program implementation.			. 1		0
	SACA to utilize the proposed TV & Radio forum to achieve this.				0
					0
		Section of the last of the las			

	makers such as the Permanent Sec, 550, Chammers and PS Hospital Management Committee on Health Matters and PS Hospital Management					
		SACA PM to submit graphic data report to these	2,000		1	2,000
		officers monthly.	The second secon			0
	5-day training for 60 data entry clerks and M&E officers in the LGA, NGOs and health facilities on the use of Nationally data management software and harmoinized data flow					1,435,500
	in 2 batches.	60 officers to be trained for 5 days				
		60 X N2000/pers x 5 days	7500 Lunch	unch	9	487,500
		N50000/day × 5days ×2	250000 1	250000 Hall,days	2	200,000
		Cost of stationaries @ N1000 x 65pers x 2batches.	02009	65000 participants. Stationeries	2	130,000
		N20,000	20000	photocoping ,batches	2	40,000
		N12,500 DSA x 6 nites x 65 persons.				
		Honorarium for 2 consultants x N20,000 x 10days	40000	Consultants,		0 00
	The second secon	C. One airfare for 2 consultants @ NAS one		days	7	000,000
		Cost of production of certificates for 60	000: 5	5 :000 consultants, airfare	2	180,000
		trainees @ N300 each	300	300 certificates	09	18,000
	and when the facility M&E officers to harmonize					
	Datient unique identifier system.	SACA to harmonize patient unique identification number using the M&E monthly meeting fora.		0		0
	To periodically determine the drivers incidence and prevalen	evalent rate of the epidermic at State level at Avidence-based interval and use the information to continously enhance	sed interval an	d use the informati	on to contin	onsly enhance
OBJECTIVE#3	5 Consultants to conduct extensive Behaviour Change survey among MARPS in the 18 LGAs in the statefor 10days.					2,565,000
	n8	of Ondo State Strategic Framework (2010 - 2015) 215				

ō

	Honorarium for 5 consultants @ N20,000/ pers for 10 days.	100,000.00	Consultant, days	10	1,000,000
	Honorarium for 25 research assistants @ N2,500/day x 10 days	62500	Reseach 62500 assistants,da ys	10	625,000
	Cost of producing 25,000 questionnnaires.	10000		40	400,000
•	DSA for 5 consultants and 25 research assistants @ N12,500/pers	12500	DSA for reseachers	30	375,000
	Report writing & submission	0		0	0
	2-way airfare for 5 consultants @ N45,000	45000	45000 Airfaire	2	90,000
	Dissemination meeting				
	Lunch for 50 pers @ N2,000 each	1500	1500 Lunch	20	75,000
Conduct operational research to determine quality of care given to patients in exsiting health facilities in the state.					
	Desk review of existing ART services and data analysis.	0	0	C	C
A 5-day training of 25 M&E officers in SACA, LACA and registered NGOs to design and execute surveys, surveillances and other evaluation and research studies					2,307,500
	25 officers to be trained for 5 days				
	25 X 1,5000/pers x 5 days	37:00 Lunch	Lunch	5	187,500
	Cost of stationaries @ N1000 $ imes$ 25	1000	Stationaries, participants	25	25,000
	Stationaries N20,000	20000	Stationaries, training	. 1	20,000
	N12,500 DSA x 6 nites x25 persons.	75000	75000 DSA,days	25	1,875,000
	Honorarium for 2 consultants x N20,000 x 5days	40000	Honorarium, days	Ŋ	200,000
Bi-annual publication of reserarch findings from the charter to be					0
published internally and externally.					

To use the monthly Mixe meetings as a role to the facility to flow process and timelines for data submission from facility to the National level.				0
	To continuously improve data quality and supportive supervision at all levels by 2015	i supportive supervision at al	Il levels by 2015	
OBJECTIVE # 4 Distribution of National guidelines and Standard Operating Procedures on data quality to all levels of				200,000
	printing and distribution of the national guideline and SOP. 100 copies each	1000 copy	200	200,000
Conduct one-day training for all levels of M&E officers (LGAs, NGOs Public & private sector) in the state on the (LGAs, NGOs Public & private sector).				485,000
National Data Quality Assessing	training venue for a day	50000 day	FI	20.000
The state of the s	tea break for Luuparticipants	500 day	100	50,000
	lunch break for 100 participants	1200 participan	100	120,000
	training materials for 100 participants	500 participan	100	000
	transportation allowance and DSA for	2500 participan		000,000
	100 participants	ts ts	100	250,000
	honourarium for 3 facilitators	5000 facilitators	m	15,000
All M&E officers to conduct monthly internal DQA using				000,51
the National DOA tools.	printing and distribution of DQA			750,000
		10 copy	75,000	750,000
and an anarterly DQA for the				0
SACA M&E officers to conduct of same National DQA tools.	transportation to 18 LGAs			172,800
		2000 Journey,qu arter	54	108,000
Costing of Ondo	Costing of Ondo State Strategic Framework (2010 - 2015) 217			

		launch	1200 journey,qu arter	ey,qu 54	4 64,800
	All M&E officers to submit monthly service data and DQA reports to SACA by first week of the following many	A This is a second of the seco			0
	יייין איייין				
)	which Mike officers to submit quarterly service data and supervisory reports to NACA and World Bank by 2nd week of the next quarter.				0 0
	OBJECTIVE # 5 Use of NNRIMS reporting former is	10 improve the elficiency and effectiveness of the delivery of the costed national multi-sectoral HIV	of the delivery of the	costed national m	0 ulti-sectoral HIV
	report to SACA by all implementing agencies and all other			appioach	
		link to item 1.1			
ic.	Regular supervisory visit to implementing agencies using				0
a <del>t</del>	the National indicators checklist to evaluate their activities.				100.000
		printing and dietribution of			000,001
		indicator checklist	10 сору	10,000	100,000
2		link to item 4.3			
α ar	collection and information flow structure to all facilities and partners in the state				5,000
		printing and distribution of the			
		national data collection and informatio	50 000	1001	000
SA	98.00 mg	flow chat.100 copies			nnn's
to ha Str	to facilities and partners to ensure compliance with the harmonised national data collection and information flow structure.			4	
		refer to item 4.4			
					0
			The second secon		0

tra te	fraining venue for a day			ACO 000
te		SO OOO day	1	onn'ns
- Ia	tea break for 100participants	300 participan	100	30,000
	launch break for 100 participants	1200 participan	100	120,000
<u> </u>	materials for meeting	200 pack	100	20,000
tr D	transportation allowance for 100 particupants	2000 participan t	100	200,000
Creation of hard-copy files for all LACA M&E data at SACA office				175,000
d. S	purchase and printing of file jackets. 50 copies	SO copy	200	25,000
	purchase of steel office cabinet	150,000 cabinet	1	150,000
dectronic back-up of database at				
	purchase of hard disc. 20	\$000 disc	C	59,167
			07	100,000
SACA M&E officer to ensure that accurate entry of monthly				710,000
	repair of internet facility at SACA office	250,000	7	250,000
	annual subscription	subscripti 90,000 on,quarte	4	360.000
	maintainance	25,000 quarter	4	100.000

Objective:	Objective: 1. To xxxxxx by 50% xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	CXXXXX				
4.4. 311916	Strategic intervention: Build the capacity of health workers	health workers				
Š	Activity	:				
		Sub- Activity and Items	Unit Cost	Unit type	No of Units	Total
18.1.1	Sensitization train 150 persons from NGOs on Drug/substance abuse					
		Advocacy visit to NDLEA	1,000	1,000 5 persons and 1 day	5	000 5
		Training Venue for 6 days	50,000	day	9	300,000
		Training materials for 270 participants	200	500 participants	150	75,000
		Lunch Break	1000	1000 participants, days	006	000 006
		Transportation allowance for 270 participants x 6 days	1000	1000 participants, days	006	000'006
		Facillitator fees for 2 facilitators x 6 days	2,000	5,000 facillitators, days	12	000'09
STATE OF THE PERSON NAMED AND PARTY.			Appropriate Colombian Colombian Section (Colombian Colombian Colom			
	Train 270 persons from NGOs on	Training Wound for 10 July				
	Peer Education	i aiiiiig venue 10f 18 days	50,000 Day	Day	18	900,000
		Training materials for 270 participants	200	500 participants	270	135,000
		Lunch Break for 270 x 6 days	1,000	1,000 participants, days	1 620	1 (20,000)
		Transportation allowance for 270			7,020	1,620,000
		participants x 6 days	1,000	1,000 participants, days	16,20	1,620,000
		Facillitator fees for 3 facilitators x 18 days	2,000	5,000 facilitators, days	5.4	מסט טבני
	Intergrate NDLEA seminars on Drug		A CONTRACTOR OF THE CONTRACTOR	A THE SALE MADE AND A STREET WAS TRANSPORTED TO THE PROPERTY OF THE PROPERTY O		270,000
18.1.2	Abuse into quarterly Cluster activities.					0
		facilitator fee for one facilitator x 6 days	5,000	5,000 facilitator, days	9	30 00
18.1.3	Production of one million SBCC items	200,000 t/shirts	500	500 T/sirts	200,000	200,000 1,000,000
		200,000 face-caps	300 8	300 Face-cans	200.000	60 000 000

	Weekly Live IV Progarm	CANADA CONTRACTOR CONT	107 187 50 guarter	representation	77	0 222 230
		30mins TV program	352 481 25 quarter	quarter	47	9,652,500.00
	Weekly Live Radio Progarm	30mins Radio program	70.00	haaitei	47	6,459,550.00
	Control of weekly live TV p 30mins TV program	30mins TV program	50,000 weekly	weekly	312	15,600,000.00
	Cost of Production of weekly five pedi	Somine Radio program	45,000 weekly	weekly	312	14,040,000.00
	Cost of Production of weekly live Kaul Sulling Made progr	Solillis Radio Programs				
1814	Advocacy to NDLEA	embedded previously above		The state of the s	And the second point of the second se	
10.1.0	Concition 72 Community Phamacists and Patent Drug Sellers on Drug Apuse	nd Patent Drug Sellers on Drug Apuse	00001		AT AMERICAN AND AND AND AND AND AND AND AND AND A	
	Sellsitize / z commercial	Venue for 2 days	50,000 day	day	2	100,000
The second second		12	1,000	1,000 participants,day	72	72.000
		Training materials for 72 participants		500 participants, day	72	36,000
				1,000 participants, day	77	000 62
		Il alispos to for two facilitators x 2 days		5,000 facilitators day		12,000
				3 days	4	20,000
	28 pt WHIV for 3 days on PHI Venue for 3 days		1000	days.	3	000'056
19.1.1	Sensitize 28 PLVVIIIV ISL S	7 1	DOD'T	1,000 participants, days	84	84 000
		Training materials for 84 participants		500 participants	84	000,40
		Transport allowance for 28 participants x		1,000 participants days	5 3	42,000
		Transport amount of for 2 x 3 days		5,000 facilitatore dans	84	84,000
		ors ree to		Sybb, commercial sydays	9	30,000
	September of the state of the s	son PHDP	000 5			
100000	Sensitize 36 HCT Couseilors for Sensitize 36 HCT Couseilors fo	Ivenue for 3 days	000,5	S,000 days	6	
		For 36 participants x 3 days	1,000	1,000 participants days	5	150,000
		Lunch Break 101 for 108 participants	200	narticine (	108	108 000
		Training materials for 100 purity	200	participants	108	000,001
		Transport allowance for 36 participants	1,000	1,000 participants days	700	54,000
		Hallsport fee for 2 x 3 days	2,000	5,000 facilitators	108	108,000
		Facilitatols leading		SABO (COLOR)	9	36,000
	PHOP	and o	50.000 day	day		000'00
	Train 86 persons on the	Venue for 3 days	1 000	cáph	7	4
		Linch Break for 86 participants	1,000	1,000 participants		150,000
		materials for 86 participants	200	500 particinants	98	86,000
		Training manne for 86 participants 1	1,000	1,000 particing	98	43 000
The state of the state of		Transport allowants	5.000	5 000 facility	98	000,25
		Facilitator fee Tol 2.3 cc.y-		o l'acilitator	9	30,000
· · · · · · · · · · · · · · · · · · ·		The state of the s				non'ne
1912	embedded in 18.1.3					

## STAKEHOLDERS MEETINGS FOR THE DEVELOPMENT OF ONDO STATE HIV/AIDS STRATEGIC PLAN (SSP) OF ACTION 2010 - 2015 AT ROYAL BIRDS MOTEL, IJAPO ESTATE, AKURE **ATTENDANCE LIST**

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