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

Table of Contents

Acronyms

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
OVC	Orphan and Vulnerable Children
PEP	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
SBTS	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
SOPs	Standard of Practice
SRH	Sexual and Reproductive Health
SSP	State Strategic Plan
STIs	Sexually Transmitted Infection(s)
TBA	Traditional Birth Attendants
TB	Tuberculosis
TBD	To be determined
TBDOTs	Tuberculosis Directly Observed Treatment Shortcourse
TWG	Technical Working Group
TI	Transfusion Transmissible Illnesses
UBE	Universal Basic Education
UNAID	Joint United Nations Programme on AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children Fund
UN	United Nations
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organizations

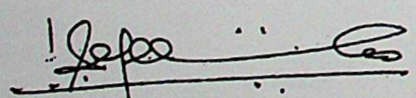
FOREWORD

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 multi-disciplinary 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.

Dr Aderotimi Adelola
Chairman ODSACA &
Secretary 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.

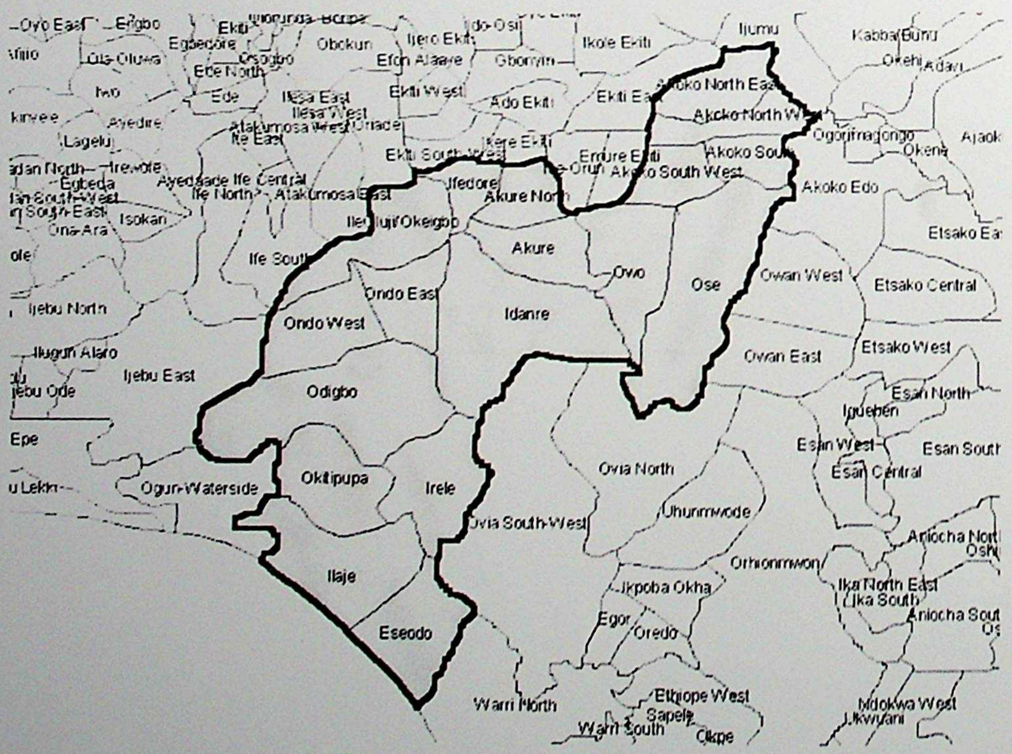
Ondo State has 3 Senatorial Districts, 18 Local Governments, and 203 Electoral Wards. The people of Ondo State are largely Yorubas (The Akure, 0wo, Ondo, Ikale, Akoko and Ilaje) other ethnic inhabitants are the Apoi and the Arogbo Ijaw.

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 [1].

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

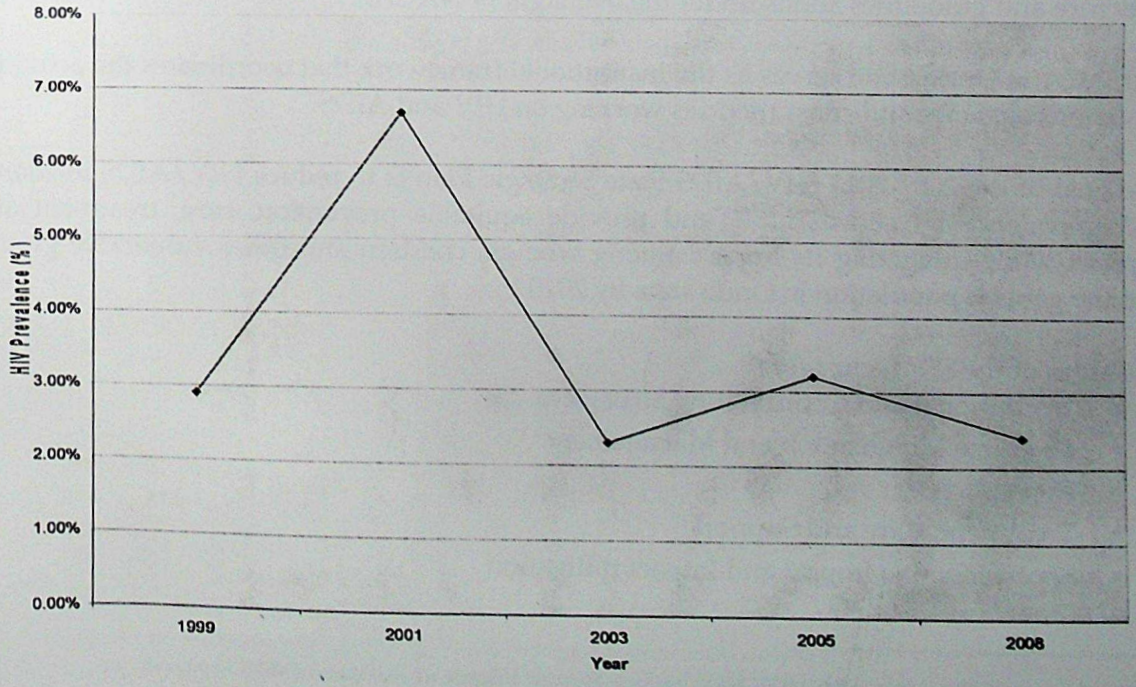
Overview of the HIV/AIDS Epidemic in Ondo State

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 [1]. Since then there has been a steady increase in the burden of the disease which is estimated using the NDHS 2008 [2] 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 [3].

Sentinel Surveillance of HIV Prevalence among Pregnant Women

The most recent HIV sentinel surveillance data among pregnant women (2008) [5] 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 [14].

The areas of the SSP focus were[1]:

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

[1] 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[2] 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[3].

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.

[2] National Agency for the Control of AIDS (NACA), 2008. Mode of transmission analysis.
[3] 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)[4], 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[5]. 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

[4] UNAIDs, 2009: Joint action for Results. UNAIDS Outcome Framework. 2009 – 2011.
[5] 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

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

- 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[6].

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

[6] 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 Plan
- 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[7]. 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 groups[8]. 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 OVC[9] and National Education Sector HIV&AIDS Strategic Plan (2006-2010) which recognize the rights of OVC to education[10]

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.

---

[7] ANC Sentinel Survey 2005
[8] FRN, 2004
[9] FMOH2005
[10] 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[11]
- 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

[11] 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[12].

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.

[12] UNIFEM; Analysis of the Human Rights of People Living with HIV/AIDS and People Affected by HIV/AIDS including Widows in Nigeria; Pg 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.

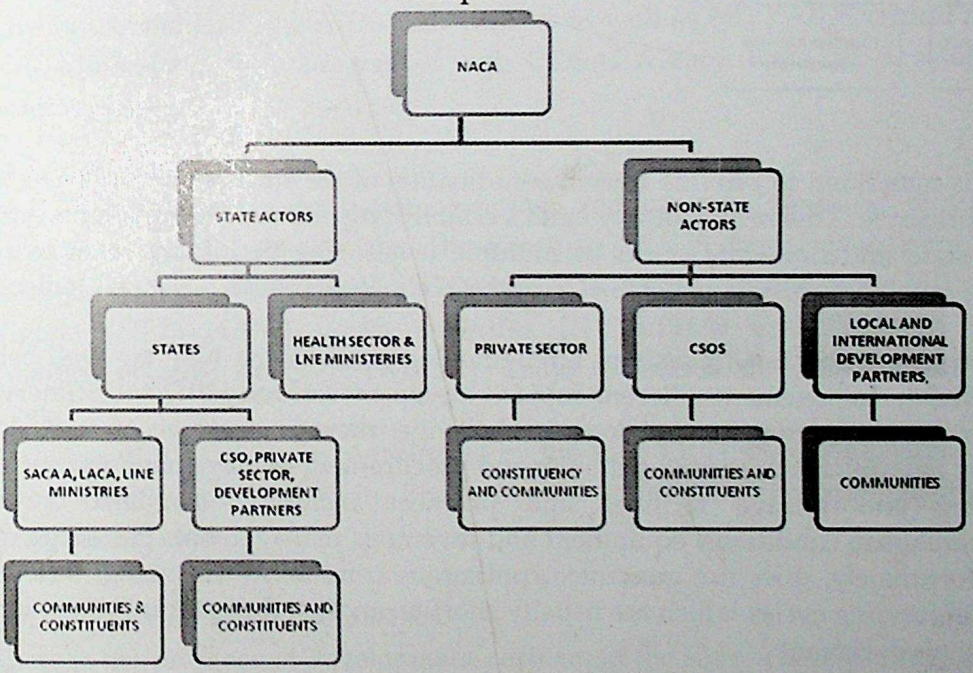
Institutional Architecture, Coordination, Resource Mobilization and Application, Health Sector Response, and Sustainability

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.

Figure 3: Institutional Architecture of the National Response

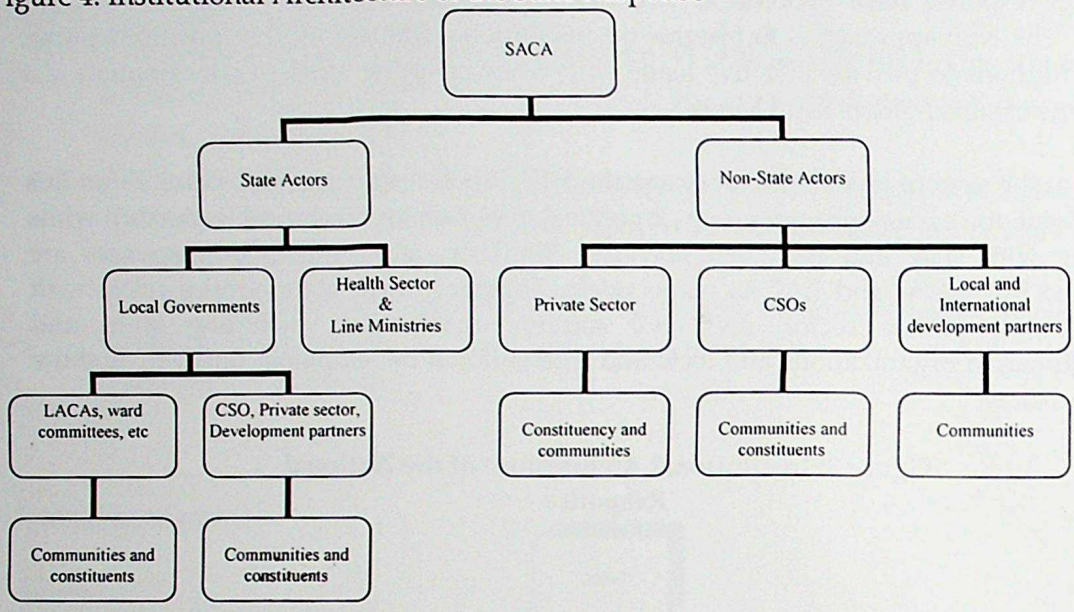


The diversity of players and their range of activities have generated coordination challenges between hierarchies of institutions and among program categories.

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
3. 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
8. 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
11. 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
6. 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

Prevention Results Framework

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
HIV Counselling & Testing							
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%	50%	80%	NARHS NDHS	Disaggregate data by sex, age, and geographic location
Objective 2: At least 80% of MARPS accessing HCT by 2015	Percentage of MARPS who received HCT	44% (brothel-based FSW, 2007) 21% (Transport workers) Uniformed Personnel	Not available)	62% 51% 60%	80% 80% 80%	IBBSS	Disaggregate data by sex, age, and groups.
Sexually Transmitted Infections							
Objective 3 At least 80% of sexually active persons in Nigeria with access to quality and gender responsive STI services by 2015	% 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% 70%	90% 90%	NARHS (or secondary analysis of NARHS data)	Disaggregate data by sex and age Baseline was obtained from secondary analysis of NARHS 2007 data
	% of male and female with symptoms of STI seeking treatment who used orthodox health facilities	35%	Not available	60%	80%	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 of Service Surveys	Disaggregate data by level of care

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Prevention of Mother-to-Child Transmission of HIV							
Objective 5: 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).
Objective 6: 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)
Objective 7: 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)
Objective 9: 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)	MOV	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%	80%	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
Objective 11: At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behaviour	% 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% 23%	NARHS NDHS	Disaggregate data by age and sex
	% of schools where family life & HIV education (FLHE) curriculum is implemented	32% (2006)	30%	60%	80%	Ministry of Education reports	Disaggregate data by type of school
	% of in-school adolescents exposed to FLHE	TBD	Not available			Ministry of Education reports	Disaggregate data by age, sex, and type of school
	% 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%	80% 80% 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, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
		38.7% (2007)		67%	80%		should preferably also inquire specifically about consistent condom use over a period of at least 3-6 months
Objective 12: At least 80% of Most-At-Risk Populations (MARPs) reached with group-specific interventions and adopting appropriate HIV and AIDS related behaviour.	% of MARPs that are exposed to safer sex education in the past 12 months	24.5% (transport workers, 2007) 23.7% (Police, 2007) 36.8% (brothel-based FSW) Prisoners Armed Forces MSM	Not available	60% 60% 67%	80% 80% 80%	IBBSS	
	% of MARPs that are engaging in casual sex	9.2% (transport workers, 2007) 21.1% (Police, 2007)		7% 15%	5% 10%	IBBSS	
	% of MARPS with STI symptoms who sought treatment	76.3% (brothel-based FSW, 2007) 60.7% (transport workers, 2007)		83% 76%	90% 90%	IBBSS	
Objective 13: At least 80% of registered organizations engaging in HIV communication and/or Workplace interventions address gender inequities and comply with national standard/guidelines	% of registered organizations undertaking HIV communication interventions that address gender inequities and adapt national guidelines in programming	TBD				Reports of special surveys Annual reports of organizations SACA M&E/ Annual Reports	National standards are as reflected in the National HIV Strategic Communication and the national HIV Prevention Plans document
	% of registered organizations undertaking HIV communication interventions who complied with national standards in programming	TBD	Not available			Reports of special surveys SACA M&E/ Annual Reports	National standards are as reflected in the National HIV Strategic Communication and the national HIV Prevention Plans document
	Proportion of organizations with gender sensitive HIV/AIDS Workplace policy		0%	40%	80%	Reports of organizations with workplace programs	Disaggregate by type of workplace (public/private)
	% of organizations with		Not	40%	80%	Reports of	Disaggregate by type of

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
	HIV/AIDS workplace programs		available			organizations with workplace programs	workplace (public/private)
Condom Promotion							
Objective 14: At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms	% 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%	90% 90%	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%	60% 77%	80% 80%	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% 64%	90% 80%	IBBSS	** Edo state data used as a proxy Results are to be disaggregated bys ex and age-group
Integration of SRH & Other Relevant Health Issues into HIV Prevention Program							
Objective 17: SRH services integrated into HIV prevention programs at all levels by 2015	% of HIV prevention programs with integrated SRH services % of HIV prevention programs that provide linkages or referrals to other SRH services	TBD				Reports of special surveys SMOH Reports (RH 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/	

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

Objectives	Indicators	Baseline – value, year [National]	Baseline – 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 to quality prevention programs/services in accordance with national guidelines by 2015	% of national/state programs targeting IDUs and non-IDUs	TBD				Reports of special surveys SACA M&E/ Annual Reports	
	% 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 post-exposure prophylaxis (PEP) to relevant health workers and survivors of rape in line with national protocols by 2015	% 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
	% 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

Objectives	Outcome Indicators	Baseline-Value (National)	Baseline (State)	Mid-term (End of 2012)	End of program (2015)	MOV	Comments
ARV Treatment							
Objective 1 At least 80% of adults (men and women) and all (100%) of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment by 2015	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 PLHIV)	56%	80%	SMoH & SACA Reports	Disaggregate by: Age groups Sex HF Level/LGA/State LGA
	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
Opportunistic Infections							
Objective 2 At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015	% of male and female PLHIV that received OI prophylaxis (Cotrimoxazole prophylaxis)	17% (using 833,000 as denominator)	2.5%(using 1330 on Cotrimoxazole using 51459 as denominator	40%	80%	SMOH Report	Disaggregate by Sex Age HF level/LGA/State
		54% (using 265,608 of PLHIV currently on treatment as denominator)	87.8%(using 1514 PLHIV currently on treatment as denominator)	90%	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							

Objectives	Outcome Indicators	Baseline-Value (National)	Baseline (State)	Mid-term (End of 2012)	End of program (2015)	MOV	Comments
Objective 3: To establish and strengthen TB and HIV/AIDS collaboration in all states and LGAs by 2015	Proportion of states with functional and gender inclusive TBHIV TWG Proportion of LGAs with functional and gender inclusive TBHIV TWG	23 of 37 States TBD	None	9 LGAs At least 50%	18 LGAs	SMOH reports	Reports of meeting Quarterly TBHIV data
Objective 4: To ensure all TB patients have access to quality comprehensive HIV and AIDS services by 2015	Proportion of TB patients screened for HIV	62% (2008)	38%	80%	95%	SMOH reports Facility TB and ART register	Disaggregate by : sex Age HF level/LGA/State
	Proportion of the TB/HIV patients receiving ART	45% (2008)	Not available	60%	80%	SMOH reports Facility TB and ART register	
	Proportion of the TB/HIV patients receiving CPT	26% (2008)	83%	90%	100%	SMOH reports Facility TB and ART register	
	Proportion of the TB/HIV patients referred for HIV care	Not available	4.1%	56%	-100%	SMOH reports Facility TB and ART register	
Objective 5: To ensure all PLHIV have access to quality comprehensive TB services by 2015	Proportion of PLHIV on care screened for TB	87% (2008)	Not available	90%	100%	SMOH reports ART Registers	Disaggregate by : sex Age State, LGA HF level
	Proportion of PLHIV with active TB referred for TB treatment	100% (2008)	0.2%	50%	100%	Facility level ART registers SMOH reports	
	Proportion of PLHIV receiving IPT					- SMOH reports	

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
2. 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

Care and Support of People Infected and Affected by HIV/AIDS: Results Framework

Objectives PLHIV	Indicators	Baseline Value (National)	Baseline Value (State)	Mid-term (End 0f 2012)	End of Program (2015)	MOV	Comments
Objective 1 To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015	% of PLHIV receiving quality gender responsive care and support services (as defined in national guidelines)	TBD	Not available	30% increase on baseline value of PLHIV receiving care and support	60% increase on baseline value of PLHIV receiving care and support	Reports of CSOs, support groups, and other service providers	Disaggregated by sex
	Proportion of states providing quality care and support services	TBD	Not available	60% of the LGAs are covered with C&S services.	80% of the LGAs are covered with Care and support services.	State Reports; Reports of Ministry of Women Affairs; Lists of location of service outlets	Geographical distribution of service outlets
	% of caregivers including male and female volunteers and providers trained to provide comprehensive gender responsive care and support	TBD	TBD	40% of caregivers (at least 15% men) trained to provide gender responsive care and support	At least 80% of caregivers (at least 35% men) trained to provide gender responsive care and support	Reports of CSOs, support groups, and other service providers	Care providers include health care and non health care workers as well as community volunteers, males and females, youth coppers, TBAs etc. NGOs and CBOs
	National care and support policies, standards, and protocols reviewed/developed and disseminated by 2012	TBD	TBD	Policies, standards, and protocols developed and disseminated	At least 80% of the service outlets have revised or new copies of National care and support policies , standards and protocols	Copies of Standards and protocols developed and disseminated	Guidelines, action plans or strategic framework etc
	% of service outlets adhering to national standards and protocols	TBD	TBD	At least 40% of service outlets adhere to national	At least 80% of service outlets adhere to national protocol and standards	M&E reports, client satisfaction forms	Operational Research

Objectives	Indicators	Baseline Value (National)	Baseline Value (State)	Mid-term (End 0f 2012)	End of Program (2015)	MOV	Comments
				protocol and standards			
	% of PLHIV and PABA especially women, marginalized groups and people with special needs with improved source of livelihood	TBD	TBD	At least 20% target groups have skills and accessing microcredit.	At least 40% target groups have skills and accessing microcredit.	National studies reports	Source of data can be from NARHS, Human Development Reports
Objective 2 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	% of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs	TBD	TBD	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 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 To 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 (National)	Baseline Value (State)	Mid-term (End 0f 2012)	End of Program (2015)	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.			effective referral and linkages with community based health care programs for PLHIV and PABAs	and linkages with community based health care programs for PLHIV and PABAs	reports of community-based programs for PLHIV and PABA	
OVC							
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	TBD	TBD	15% increase on baseline value	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 value	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

Objectives	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 baseline 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/strengthened	TBD	TBD	5% increase on baseline	5% increase on baseline	Report of LGAs/states/Min of Women Affairs	Disaggregate by type and level
	Proportion women in the coordination structures	TBD	TBD	At least 55% of women	At least 35% of women	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.

Policy, Advocacy, Human Rights, and Legal Issues: Results Framework

Objectives	Indicators	Baseline value (National)	Baseline value (State)	Mid-Term (end of 2012)	End of program (2015)	MOV	Comments
	% PLHIV networks who report their rights are protected and they are empowered	TBD		TBD	100%	NARHS and NDHS reports; Reports of other national surveys	
Objective 1 To advocate for the protection of the rights of and empower PLHIV (including children, women, and men)	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.		2		70%	Ministry of Justice reports	
Objective 2 To facilitate the meaningful involvement of PLHIV on HIV/AIDS decision making bodies at all levels of the state response	% 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	TBD		TBD	100%	Reports of stakeholder organizations; Reports of special surveys	**Disaggregated by sex, workplace, type of network/support group**

Objectives	Indicators	Baseline value (National)	Baseline value (State)	Mid-Term (end of 2012)	End of program (2015)	MOV	Comments
Objective 3 To advocate for the progressive increase in funding HIV/AIDS response at all levels of government	% of government contribution to total HIV/AIDS spending	7%		15%	30%	AIDS Spending Assessment Report	
	Proportion of sector policies that provide response for the mitigation of impact of HIV/AIDS	TBD				Sector policies documents	
	% of HIV/AIDS budget supporting initiatives that seek to close identified gender gaps.					AIDS Spending Assessment Report	
Objective 4 To advocate for compliance with ethical standards on HIV/AIDS	Proportion of organizations complying with ethical standards	TBD		TBD	100%	Reports of service provider organizations; Reports of special studies	

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

1. SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive 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

6. 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
9. 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

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Institutional Coordination Mechanism							
Objective 1: SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS at State and LGA respectively strengthened	% of SACA's annual operational funds that is provided by the government	TBD	25%	50%	90%		
	Transition of SACA into an agency	33%	0%	100%	100%	Passage of Bill	Bill presently at the House of Assembly
	Proportion of budgeted funds for HIV annually that is received by SACA	TBD	85%	100%	100%	SACA report	
	Proportion of women and men occupying decision making positions in the coordination structures (SACA, LACA etc)		SACA -20%	At least 35% women in line with the National Gender Policy	At least 35% women in line with the National Gender Policy	Staff list; Organogram	Desegregate by sex and position
	Does SACA, LACAs, line Ministries and other coordinating bodies have Gender Management Systems (GMS) established and functional	NACA has a Gender Division, a Gender Manager and a Gender Technical Committee; Some SACAs and Line Ministries have Gender Focal points	None	25%	50%		Desegregate by the type of coordinating body
	% of LGAs that have functional LACAs	19.5%	94%	100%	100%	Number of LACAs that submit work plan and regular M&E reports	Disaggregate data by LGAs

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
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.	% of LACAs submitting report to SACA at least twice a year	TBD	100%	100%	100%		
	% of civil society constituency coordinating entities submitting report to SACA at least twice a year	TBD	0%				
	% of Line ministries submitting reports to SACA at least twice a year	TBD	30%	80%	100%		
	% of international development partners submitting report to SACA at least annually	TBD	0%	20%	50%		
	% of development partners that are operating in line with the Joint Financing Agreement	TBD	0%	100%	100%	SASA report	
Objective 3: Strengthened coordination mechanisms of CSO at all levels	Proportion of CSO coordinating entities implementing at least 80% of annual work plan.	TBD	20%	40%	80%		Disaggregate data by local government.
Objective 4: Strengthened	Proportion of private enterprises coordinating entities implementing at	TBD	0%	20%	50%		Disaggregate data by local government.

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

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Financial Resources							
Objective 7: Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS interventions by 2015	% of government's contribution to total HIV/AIDS spending annually	7% (2008)	62%	480%	90%	State AIDS Spending Assessment (SASA) report	Disaggregate by state, and local government
Objective 8: To mobilize adequate financial resources in support of the implementation of the State HIV/AIDS response	% of the annual funds required by the costed State Strategic Plan that is realized	TBD	85%	90%	90%	State AIDS Spending Assessment (SASA) report	Disaggregate data by the sources for fund – government, private enterprises, and international development partners
	Proportion of HIV/AIDS budgets addressing gender gaps		Not available	30%	At least 60%		Desegregated by donor and location
Objective 9: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs	% 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
	% of HIV/AIDS programme implementers whose funds management is tracked annually		0%	50%	100%	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

1. 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
2. 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 multi-sectoral HIV M&E plan through a systems management approach
5. 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.

Monitoring and Evaluation Systems: Results Framework

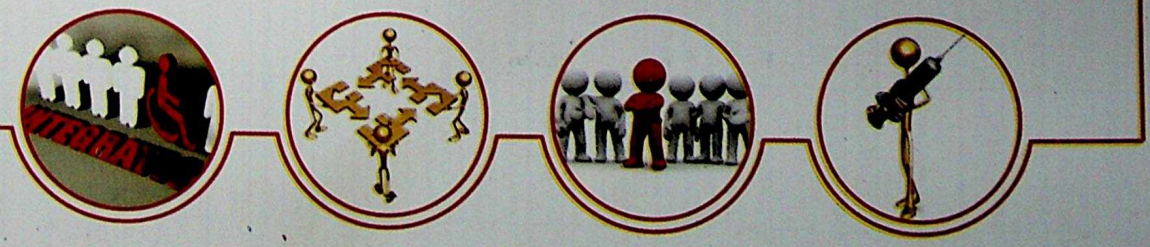
Objectives	Indicators*	Baseline Value (National)	Baseline Value (State)	Midterm (End of 2012)	End of Program (2015)	MOV	Comments
Objective 1 To enhance the leadership and managerial skills and gender sensitivity role of State/LGA authorities for the delivery of an effective One national M&E system by 2015	Proportion of LGA authorities with enhanced leadership and managerial skills and gender sensitivity roles		0%	20%	50%	Reports of state/LGA HIV/AIDS authorities; Media Reports	
	Proportion of M and E coordinating mechanisms with minimum of 35% women in decision making positions		50%	50%	80%	Attendance at meetings of M&E	
Objective 2 To improve coordination, partnership, gender sensitivity, and cost-effectiveness of data collection, analysis and use of program data and information to inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015	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	
	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators	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		1	2	2	Reports of special surveys and operations research	MARP survey and ERPS

Objectives	Indicators*	Baseline Value (National)	Baseline Value (State)	Midterm (End of 2012)	End of Program (2015)	MOV	Comments
response							
Objective 4 To continuously improve data quality and supportive supervision at all levels by 2015	Annual improvements in data quality with ranking (1=Excellent to 5=Poor)					Number of data quality assessments (DQA) conducted	
Objective 5 To improve the efficiency and effectiveness of the delivery of the costed State multi-sectoral HIV M&E plan through a systems management approach	Systems management approach in place and in use					Systems management reports; Mid-term Evaluation and End of Program Reports	
Objective 6 To strengthen and regularly update an integrated, optimally aligned, cost-effective, gender sensitive 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.	Number of developed State databases with these desired attributes					Annual HIV/AIDS Reports, SACA Reports, Database Reports	

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



	STRATEGIC INTERVENTIONS	Year 1					Year 2					Year 3	Year 4	Year 5	Year 6	Total	MOV
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
1	**OBJECTIVE # 1**	**At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015**															
1.1	**Implement HCT protocol**																
1.1.1	Distribute HCT protocols in the state			2,000		2,000										2,000	Activity report
1.1.2	Conduct sensitization for health workers, counsellors and programmers on HCT protocol			100	100	200	100				100					300	Activity report
1.1.3	Monitor implementation of protocol through quarterly monitoring visits to HCT sites	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Monitoring reports
1.2	**Institutional and technical capacity building for gender/youth sensitive HCT services at all levels**																
1.2.1	Establish Youth Friendly Centres in each of the LGAs	1	1	1	1	4	1	1	1	1	4	3	3	2	2	18	SACA, SMOH reports
1.2.2	Establish Gender Sensitive Centres for women in each LGA					4					4	4	4	1	1	18	SACA, SMOH reports
1.3	**Advocacy**																
1.3.1	Advocacy visits to policy makers	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Activity report
1.4	**Accelerate the scale up of HCT services**																
1.4.1	Establish at least 1 HCT centre in each ward	9	9	9	9	36	9	9	9	9	36	36	36	36	36	203	SACA, SMOH reports
1.4.2	Ensure availability of commodities for HCT	70,000	70,000	70,000	70,000	280,000	70,000	70,000	70,000	70,000	280,000	250,000	250,000	250,000	250,000	1,560,000	SACA, SMOH reports
1.4.3	Provide free HCT services in the state	70,000	70,000	70,000	70,000	280,000	70,000	70,000	70,000	70,000	280,000	250,000	250,000	250,000	250,000	1,560,000	SACA, SMOH reports
1.4.4	Training and retraining of HCT personnel	100		100		200		100		100	200	100	80			580	Training report
1.5	**Demand creation for HCT services including promotion of couple counselling**																
1.5.1	Implement TV and radio enlightenment on free couple HCT services	13	13	13	13	52	13	13	13	13	52	52	52	52	52	312	Jingles aired, activity reports
1.5.2	Produce and distribute IEC materials on couple HCT services	50,000		50,000		100,000	50,000		50,000		100,000	50,000	50,000			200,000	Inventory of SBC materials, activity reports
1.5.3	Conduct sensitization visits to traditional and community leaders (including hard-to-reach communities), professional groups and MARPS in the state to facilitate access and uptake of HCT services			1		1		1		1	2	2	2	2	2	11	Activity reports
2	**OBJECTIVE # 2**	**At least 80% of MARPS accessing HIV counselling and testing by 2015**															
2.1	**Implement the BCC strategy for MARPS**																
2.1.1	Distribute condoms at 'hot spots' for MARPS	1,250	1,250	1,250	1,250	5,000	1,250	1,250	1,250	1,250	5,000	5,000	5,000	5,000	5,000	30,000	Activity report
2.1.2	Conduct awareness rallies at motor parks and hotspots	10	10	10	10	40	10	10	10	10	40	40	40	40	40	240	Activity report
2.1.3	Conduct sensitization seminars for gatekeepers among MARP groups	1	1	1	1	4	1	1	1	1	4	4	4	4		24	Activity report
2.2	**Building the capacity of service providers for gender responsive services**																
2.2.1	Conduct a training workshop for 300 service providers on interpersonal communication and special needs of MARPS		25		25	50	25		25		50	50	50	50	50	300	Training report
2.3	**Scale up of HCT services targeting MARPS**																
2.3.1	Establish HCT centres within the immediate environment of targeted MARP populations	3	3	2	2	10	3	3	2	2	10	10	6			36	SACA & SASCP, SMOH Reports
2.3.2	Periodic sensitization programs (rallies) for MARPs in designated sites/hot spots			1		1			1		1	1	1	1	1	6	Activity report
3	**OBJECTIVE #3**	**At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015**															

3.1.2	Training of health workers to provide STI services																
3.2	**Demand creation for service utilization**																
3.2.1	Implement contact tracing for STI treatment																SACA & SASCP, SMOH Reports
3.2.2	Conduct general enlightenment programs on TV, radio and IEC materials	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity reports
3.2.3	Provide free STI services	1,500	1,500	1,500	1,500	6,000	1,500	1,500	1,500	1,500	6,000	6,000	6,000	6,000	6,000	36,000	SACA & SASCP, SMOH Reports
3.2.4	Create awareness on available STI clinics through mass sensitization programmes/events	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity report
3.3	**Advocacy/resource mobilization**																
3.3.1	Conduct advocacy visit to donor agencies to support the provision of free STI services in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity report
3.4	**Regulation of service provision (orthodox and non-orthodox)**																
3.4.1	Institute collaboration meetings with traditional healers to facilitate improved referral and treatment of STIs		1		1	2		1		1	2	1	1	1		8	SACA & SASCP, SMOH Reports
3.4.2	Collaboration with Ministry of Health Inspectorate Unit to conduct routine quarterly monitoring health facilities in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	SACA & SASCP, SMOH Reports
4	**OBJECTIVE # 4**	**STI management & prevention services integrated into HIV prevention services by 2015**															
	Capacity building																
4.1.1	Capacity building of HIV health workers to provide integrated STI services	70		70		140		70		70	140	70	56			406	Training report
4.1.2	Provision of adequate essential commodities for the treatment of STI	1,500	1,500	1,500	1,500	6,000	1,500	1,500	1,500	1,500	6,000	6,000	6,000	6,000	6,000	36,000	Activity report, pharmacy reports
4.2	**Demand creation for service utilization**																
4.2.1	qw		ongoing														Activity report
4.3	**Advocacy/resource mobilization**																
4.3.1	Conduct advocacy visit to donor agencies to support the integration of free STI services into HIV prevention services the state	4.3.1															Activity report
4.3.2	Conduct advocacy visits to state policy makers and stakeholders to support the integration of free STI services into HIV prevention services in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	
4.4	**Integration of services into HIV prevention programs**																
4.4.1	Capacity building of HCT personnel to offer STI services	5.1.1															
4.5	**Prioritize service provision by target populations and drivers of the epidemic**																
4.5.1	Organise target specific programs (seminars, road shows, rallies, talent hunt, quiz and debate) for MARPs	2	2	2	2	8	2	2	2	2	8	8	8	8	8	48	Activity report
4.6	**Strengthen partnerships**																
4.6.1	Institute quarterly review meetings between STI unit and SACA	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting notes/minutes
5	**OBJECTIVE # 5**	**At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015**															
5.1	**Scale up of quality PMTCT services**																
5.1.1	Establish at least 1 PMTCT centre per LGA		2	2	2	6		2	2	2	6	6				18	SACA & SASCP, SMOH Reports
5.1.2	Implement a comprehensive approach to PMTCT through update retraining of providers	50		50		100	50		50		100	100	100	100	100	600	SACA & SASCP, SMOH Reports

5.1.3	Conduct awareness creation campaigns on availability of PMTCT	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	SACA & SASCP, SMOH Reports
5.1.4	Involvement of PLP as peer counsellors in PMTCT	9	9	9	9	36	9	9	9	9	36	36	36	36	36	216	SACA & SASCP, SMOH Reports
5.2	**Advocacy/resource mobilization communication and social mobilization**																
5.2.1	Implement community-based awareness/sensitization programmes on the availability and importance of PMTCT services	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	SACA & SASCP, SMOH Reports
5.2.2	Support sensitization visits by PLPs to ANC in all LGAs	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	SACA & SASCP, SMOH Reports
5.2.3	Involve PLPs as peer counsellors in PMTCT					0					0					0	SACA & SASCP, SMOH Reports
5.2.4	Provide material support (infant formula and nutritional supplements) to HIV positive mothers per LGA	10	10	10	10	40	10	10	10	10	40	40	40	40	40	240	SACA & SASCP, SMOH Reports
5.3	**Ensure regular supply of PMTCT commodities**																
5.3.1	Advocate to the SMOH/state government for increased budgetary allocation for the funding of PMTCT	1				1	1				1	1	1	1	1	6	SACA & SASCP, SMOH Reports
www	Strengthen logistics system for PMTCT commodities through training on LMIS for key officers		50		50	100		50		50	100		50		50	300	SACA & SASCP, SMOH Reports
5.4	**Capacity building(Infrastructure & Personnel)**																
5.4.1	Train and retrain PMTCT personnel per LGA(10/LGA)		50		50	100		50		50	100					200	Training report
5.4.2	Train selected TBAs (including birth attendants in mission homes) to carry out HCT	50		50		100	50		50		100	100	100	100	100	600	Training report
5.4.3	Ensure availability of minimum package of equipment for PMTCT at all centres	3	3		3	9	3	3		3	9					18	SACA & SASCP, SMOH Reports
5.4.4.	Procure ARVs and commodities for PMTCT	6,000	6,000	6,000	6,000	24,000	6,000	6,000	6,000	6,000	24,000	24,000	24,000	24,000	24,000	144000	SACA & SASCP, SMOH Reports
5.5	**Public Private Partnership**																
5.5.1	Implement a state public-private forum to engage private sector support for and involvement in PMTCT		1		1	2		1		1	2	2	2	2	2	12	SACA & SASCP, SMOH Reports
5.6	**Evidence based approach to programming**																
5.6.1	TWG to provide technical support to programming (2) data collection training for all facilities				50	50			50		50					100	SACA & SASCP, SMOH Reports
5.7	**Referral and Linkages**																
5.7.1	Provide free ambulance services (1 per LGA) for referral of PMTCT cases			2	2	4		2	2		4	6	2	2		18	SACA & SASCP, SMOH Reports
5.7.2	Implement a functional referral system to facilitate access to comprehensive services	meetings									0					0	SACA & SASCP, SMOH Reports
6	**OBJECTIVE # 6**	**At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015**															
6.1	**Scale up of quality PMTCT and EID services**																
6.1.1	Establish at least 1 ARV Centre in each LGA	2	2	2		6	2	2	2		6	6				18	SACA & SASCP, SMOH Reports
6.1.2	Provide EID services in at least 1 centre per senatorial district				1	1				1	1	1				3	SACA & SASCP, SMOH Reports
6.2	**Advocacy/resource mobilization Communication and social mobilization**																
6.2.1	Implement community-based awareness/sensitization programmes on the availability and importance of PMTCT services	5.2.1														0	SACA & SASCP, SMOH Reports
6.3	**Ensure regular supply of PMTCT and EID commodities**																
6.3.1	Ensure free ARV prophylaxis					0										0	SACA & SASCP, SMOH Reports
6.3.2	Strengthen logistics system for PMTCT commodities through training on LMIS for key officers																

6.4.2	Ensure availability of minimum package of equipment for PMTCT at all centres	5.4.3			1	1				1	1	1	1	1	6	SACA & SASCP, SMOH Reports
6.5	**Public Private Partnership**															
6.5.1	Implement a state public-private forum to engage private sector (including private health facilities) support for and involvement in PMTCT	5.5.1			1	1				1	1	1	1	1	6	SACA & SASCP, SMOH Reports
6.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**															
6.6.1	Implement a functional referral system to facilitate access to comprehensive services															SACA & SASCP, SMOH Reports
7	**OBJECTIVE #7**	At least 30% of all HIV exposed infants have access to ARV prophylaxis by 2015														
7.1	**Scale up of quality PMTCT and EID services**	6.1														SACA & SASCP, SMOH Reports
7.2	**Advocacy/resource mobilization Communication and social mobilization**	6.2														
7.3	**Ensure regular supply of PMTCT and EID commodities**	6.3														SACA & SASCP, SMOH Reports
7.4	**Capacity building(Infrastructure & Personnel)**	6.4														
7.4	**Public Private Partnership**	6.5														SACAH & SMOH Reports
7.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**	6.6														SACA & SMOH Reports
8	**OBJECTIVE #8**	At least 80% of HIV positive pregnant women have access to quality infant feeding counselling by 2015														
8.1	**Scale up of quality PMTCT and EID services**	6.1														SACA & SMOH Reports
8.2	**Advocacy/resource mobilization Communication and social mobilization**	6.2														
8.3	**Ensure regular supply of PMTCT and EID commodities**	6.3														SACA & SMOH Reports
8.4	**Capacity building(Infrastructure & Personnel)**	6.4														SACA & SMOH Reports
8.5	**Public Private Partnership**	6.5														SACA & SMOH Reports
8.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**	6.6														SACA & SMOH Reports
9	**OBJECTIVE #9**	At least 80% of all HIV exposed Infants have access to early infant diagnosis (EID) services by 2015														
9.1	**Scale up of quality PMTCT and EID services**	6.1														SACA & SMOH Reports
9.2	**Advocacy/resource mobilization Communication and social mobilization**	6.2														SACA & SMOH Reports
9.3	**Ensure regular supply of PMTCT and EID commodities**	6.3														SACA & SMOH Reports
9.4	**Capacity building(Infrastructure & Personnel)**	6.4														SACA & SMOH Reports; Report of capacity-building reports
9.5	**Public Private Partnership**	6.5														SACA & SMOH Reports
9.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**	6.6														SACA & SMOH Reports
10	**OBJECTIVE #10**	At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015														
10.1	**capacity building**															
10.1.1	Train peer educators from the general population in the LGAs	50	50	50	50	200	50	50	50	50	200	200	100	100	100	900	Training reports/attendance

10.2.2	Advocacy visit to ODHA					0					0	1	1	1	1	4	
11	**OBJECTIVE #11**	**At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behaviour.**															
11.1	**Develop, and implement relevant culturally appropriate and group SBC oriented programs**																
11.1.1	Develop appropriate SBC materials for segmented groups of young people in the state	5,000		5,000	0	10,000	5,000		5,000	0	10,000	5,000	5,000	5,000	5,000	40,000	Inventory of SBC materials, activity report
11.1.2	Establish HIV and AIDS Clubs in all schools (public and private)	150	150	150	150	600	150	150	150	600	1,050	564				2,214	Activity reports, SOME reports
11.1.3	Conduct inter-LGA quiz competitions	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Activity reports
11.1.4	Organize youth talent hunt programmes with HIV/AIDs as the central theme		1		1	2		1		1	2	2	2	2	2	12	Activity reports
11.2	**Capacity-building of service providers, including teachers, health & social workers**																
11.2.1	Train teachers , service providers and social workers to effectively communicate with and engage young people on HIV and AIDS related issues	125	125	125	125	500	125	125	125	125	500	500	500	500	500	3,000	Training reports/attendance
11.3	**Capacity building for young people, including FLHE issues and life skills**																
11.3.1	Train counsellors and volunteers on HIV issues in schools who will step-down training to in and out of school youth	300	300	300	300	1,200	300	300	300	300	1,200	1,128				3,528	Training report/attendance
11.4	**Operationalize/Strengthen FLHE Curriculum Implementation**					0					0					0	
11.4.1	Implement FLHE in all schools					0					0					0	FMOE reports, activity reports
11.4.2	Conduct monitoring visits to schools to ensure proper implementation of FLHE in their curricula.	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity reports
12	**OBJECTIVE 12**	**At least 80% of MARPS reached with group-specific interventions and adopting appropriate HIV and AIDS related behaviour**															
12.1	**Capacity-building**																
12.1.1	Conduct sensitization visits to gatekeepers/identified leaders of the groups		1		1	2		1		1	2	2	2	2	2	12	Activity report
12.2	**Develop, and implement relevant culturally appropriate and group specific SBCC oriented programs**																
12.2.1	Train peer educators from among sex workers, uniformed men, long distance drivers, injector drug users, IDU and homosexual groups (100 each)	25	25	25	25	100	25	25	25	25	100	100	100	100	100	600	Training report/attendance
12.2.2	Develop appropriate, target-specific SBC materials for MARPS			20,000		20,000					0					20,000	Inventory of SBC materials, activity report
13	**OBJECTIVE #13**	**At least 80% of registered organisations engaging in HIV communication interventions complying with National standard/guidelines by 2015**															
13.1	**Capacity building on SBCC**																
13.1.1	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			15		15				15	15		15		15	60	Training report/attendance
13.2	**Operations research**																
13.2.1	Evaluate the communication strategies and approaches being implemented by registered organizations in the state									1	1		1		1	3	Evaluation report
13.3	**Document and disseminate best practices on SBCC interventions**																
13.3.1	Document and disseminate best practices on SBCC interventions									1	1		1		1	3	Activity report
14	**OBJECTIVES #14**	**At least 80% of men & women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms**															
14.1	**Accelerate the scale up of social marketing of condoms (especially female condoms) and lubricants**																

14.2.1	Conduct mass sensitization programmes for general population and key women groups including professional organizations, market leaders, religious groups, etc				1	1			1		1	1	1	1	6	Activity report
14.3	**Advocacy, communication and social mobilisation**															
14.3.1	Conduct mass sensitization programmes for general population and key women groups including professional organizations, market leaders, religious groups, etc	link to 14.2.1													0	
15	**OBJECTIVE #15**	At least 80% of sexually active males & females use condoms consistently and correctly with non-regular partner by 2015.														
15.1	**Promote condom use**															
15.1.1	Conduct consistent jingles on radio and television on use of female and male condoms	156	156	156	156	624	156	156	156	156	624	624	624	624	3744	Jingles aired
15.1.2	Distribute condoms and SBC materials in local language at the LGA level and state level			2000	2000	8000	2000	2000	2000	2000	8000	4000	4000	4000	28000	Activity report, distribution list
15.2	**Promote appropriate operational research**															
15.2.1	Support research to ensure condom compliance to defined standards					0					0	1			1	
16	**OBJECTIVE #16**	At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners														
16.1	**Promote consistent and correct condom use**															
16.1.1	Conduct mass sensitization programs on the use of condom at hot spots and targeted MARP environments Conduct female condom use demonstration rallies, road show in LGAs and in hotspots for MARPS	2	2	2	2	8	2	2	2	2	8	2	2	2	2	24	Activity report
16.1.2	Print and distribute handbills			1,000	1,000	2,000	1,000	1,000	1,000	1,000	4,000	2,000	2,000	2,000	2,000	14,000	Inventory of SBC materials, activity report
16.2	**Capacity building for service providers**															
16.2.1	Train service providers on effective communication and special needs related to HIV/AIDS for MARPS		50		50	100		50		50	100	100	100	100	100	600	Training report/attendance
17	**OBJECTIVE # 17**	SRH services integrated into HIV prevention programmes at all levels by 2015														
17.1	**Capacity building**															
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		100		100	200	100	80			580	Training report/attendance
17.2	**Scale up of integration**															
17.2.1	Implement integrated service delivery and a functional referral network at all levels of health care(linked to treatment activities to implement a referral network)															
17.3	**Demand creation for service utilization**															
17.3.1	Implement demand creation for integrated services	link to 4.2.1														
17.4	**Advocacy**															
17.4.1	Advocate to policy makers and programmers to implement integrated SRH service at all levels of health care		1		1	2		1		1	2	2	2	2	2	12	Activity reports
17.5	**Supply of commodities**															
17.5.1	Liaise and follow up with relevant state stakeholders and development partners to ensure an integrated commodity supply system	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity report, commodities available
18	**OBJECTIVE # 18**	Integrate drug demand reduction & other substance use control services into 80% of HIV prevention programmes by 2015														
18.1	**Capacity building**															

18.1.1	Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitize them on the linkages and issues with drug use and HIV transmission		100			100					0					100	Activity report
18.1.2	Collaborate with NDLEA to conduct 2 days sensitization for 150 persons on drugs /substance abuse.		50			50	50			50	100					150	Activity report
18.1.3	Conduct (in collaboration with NDLEA) a 6-day Peer Education training for 270 persons drawn from NYNETHA, NURTW, NCWS and other relevant networks from the 18 LGAs on			90		90		90			90	90				270	Training report/attendance
18.2	**Scale up of integration**																	
18.2.1	Integrate seminars on drug/substance abuse and HIV prevention (in collaboration with NDLEA) into the quarterly cluster group activines.			5		5	5				5	5	5	5	5	30	Activity reports, meeting reports
18.3	**Demand creation for service utilization**																	
18.3.1	Develop, produce and distribute one million SBC materials to address drug abuse. (T-shirts, Face caps, Posters, stickers etc.)			250,000		250,000			250,000		250,000	200,000		200,000	100,000	1,000,000	Inventory of SBC material
18.3.2	Disseminate information on drug/substance abuse into weekly radio and TV programs by the Ministry of Information	13	13	13	13	52	13	13	13	13	52	52	52	52	52	312	Activity reports
18.4	**Advocacy**																	
18.4.1	Advocacy visit to NAFDAC,NDLEA to integrate HIV prevention programming with drug/substance abuse programs and initiatives		5			5			5		5	5	5	5	5	30	Activity reports
18.4.2	One-day sensitization meeting to be held with 72 community pharmacist and Patent drugs sellers on drugs abuse in the 18 LGAs.		36			36		36			36					72	Activity reports
19	**OBJECTIVE #19**	**At least 80% PLWHAs have access to Positive Health, Dignity and Prevention (PHDP) interventions by 2015**																
19.1	**Capacity building**																	
19.1.1	Conduct 6 series of one-day sensitization seminars on PHDP for Support group members and HCT counsellors. (1 seminar to be held in three senatorial district)		1		1	2		1		1	2	1	1	0	0	6	Activity report/attendance
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		26			86	Training report/attendance
19.2	**Scale up of PHDP services**																	
19.2.1	Facilitate step-down trainings (by 86 trained persons)to the facility, LGA and Support group level.		30			30			30		30		26			86	Training reports/attendance
19.3	**Demand creation for PHDP services**																	
19.3.1	Produce and distribute one million SBC materials to address PHDP services. (T-shirts, Face caps, Posters, stickers etc.)			250,000		250,000			250,000		250,000	200,000		200,000	100,000	1,000,000	Inventory of SBC materials
19.3.2	Disseminate information on PHDP utilizing weekly T.V and radio programs by the Ministry of Information	**link to 19.3.2**									0						Activity report
20	**OBJECTIVE #20**	**At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015**																
20.1	**Adaptation of policies**																	
20.1.1	SACA to adapt and distribute 20,000 copies of Universal Safety Precaution to existing health facilities in the state.			20,000		20,000					0					20,000	Activity reports
20.2	**Capacity building**																	
20.2.1	Train TBA coordinators in the LGA on Universal Safety Precaution (to in turn step-down training to their TBA clusters)			18		18			18		18	18	18	18	18	108	Training reports/attendance
20.2.2	Train birth attendants from mission homes in the LGAs on Universal Safety Precaution			20		20			20		20	20	20	20	20	120	Training reports/attendance
20.2.3	One day sensitization seminars for traditional birth attendants(including birth attendants from mission homes)				100	100				100	100					200	Activity reports
20.3	**Strengthening SBCC**																	
20.3.1	SACA to develop 10,000 target-specific, appropriate (and pictorial) SBC materials to target facility staff, traditional birth attendants (including birth attendants in mission homes)			5,000		5,000		2,500			2,500	2,500				10,000	SACA & SMOH Reports; Inventory of SBCC-related
20.4	**National protocol on PEP and health workers injection safety guidelines**																	
20.4.1	Adapt, produce, and distribute 15,000 guidelines for health workers.				5,000	5,000				5,000	5,000							

20.5.2	Conduct mass sensitization (utilizing mass media approaches) for the use of non-reusable syringes					0					0						
20.5.3	Purchase and distribution of 6,000 sharp disposable containers		1,500			1,500	1,500				1,500		1,500		1,500	6,000	Distribution list, activity reports
20.5.4	Facilitate the construction of 18 incinerators for LGAs		3			3	3				3	3	3	3	3	18	Activity reports, incinerators present
20.6	**Operationalize the National Health Care Waste Management plan, policy and guidelines**																
20.6.1	Conduct advocacy visits to Ondo State waste management board to facilitate the implementation of the National Health Care Waste Management plan and the construction of incinerators			5		5					0					5	Activity report
20.6.2	Adapt, produce and distribute 15,000 National Health Care Waste Management plan, policy and guidelines for health workers in the state.			6,000		6,000		5,000			5,000	4,000				15,000	Distribution list
21	**OBJECTIVE #21**	**All donors (100%)of blood, blood product 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 protocol, standards and guidelines by year 2015 requirements should be sourced from voluntary donors**															
21.1	**Adapt and operationalize the national blood transfusion policy and guidelines at all health levels**																
21.1.1	SACA to adapt and produce existing national policies and guidelines			1		1					0					1	Activity reports
21.1.2	Distribute 15000 national blood transfusion policy and guidelines at all health levels health workers in the state.		15,000			15,000					0					15,000	Activity reports
21.2	**Capacity building**																
21.2.1	Train 50 laboratory scientists/technologist in the public and private sector on national blood transfusion policy and guidelines					0			50		50					50	Training report/attendance
21.3	**Strengthen SBCC to promote VNRBD**																
21.3.1	Develop, produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote VNRBD			10,000		10,000			10,000		10,000	10,000	10,000	5,000	5,000	50,000	Activity report, inventory of materials
21.4	**Disseminate and implement national protocol on VNRBD**																
21.4.1	Adapt, produce and distribute 15,000 VNRBD policy and guidelines to health workers at all levels of healthcare in the State			3,000		3,000		3,000			3,000	3,000	1,500	1,500	1,500	13,500	Policy documents, activity reports
21.5	**Advocacy**																
21.5.1	Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.			2		2		2			2	2	2	2		10	Activity report
21.6	**Initiate upstream policy dialogue for enactment of relevant legislations and regular accreditation of blood banking institutions**																
21.6.1	Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.			5		5			5		5	5	5	5	5	30	Activity report
21.6.2	Conduct advocacy visits to the Commissioner of Health on VNRBD issues.			1	1	2	1		1	2	4	1				7	Activity report
21.7	**Operations research with special focus on incidence studies**																
21.7.1	Conduct state -wide incidence study in the blood banks(public and private).					0		1			1					1	Research findings available
22	**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**															
22.1	**Develop and adapt policies and guidelines**																
22.1.1	Adapt, produce and distribute 1,500 copies of existing relevant national policies at the state level			1,500		1,500					0					1,500	Policy guidelines, activity reports
22.2	**Capacity building**																
22.2.1	Conduct sensitization programs for (144) relevant health providers and Community Health Extension Workers					0			36		36	36	36	36		144	Activity reports
22.2.2	Conduct sensitization program for relevant NGOs and CBOs personnel				60	60		60			60	60	60	60	60	360	Activity reports

22.2.3	Train health providers, NGOs, CBOs on rehabilitative counselling and interventions for drug users					0			48		48	36	36			120	Training reports/attendance
22.3	**Advocacy**																
22.3.1	Conduct advocacy to NDLEA to integrate HIV prevention services into services and programs for drug dependent persons	17.4.1															SACA & SMOH Reports; Report of advocacy activities
22.4	**Strengthen SBCC**																
22.4.1	Train peer educators (144) from among the drug users			36		36		36			36	36	36			144	SACA Reports; SBCC Report
22.4.2	Develop, produce and paste 5,000 informational pictorials in hot spots					0		1,000			1,000	1,000	1,000	1,000	1,000	5,000	
22.5	**Implement National drug control master plan**																
22.5.1	Adapt, produce and distribute National Drug Control Master plan					0					0					0	SACA, NDLEA, NAFDAC Reports
23	**OBJECTIVE #23**	**At least 80% of traditional medical practioners adopt universal safety precaution by 2015**															
23.1	**Develop and adapt policies and guidelines**																
23.1.1	Adapt existing guidelines into simpler forms and translate into Yoruba and Ijaw languages and distribute 4,000 copies to TMPs					0		4,000			4,000					4,000	Policy guidelines; SACA & SMOH Reports
23.2	**Capacity building**																
23.2.1	Train traditional medical practitioners on universal safety precautions			36		36		36			36	36	36			144	SACA & SMOH Reports
23.3	**Strengthen SBCC**																
23.3.1	Produce of 5,000 adapted copies of guidelines into simple pictorial forms e.g. pamphlets, posters etc and distribute widely to TMPs					0		2,500			2,500		2,500			5,000	SACA & SMOH Reports
23.4	**Promote the use of blood safety commodities**																
23.4.1	Integrate information on the use of blood safety commodities into training for TMPs	link to 23.2.1														0	SACA & SMOH Reports
23.5	**Operationalize the national Health Care Waste Management plan, policy and guidelines**																
23.5.1	Adapt national guidelines and policies into simplified forms and pictorials and widely distribute to TMPs					0		10,000			10,000					10,000	SACA & SMOH Reports
24	**OBJECTIVE #24**	**At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers in line with National protocols by 2015**															
24.1	**Review and adapt policies and guidelines**																
24.1.1	Produce and distribute existing policies and guidelines			5,000		5,000					0					5,000	Policy guidelines, SACA Reports
24.2	**Capacity building**																
24.2.1	Training of Trainers (TOT) health workers on proper use of post-exposure prophylaxis				180	180	180				180	180	180			720	SACA & SMOH Reports
24.3	**Strengthen SBCC**																
24.3.1	Provision of 15,000 instructional handbills, pictorials			5,000		5,000	5,000				5,000	5,000				15,000	SACA & SMOH Reports
24.3.2	Provision of PEP commodities in at least 1 facility per LGA				18	18					0					18	Activity reports
24.4	**Disseminate and implement National protocol on PEP and relevant safety guidelines**																
24.4.1	Develop and air media messages			1	1	2	1	1	1	1	4	4	4	4	4	22	Activity reports
24.4.2	Produce and distribute 15,000 copies of guidelines to health workers in each senatorial district				5,000	5,000				2,000	2,000	2,000	2,000	2,000	2,000	15,000	Distribution list
24.5	**Promote the use of aseptic procedures**																
24.5.1	Implement promotional road shows rallies and Spot demonstrations at strategic points			4		4			4		4	4	6			18	SACA & SMOH Reports; Survey

	STRATEGIC INTERVENTIONS	(number)					(number)										
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
1	**OBJECTIVE # 1**	**At least 80% of adults (men and women) and all (100%) of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment by 2015**															
1.1	**Advocacy**																
1.1.1	Identify relevant state stakeholders that can facilitate access to HIV and AIDS services within the public and private sectors	24				24						30				54	Formal list of stakeholders
1.1.2	Pay advocacy visits (by advocacy committee) to the stakeholders to secure commitment to increasing access	4	4	4	4	16						4	4	4	4	32	Activity report
1.2	**Training**																
1.2.1	Train 600 health personnel in treatment centres in batches: (Doctor , Nurses , Lab scientist , Pharmacist , Adherent counsellor , Attendance , Medical records, Nutritionist).	100				100	100	100			200	100	100	100	100	700	Training report/attendance
1.3	**Decentralization and integration**																
1.3.1	Establish treatment services at the PHC level.	3	3	2	2	10	2	2	3	3	10	4	2	2	2	30	SACA, SMOH reports
1.3.2	Deploy 600 personnel's to treatment centres at all levels.		50	50				50	50			100	100	100	100	400	Deployment letters
1.3.3	Integrate the ART services in the existing TB/L programme.	ongoing															SACA, SMOH reports
1.3.4	Distribute copies of National guidelines on ARV to all treatment centres	50	50	50		150				50	50		50		50	300	Activity report
1.4	**Medical commodities and equipments**																
1.4.1	Procure and distribute medical equipments to all existing treatment centres: 3 CD4 Count machine, 3 PCR M machine, 3 chemistry automated analyser, haematological analyser .			1		1		1			1	1	1	1		5	Inventory of equipment
1.4.2	Procure & distribute medical commodities : Reagents, Lancet, count kits, clearing solution, elbow gloves, methylated spirit, buffer, cotton wool, plaster, HCT Kits.		1			1			1		1		1	1	1	5	SMOH reports
1.5	**Provision and upgrade of physical infrastructure**																
1.5.1	Assess and upgrade existing physical structures in the 5 ART centres in three senatorial districts			2		2		2		1	3					5	SACA, SMOH report
1.5.2	Upgrade existing structures in 10 health centres of each senatorial district with 1 generator and 1 air condition per health centre		1		1	2				2	2	2	2	2	2	12	SACA, SMOH report
1.6	**Public Private Partnership**																
1.6.1	Foster collaboration (through visits) with existing private Health Institutions, CSOs, Donor agencies, corporate institutions	7	8	7	8	30						30	30	30	30	150	Activity reports
1.6.2	Implement quarterly review meeting with private health facilities, CSOs, Donor agencies , line ministries	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports
1.6.3	Conduct advocacy (by advocacy committee) and sensitisation of corporate institutions (finance industries, oil companies, industries) to engage them in the public private forum to support comprehensive ART services	2			3	5			3	2	5	5	5	5	5	30	Activity reports
1.7	**Laboratory quality system management network**																
1.7.1	Upgrade the laboratory facilities in the existing ART centres in each senatorial district.				1	1			1		1	1	1	1		5	Inventory of equipment
1.7.2	Train 60 laboratory personnel (technicians, technologist and scientist) on quality management				10	10				10	10	10	10	10	10	60	Training report

1.7.2	Create impress for annual maintenance and repair of equipments																	
1.8	**QIA/QI**		1			1	1				1	1	1	1	1	6	Activity report	
1.8.1	Distribute copies of SOP and guidelines to laboratory facilities in all ART centres																	
1.8.2	Conduct supportive supervisory visits to the ART centres		50	50	50	150			50		50		50			250	Activity reports	
1.9.	**Clinical Pharmacovigilance for ARVs**	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Monitoring reports	
1.9.1	Create awareness on side effects of ARVs by distributing pamphlets to health workers, clients, etc																	
1.9.2	Implement active surveillance and reporting of adverse drug reaction to ARV drugs .				500	500				500	500	500	500	500	500	3000	Activity reports	
1.9.3	Provide treatment and referral services for adverse drug reaction	on going															Surveillance reports	
1.10.	**Local manufacture of ARVs and other commodities**	ongoing															SACA, SMOH reports	
1.10.1	Identify herbs for local ARV																	
1.10.2	Map out local ARV manufacturers	1			1	2	1			1	2	1			1	5	Activity reports	
1.10.3	Provide space for herbs plantation	1	1			2					0					2	Activity reports	
1.10.4	Advocate for duty free importation of ARV materials			1	1	2					0					2	Activity reports	
1.10.5	Link up with research institutes at the state and national levels	1				1	1				1					2	Activity reports	
	OBJECTIVE # 2	ongoing									0					0	Activity reports	
		At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015																
2.1	**Training**																	
2.1.1	Train 600 health personnel in treatment centres in batches: (Doctor , Nurses , Lab scientist , Pharmacist , Adherent counsellor , Attendant officers , Medical records, Nutritionist). 9 link up with 1.2.2)	100					100	100				100	100	100	100	600	Training report, attendance	
2.2	**Upgrade laboratory infrastructure for OI management**																	
2.2.1	Renovation and standardization of existing infrastructure for the management of OIs (link up with 1.5.1& 1.5.2)	1.5.1 & 1.5.2																
2.3	**Provision of medical commodities, equipments and drugs for OI management**																SACA, SMOH reports	
2.3.1	Procurement, & distributes the following to health centres: CD4 Count machine, PCR M machine, chemistry automated analyser, haematological, analyser.(Link up to activity 1.1.4)	1.1.4																
2.3.2	Procurement & distribute the following: Reagents, Lancet, count kits clearing solution, gloves methylated spirit, buffer, cotton wool, over all coat, plaster, HCT Kits.(Link up to activity 1.1.4)	1.1.4																
2.3.3	Procure and distribute adequate doses of drugs for OI management	1,000	1,000	1,000	1,000		1,000	1,000	1,000	1,000		4,000	4,000	4,000	4,000			
2.4	**Implementation of QA/QI for OI management**																	
2.4.1	Distribute copies of SOPs and guidelines on QA to laboratory facilities	10	10	10	10	40	10	10	10	10	40	40	40	40	40	240		
2.4.2	Conduct supervisory visit to ART centres	link to 1.8.2																
3	**OBJECTIVE # 3**	**To establish and strengthen TB and HIV/AIDS collaboration in all states and all LGAs by 2015**																
3.1	**Coordinating bodies /Strengthen the collaboration of HIV /AIDS & TB control programmes at the state and LGAs level and facility level**																	
3.1.1	Conduct monthly review meeting of HIV/AIDS /TB Working Group at state level	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports	
3.1.2	Initiate formation meeting of HIV/TB working Group at local level in all 18 LGAs	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports	

3.2	**Training and Capacity Building**																
3.2.1	Train of 600 health personnel on HIV/ TB case management and adherence counselling (link up with1.2.1)	100				100	100				100	100	100	100	100	600	Training report/attendance
3.3	**Communities, PLWHIV and PATB involvement**																
3.3.1	Create awareness in the community through mass media (paper, Television, Radio), billboard, handbills, posters, film show, role-play,	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity reports
3.3.2	Create 6 sub - station in areas not covered by the state radio / TV station											1	1	1	1	6	Activity reports
3.3.3	Implement local view points at strategic places within community e.g. public places where people socialise.	1	1	2	2	6	1	1	2	2	6	6	6	6	6	36	Activity reports
3.4	**Linkages/Integration of Pharmacy and DOTS services**																
3.4.1	Collaborate with community pharmacies / pharmacy technicians/hospital pharmacies	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity report
3.4.2	Training of 360 community pharmacy to provide DOT services(link up to activity 4.4.2)	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Training report
3.4.3	Referral (Provision and Distribution of Referral forms)	(C&S) 4.2.2															
3.5	**Monitoring and Evaluation system**																
3.5.1	Dissemination of monitoring tools to all centres	link to M&E															
3.5.2	Quarterly review of data analysis and feed backs	link to M&E															
4	**OBJECTIVE # 4**	**To ensure all TB patients have access to quality and comprehensive HIV and AIDS services by 2015**															
4.1	**HCT of TB patients**																
4.1.1	Train 360 counsellors on TB/HIV infection and prevention	60					60					60	60	60	60	360	Training report/attendance
4.1.2	Provision of HIV counselling and screening services for TB patients	250	250	250	250	1,000	250	250	250	250	1,000	1,000	1,000	1,000	1,000	6,000	SMOH, SACA reports
4.2	**Cotrimoxazole Preventive therapy for PLWHIV with TB**																
4.2.1	Procurement and distribution of adequate supply of cotrimoxazole (tablets) for preventive therapy of PLWHA	15,000	15,000	15,000	15,000	60,000	15,000	15,000	15,000	15,000	60,000	60,000	60,000	60,000	60,000	360,000	SMOH, SACA reports
4.3	**Medical commodities and supplies**																
4.3.1	Procure and even distribution of medical commodities for HCT services (link up with activity 4.2.1)	link to 4.2.1															
4.4	ARVs for PLWHIV with active TB																
4.4.1	Procurement of adequate ARV drugs for PLWHA with active TB	250	250	250	250	1,000	250	250	250	250	1,000	1,000	1,000	1,000	1,000	6,000	SMOH, SACA reports
5	**OBJECTIVE # 5**	**To ensure all PLHIV have access to quality and comprehensive TB services by 2015**															
5.1	Intensified case finding of TB																
5.1.1	Create awareness on TB infection through radio slot [jingles]	90	90	90	90	360	90	90	90	90	360	360	360	360	360	2,160	Activity reports
5.1.2	Create awareness on TB infection through billboard,.	3	3	3	3	12	3	3	3	3	12	12	12	12	12	12	Activity reports
5.1.3	Create awareness on TB infection through TV slot (jingles)	90	90	90	90	360	90	90	90	90	360	360	360	360	360	2,167	Activity reports
5.1.4	Create awareness on TB infection through handbills,.	10,000	10,000	10,000	10,000	40,000	10,000	10,000	10,000	10,000	40,000	40,000	40,000	40,000		200,000	Activity reports, inventory of SBC materials

5.1.5	Conduct sensitization on TB /HIV infection and prevention in the market , churches, mosques		1	1	1	3	1	1	1	1	4	2	2	2	2	15	Activity reports
5.2	**Laboratory support for TB and MDR-TB diagnosis in HIV infection**																
5.2.1	Upgrade at least 2 laboratories with equipment to provide standard laboratory services in each senatorial district		1	1	1	3		1	1	1	3					6	SMOH reports
5.2.2	Train 30 laboratory personnel on TB and MDR-TB diagnosis in HIV infection		10			10	10				10	10				30	Training report/attendance
5.2.3	Involve private laboratories in the diagnosis of TB and MDR-TB in HIV infection through technical update meetings		1			1		1			1	1	1	1	1	6	Activity reports
5.2.4	Maintain and standardize of laboratory equipments	1				1	1				1	1	1	1	1	6	SMOH reports
5.3	**Isoniazid Preventive therapy for PLHIV**																
5.3.1	Provision of Isoniazid drug for preventive therapy for PLWHA	2,000			2,000	4,000	2,000		2,000		4,000	4,000	4,000	4,000	4,000	24,000	SMOH reports
5.4	**Medical commodities and equipments**																
5.4.1	Procure equipments and commodities such as centrifuge, reagents, ZN stain microscope, spatula, universal bottles, alcohol, Lab forms, cotton wool, mask, gloves.		1,000	1,000		2,000	1,000	1,000			2,000		1,000		1,000	6,000	SMOH reports
5.5	**Pharmacovigilance for anti-TB drugs**																
5.5.1	Sensitize health personnel & public on recognition of adverse effects , drug interactions and resistance following anti-TB drugs through facility-based presentations	1		1		2	1		1		2	1	1	1	1	8	Activity report
5.5.2	Produce and distribute documents/materials on anti- TB drugs side effects, drug interaction and resistance	500		500		1,000	500		500		1,000	500	500	500	500	4,000	Activity report
5.6	**TB infection control in HIV health care delivery sites.**																
5.6.1	Provide materials on universal precautions at HIV health care delivery sites	500				500			500		500	500	500	500	500	3,000	SMOH reports
5.6.2	Train care providers in HIV health care delivery sites on infection control.	10	10	10	10	40	10	10	10	10	40	40	40	40	40	240	SMOH reports
5.6.3	Provide drugs for PEP.	500				500	500				500	500	500	500	500	3,000	SMOH reports

	STRATEGIC INTERVENTIONS	Year 1 (2010) (number)					Year 2 (2011) (number)					Year 3 (2012) (No)	Year 4 (2013) (No)	Year 5 (2014) (No)	Year 6 (2015) (No)	Total	MOV
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
1.1	**Advocacy to relevant stakeholders**																
1.1.1	Identify and conduct advocacy visits to stakeholders in the 18 LGAs (by advocacy team)		36			36		36			36	36	36	36	36	216	Activity reports
1.1.2	Conduct stakeholders' meetings on planning and decision making (5 ppl per LGA - PHC Coord, LACA desk officer, community leader, PLP representative, CBO rep) from each of the 18 LGAs		30	60		90	30	60			90	90	90	90	90	540	Meeting report/attendance
1.2	**Review/develop and disseminate national policies, standards and protocols for care and support services**																
1.2.1	Conduct review meetings with stakeholders to assess existing policies on care and support services for PLWHIV. (30 participants) media, CiSHAN,NEPWAH, MOJ,CSO,Private org., LACA,Line ministries, Community leaders,			3		3					0	0	0	0	0	3	Copies of policies
1.2.2	Reviewed policies adapted and produced for the state on Care and support services for PLHIV. (20,000).				6,000	6,000					0	2,500	2,500	2,500	2,500	16,000	Activity report
1.2.3	Disseminate adapted policies for the state on Care and Support services (20,000 copies).				6,000	6,000			4,000		4,000	2,500	2,500	2,500	2,500	20,000	Activity report
1.3	**Institutional and human capacity building for MDAs and CSOs providing care and support services**																
1.3.1	Conduct mapping of relevant MDAs and CSOs - Youth groups, FBOs, women groups etc to be trained		1			1			1		1		1		1	4	Mapping report
1.3.2	Assess of existing resources and human capacity of MDAs and CSOs		1			1			1		1		1		1	4	Assessment report
1.3.3	Development and production of training materials to build capacity of MDAs and CSOs			50	50	100			50		50	50	50	50	50	350	Training modules
1.3.4	5 day Training of MDAs and CSOs (350)to initiate and provide quality support services			50	50	100			50		50	50	50	50	50	350	Training report/attendance
1.4	**Provision of integrated care and support services to PLWHIV**																
1.4.1	Map PLWHIV through the existing support groups		1			1					0	1		1		3	Mapping report
1.4.2	Identify and Train 5 Care givers per LGA to carry out Home based care services.				90	90				90	90	90	90	90	90	540	Training report/attendance
1.4.3	Monitor and supervise care givers on quality of services (set up monitoring committee, conduct 5 monitoring visits by the committee, tools for the committee etc.)				0	0	5	5	5	5	20	20	20	20	20	100	SMOH, SACA reports
1.4.4	Provide nutritional support to 2,600 PLWHIV	250	250	250	250	1,000	400	400	400	400	1,600					2,600	Activity reports
1.4.5	Train peer educators on positive living for PLWHIV (10 per annum from each senatorial zone)				30	30				30	30	30	30	30	30	180	Training report/attendance
2	**OBJECTIVE # 2 -50% of PLWHIV/PABA especially women, marginalized and people with special need are linked to IGAs and poverty alleviation programs**																
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 Advocacy 1.9.1		20		20			10		10	10	10	10	10	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	Identify PLWHIV/PABA- Out of school Youths & Women to be empowered on Income generation activities - Fashion designing,Furniture making, Painting, Shoe making, ICT, Barbing, Catering, Hair dressing etc				200	200				50	50	50	50	50	50	450	List of trainees
2.2.2	Train of PLWHIV/PABA on income generating activities (IGA) (450 people in the 18 LGA)				200	200				50	50	50	50	50	50	450	Training report/attendance
2.2.3	Equip and empower of trained persons -i.e.organize micro finance				200	200				50	50	50	50	50	50	450	Activity report, distribution lists
2.3	**Resource mobilization and fund allocation**					0					0					0	
2.3.1	Map out Government Agencies/Ministries, Philanthropists, Donor agencies, CSOs, Government, NEPWAHN and Corporate organizations that can provide resources (link to activity in 4.3.1 in instiutional architecture)	link to Instituti onal 4.3.1	1			1	1				1					2	Map of potential partners
2.3.2	Conduct advocacy visits (by advocacy committee)to sensitize the identified groups for resource mobilization and fund allocation and follow up action (link to activity 1.6.3 in Treatment)	link to treatme nt 1.6.3		10		10				10	10	10	10	10	10	60	Activity reports
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 **(link to activities 9.1.1 and 9.2.2 under institutional architecture)**	1				1					0	1	0	1	0	3	Activity report
3	**OBJECTIVE # 3 - To improve access to and support to 60% of PLWA, especially women marginalized persons including persons with special needs Infected with HIV within a right based approach.**																
3.1	**Behaviour change communication**																
3.1.1	Development and production of 50,000 printed IEC materials on stigma reduction in local languages			20,000		20,000			10,000		10,000	5,000	5,000	5,000	5,000	50,000	Inventroy of SBC materials
3.1.2	Dissemination of SBC materials to communities in LGAs - PHC centers, public buildings, palace, state hospitals etc			20,000		20,000			10,000		10,000	5,000	5,000	5,000	5,000	50,000	Activity report
3.1.3	Production of jingles on radio and TV in local dialects			364		364			364		364	364	364	364	364	2,184	Jingles aired
3.1.4	Produce culturally appropriate gender sensitive billboards (50) in indigenous languages in major roads and strategic locations in rural and urban areas			15		15			10		10	10	5	5	5	50	Activity report
3.1.5	Conduct sensitization meetings and workshops for print and electronic media personnel (150)on stigma reduction.				50	50			25		25	25	25	25		150	Meeting report/attendance
3.2	**Caapcity building of care providers and PLWHA**					0					0					0	
3.2.1	Conduct 5 day training of 5 health service providers (Doctors, Nurses, Counselors) on interpersonal skills sites providing HIV/AIDS treatment sites.				90	90			90		90	90	90	90	90	540	Training report/attendance
3.2.2	Train 500 PLWHA on stigma reduction and human rights				150	150			70		70	70	70	70	70	500	Training report/attendance
3.3	**Policy enforcement**																
3.3.1	Conduct a review meeting on existing national HIV policies **(link to activity 4.2.1 under policy and advocacy)**	link to policy 4.2.1		1		1					0					1	Review report
3.3.2	Mass produce and disseminate existing policies - Workplace, Child right law, HIV/AIDS policies etc				10,000	10,000					0					10,000	Activity report
3.3.3	Train law enforcement agents on implementation **(link to activity 1.8.1 under policy and advocacy)**	link to policy 1.8.1				0	100				100	100	100	100	100	500	Training report/attendance
	OBJECTIVE # 4 -To improve by 80% effective referral and linkages within and between relevant health care facilities and communities based care service points.																
4.1	**Advocacy**																
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 years.		10			10		10			10	10	10	10	10	60	Mapping report
4.1.2	Conduct advocacy visits to the facilities and service points in the 18 LGAs /2 per LGA			36		36			36		36	36	36	36	36	216	Activity report
4.2	**Networking and collaboration**										0						

4.3	**Institutional and human capacity building**																	
4.3.1	Support formative meeting for TWG of service providers,CSOs, laboratory personnels, counsellors and public/private establishments			1		1					0					1	Meeting report
4.3.2	Hold regular quarterly coordinating meetings at 3 senatorial zones to involve representatives of the service delivery points - CBOs, HCT, Treatment, Laboratory, ART,			12	12	24	12	12	12	12	48	36	36	36	36	216	Meeting reports/attendance
							OVC											
5	**OBJECTIVE 5:To create an enabling environment for the legal protection of OVC by 2015.**																	
5.1	**Advocacy**																	
5.1.1	Conduct advocacy to key socio-economic institutions such as NAPEP, NDE, SMOWA, SUBEB, WECA, OSOPADEC on support services for OVC	20	20	20	20	80	20	20	20	20	80	10	10	10	10	200	Activity report
5.1.2	Conduct advocacy to for the legal protection of OVC MOJ, House of assembly, MOA (link up with activity 1.1.1)	link to 5.1.1															
5.2	**Community mobilization and participation**																	
5.2.1	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 forum .			1		1					0					1	Terms of reference, Inaugaural meeting report
5.2.2	Conduct monthly meeting of community OVC care and support team at the 18 LGAs			54	54	108	54	54	54	54	216	216	216	216	216	1,188	Meeting reports
5.3	**Development, revision and implementation of existing legislation and poilicy for OVC**					0					0					0	
5.3.1	Prepare and adopt memorandum of understanding and Policy guideline between ODSACA, MOE, UBE, and other sectoral players to prioritize and create enabling environment to provide access to basic education of OVC		1			1					0					1	MOU doucment
6	**OBJECTIVE 6:To provide gender sensitive integrated care and support for 30% of OVC by 2015.**																	
6.1	**Capacity building of service providers and OVC**																	
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															Training report/attendance
6.1.2	Train Care givers at 2 per 203 wards every 2 years				406	406					0	406		406		1,218	Training report/attendance
6.1.3	Conduct training for the OVC community care teams (1 team/LGA) to coordinate and monitoring OVC activities at LGA level.				18	18				18	18	18	18	18	18	108	Training report/attendance
6.2	**Resource mobilization**																	
6.2.1	Facilitate public/private partnership - Map out Government Agencies/Ministries, Philanthropists, Donor agencies and Corporate organizations that can provide Resources	link to Institutional															
6.2.2	Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fund allocation and follow up action	link to treatment 1.6.3															
6.2.3	Conduct 3 day training for relevant stakeholders on Budget tracking (20) to form Committee on budget tracking for the state (link to activities 9.1.1 and 9.2.2 under institutional architecture)																

6.3	**Provision of quality essential services (Education, Health, Shelter, Legal protection, Nutritional,) OVC.**																	
6.3.1	Conduct advocacy to relevant agencies for free health ,shelter and clothing for OVC - MOH, MWAN&SD,philantropists ,agencies etc	20	20			40					0	20	20	20	0	100	Activity report
6.3.2	Establish scholarship schemes and grants for 10,000 pupils at primary and secondary levels in the 18 LGAs to cover fees, books, uniforms, school meals, exam fees, registration	1,800	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 award letters
6.3.3	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, activity report
6.4	**Provision of Peadiatrics Care and support**																
6.4.1	Provide of nutritional supplements(Baby food) and health care services to HIV sero-positive OVC		60	60	60	180	80	80	80	80	320	150	180	200	250	1,280	Distribution list, activity report
6.5	**SBC**																
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 3.1.3				0					0					0	
6.5.2	Produce and disseminate printed IEC materials (60,000 posters& 90,000 handbills) in indigenous languages to mobilize community support on OVC				50,000	50,000				20,000	20,000	20,000	20,000	20,000	20,000	150,000	Inventory of SBC materials
7	**OBJECTIVE 7:To strgthen capacity of 30% of older OVC, households, caregivers and community based initiatives respectively to mitigate the impact of OVC especially young girls by 2015**																
7.1	**Capacity building**																
7.1.1	Identify and train household care givers, community and religious leaders on OVC support services				90	90					0	90		90		270	Training reports
7.1.2	Train older OVC on Family Life Education skills e.g Negotiation skills etc					0				90	90		90		90	270	Training reports
7.2.	**Support Income generating activities**																
7.2.1	Train older OVC & Household care givers in IGA on skills such as Fashion designing, Soap making, Barbing, Hairdressing, Carpentary, clothmaking - tie & dye	50	50	50	50	200				50	50	50	50	50	50	450	Training reports
7.2.2	Empower trained OVC and Household care givers				78	78				78	78	78	78	78	60	422	Activity report, inventory records
8	**OBJECTIVE 8:To establish functional gender-responsive coordinating mechanism by 2015**																
8.1	Intervention 1: Capacity building of policy makers,decision makers and program planners on gender - mainstreaming																
8.1.1	Conduct a 3 day Workshop for policy makers,decision makers and program planners on gender - mainstreaming			100	100	200				50	50	50	50	50	50	400	Training report/attendance
8.1.2	Conduct advocacy to policy makers and decision makers on OVC mainstreaming in state activities and funds alocation			100	100	200				50	50	50	50	50	50	400	Activity report
8.2	**Establish and/or strengthen existing gender- responsive coordination structures**																
8.2.1	Establish committee on gender responsive strutcures at each of the 18 LGAs to involve the LG desk officers and CBOs to coordinate and monitor OVC activities (link up with 5.2.1)	link to 5.2.1				0					0					0	
8.2.2	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	
8.3	**Establish functional gender- responsive management information system**																
8.3.1	Establish a Committee to monitor the gender responsive management information system		1			1					0					1	Activity report, terms of reference

	KEY INTERVENTIONS	YEAR 1 (Number)					YEAR 2 (Number)					YR3	YR4	YR5	YR6	TOTAL	MOV
		Qt 1	Qt 2	Qt 3	Qt 4	Total	Qt 1	Qt 2	Qt 3	Qt 4	Total						
1	**OBJECTIVE # 1**	Protect the rights of and empower PLWHIV															
1	**Capacity Building**																
1.1	**Capacity building on linkages between HIV and human rights for people living with HIV and AIDS**																
1.1.1	Enactment of laws protecting the rights of PLWHIV.					0	1				1					1	Law available
1.1.2	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 AIDS issues	40				40					0					40	Activity reports
1.1.3	Train members of state advocacy team on effective advocacy		40			40					0					40	Training reports/attendance
1.1.4	Sensitize and create awareness on the rights of PLWHA in Television, Radio and Newspapers on the rights of PLWHIV (slots and adverts)	900	900	900	900	3,600	900	900	900	900	3,600	900	900	900	900	10,800	
1.1.5	Advocacy visit to law makers policy makers and other relevant stakeholder to elicit their support and commitment.		1	1		2					0					2	Activity reports
1.1.6	Train law enforcement agents on the need to enforce the anti-stigma law.					0			60		60	60				120	Training reports/attendance
1.1.7	Conduct a training workshop for the judiciary and office of public defender on the effective implementation of anti-stigma					0			100		100					100	Training reports/attendance
1.2	**Capacity building for NHRC, Legal Aid Council and Human Right CSOs on human rights and HIV and AIDS**																
1.2.1	Train NHRC personnel, legal aid personnel and CSOs on human rights on HIV and AIDS.		50		30	80			30		30					110	Training reports/attendance
1.3	**Public education on human rights, rights based programming and channels to access justice, seek redress in instances of violation**																
1.3.1	Develop SBC and BCC materials on human rights (stickers, posters, handbills, etc)	30,000				30,000					0					30,000	Activity report, inventory of materials
1.3.2	Implement radio and television jingles and advertisement on human rights on HIV and AIDS and rights issues and channels to seek redress for violation on rights	ink to 1.1.4				0					0					0	
	Implement radio and television programmes on HIV and AIDS and Human Rights including channels to seek redress			1	1	2		1		1	2	2	2	2	2	12	Programmes aired
1.4	**Strengthen linkages between NACA, SACA, LACA,NEPWHAN and NHRC, Human rights CSOs etc to provide free legal services to PLWHIV**																
1.4.1	Implement a bi-annual forum between the Office of the Public Defender (OPD), relevant stakeholders in the provision of legal services and PLWHA		1		1	2	2		1		3	1	2			8	Activity reports

1.4.2	Organise training workshop for PLWHIV,OPD and NHRC personnel to enhance access to free legal services.					0			30		30					30	Training reports/attendance
1.5	**Establish and strengthen linkages/referrals between PLWHIV, support groups, NEPWHAN etc and NDE, NAPEP for economic empowerment for PLWHIV.**																
1.5.1	Support monthly meetings between PLWHIV support groups and all stakeholders involved in the provision of economic empowerment.		4	4	4	12	4	4	4	4	16	12	12	12	12	76	Meeting reports, Reports of PLWHA accessing economic empowerment facilities
1.5.2	Conduct quarterly review and follow up meetings with beneficiaries of economic empowerment facilities above		1	1	1	3	1	1	1	1	4	4	4	4	4	23	Meeting reports
	Advocacy																
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					0					10,000	Inventory of materials, activity reports
1.6.2	Design and implement media advocacy programmes through Radio and Television.	link to1.3.3															
1.6.3	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			1		1					0					1	Activity reports
1.7.2	Conduct sensitization on the passage of Anti-discrimination Bill at the state level.		1			1					0					1	Activity reports
1.8	**Sensitization of members of the judiciary and law enforcement agencies on the rights of PLWHA**																
1.8.1	Organise workshop for representatives of law enforcement agencies and the judiciary on the rights of PLWHA					0		40			40		40		40	120	Activity report/attendance
1.9	**Advocacy to relevant Government Agencies for gender responsive economic empowerment for PLWHIV.**																
1.9.1	Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women Affairs of the need to promote gender equality in their economic empowerment policy programme for PLWHIV.			4		4					0					4	Activity reports
	OBJECTIVE #2	**An equitable increase in participation of PLWHIV in decision making processes at all levels**															
	Advocacy																
2.1	**Advocacy for greater and meaningful gender-responsive inclusion of PLWHIV in HIV response in Ondo State**																
2.1.1	Ensure representation of PLWHIV in LACAs		1			1					0					1	Activity reports
2.2	**Promote affirmative action for economic empowerment and other opportunities for PLWHIV.**																
2.2.1	Ensure and monitor the various economic empowerment opportunities created by the various agencies for PLWHIV.	link to 1.5.1 & 1.5.2				0					0					0	

2.3.1	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**															
	Advocacy																
3.1	**Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.**																
3.1.1	Advocate to the state house of assembly for the transformation of State Action Committee on HIV and AIDS to agency 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																
3.3	**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	30		30	30	120	Training report/attendance
3.4	**Promote Public Private Partnerships.**																
3.4.1	Conduct a sensitization for members of the private-public partnership forum to increase awareness of the role of the private sector in funding the HIV response			50		50					0					50	Activity report/attendance
	Policy																
3.5	**Develop a policy framework on donor funding co-ordination on HIV and AIDS.**																
3.5.1	Develop a state policy framework on donor co-ordination.					0		1			1					1	Policy document on donor coordination
	OBJECTIVE #4	**Ensure compliance with existing guidelines on ethical standards on HIV/AIDS**															
	Capacity Building																
4.1	**Strengthening of state research ethical boards/committees.**																
4.1.1	Constitute/strengthen state research ethics committees in relevant institutions					0			1		1	1				2	Report of committee activities
4.1.2	Support production of annotated bibliographic of HIV and AIDS in Ondo State.					0					0				1	1	Bibliography available
4.1.3	Host a state bi-annual conference for state research stakeholders on research ethics issues and best practices					0				1	1		1			2	Conference reports

4.2	**Strengthening compliance with human rights guidelines with regard to mandatory testing and discrimination against PLWHIV at all institutions**																
4.2.1	Adopt in the State the domesticated international and regional human rights HIV and AIDS related instruments for the protection of all citizens including international guidelines on HIV and AIDS and human rights.					0					0			1		1	Activity reports, policy instruments available
4.2.2	Organise training workshop for various stakeholders for strengthening compliance with human rights guidelines and laws protecting PLWHIV from discrimination and stigmatization.					0					0		50			50	Training reports/attendance
4.2.3	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 anti-discrimination law.			50		50			50		50					100	Activity reports
4.3	**Capacity building and dissemination of ethical and research standards and policies at all levels.**																
4.3.1	Organise training workshops for existing research institutions on research ethics and policies				30	30					0					30	Training reports/attendance
4.3.2	Develop a state specific HIV and AIDS treatment interventions operational research agenda.					0	1				1					1	Research agenda
4.3.3	Disseminate information on new HIV prevention, care and treatment technologies.	link to 4.1.3				0					0					0	Activity reports
4.3.4	Support existing research networks and create new relevant learning and research networks to meet bi-annually	link to 4.1.3				0					0					0	Activity reports
4.4	**Capacity building and advocacy to health professional bodies, labour unions, employers, legislators, educational institutions, media and Faith-based bodies on ethics, human rights and HIV and AIDS.**																
4.4.1	Organise training workshop for CSOs and media on ethics, human rights and HIV				40	40					0					40	Training reports/attendance
4.4.2	Organise a workshop for health workers on ethics, human rights and HIV and AIDS		40			40				40	40			40		120	Training reports/attendance
4.4.3	Organise training workshop for registered affiliated unions e.g. NLC,TUC and employers			30		30					0					30	Training reports/attendance
4.4.4	Conduct a workshop for members of House of Assembly					0			30		30					30	Training reports/attendance
4.4.5	Organise a workshop for administrators of educational institutions e.g. primary schools counsellors, principals of secondary and counsellors and tertiary					0					0		100		100	200	Training reports/attendance

	STRATEGIC INTERVENTIONS	Year 1 (number)					Year 2 (number)					Year 3 (number)	Year 4 (number)	Year 5 (number)	Year 6 (number)	Total	MOV
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
	Institutional Arrangement and Coordination Mechanism																
	Objective 1: SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral HIV/AIDS at state and LGA respectively strengthened																
1.1	**Institutional Capacity assessment**																
1.1.1	Assess the existing organisational, infrastructural, personnel and equipment audit of SACAs and LACAs	1	0	0	0	1					0					1	Assessment report
1.2	**Development of Capacity building plan**																
1.2.1	Develop a capacity building plan for SACA and LACAs	1	0	0	0	1					0					1	Capacity development plan
1.3	**Establish and strengthen all LACAs**																
1.3.1	Strengthen all LACAs to meet regularly	0	1	1	1	3	1	1	1	1	4	4	4	4	4	23	Meeting reports, activity reports
1.4	**Advocacy to policy makers to upgrade SACAs to agencies**																
1.4.1	Conduct an advocacy visit to the Executive Governor	0	1	0	1	2					0					2	Activity report
1.4.2	Conduct advocacy to the Legislators	0	1	0	1	2					0					2	Activity report
1.4.3	Conduct a sensitization for all stakeholders on the importance of upg	0	1	0	0	1					0					1	Activity report
1.5	**Capacity building in program management and coordination of SACA, LACA**																
1.5.1	Implement capacity building for SACAs and LACAs on programme coordination and management	0	0	1	0	1					0					1	Training report/attendance
1.5.2	Organize an annual retreat for SACA and LACA to identify gaps in implementation of SSP	0	0	0	1	1					0					1	Activity report
1.6	**Convene regular coordination meeting of SACA, LACA**																
1.6.1	Convene regular quarterly meeting of SACA and LACA	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting report/attendance
1.7	**Establish gender-management system at all levels**																
1.7.1	Conduct advocacy to policy makers for minimum of 50% participation of women in HIV/AIDS program	0	0	1	0	1					0					1	Activity report
1.7.2	Adopt guidelines for mainstreaming HIV/AIDS and gender into poverty reduction programmes	0	0	0	1	1					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.**																
2.1	**Create Partnership forum**																

2.1.1	Establish a partnership forum with development partners	0	1	0	0	1					0					1	Activity report
2.2	**Conduct meetings with development partners**																
2.2.1	Conduct regular annual meetings with development partners	0	1	0	0	1	0	1	0	0	1	1	1	1	1	6	Meeting report/attendance
2.3	**Conduct quarterly ETG meetings**																
2.3.1	Conduct regular quarterly ETG meetings	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting report
3	**Strengthened coordination mechanisms of CSO at all levels**																
3.1	**Establish, strengthen forum of SACA/SACA and CSOs**																
3.1.1	Scope and map all CSOs in the state	1	0	0	0	1					0					1	Mapping report
3.1.2	Build the capacity of CCEs to coordinate their activities through training	0	1	0	0	1					0					1	Training report/attendance
3.1.3	Convene quarterly meeting of SACA and CSOs	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports
3.2	**Develop/revise framework for SACA-CSO partnership**																
3.2.1	Ensure the registration of all CSOs working on HIV with SACA and LACA	0	0	1	0	1					0					1	Registration list
3.3	**Mobilise funding for collaborative activities of CSOs**																
3.3.1	Identify and liaise with donor agencies, private sector and philanthropist	0	0	0	1	1					0					1	Activity report
3.4	**Strengthen mechanism for integrating CSOs into state and local government programmes**																
3.4.1	Provide strategic framework for all CSOs to follow in line with state policy	1				1					0					1	Observation
3.5	**Institute mechanism for monitoring CSO activities**																
3.5.1	Develop and implement a comprehensive and participatory M&E plan (link to M&E 1.2.1)	link to M&E 1.2.1	0	0	0	0										0	Observation
3.5.2	Institute functional M&E officers by all CSOs and create a budgetary allocation for M&E activities		1			1					0					1	Letter of employment
4	**OBJECTIVE 4: Strengthened coordination mechanism for public-private sector partnership at all level**																
4.1	**Establish public-private forum**																
4.1.1	Establish a public-private partnership forum	1				1					0					1	Activity report, terms of reference
4.2	**Convene regular meeting of the forums**																
4.2.1	Convene quarterly meeting of the forum	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports/attendance
4.3	**Mobilise funding for public-private partnership activities**																
4.3.1	Identify and liaise with donor agencies and private sector		1			1										1	Activity report

4.4	**Strengthen mechanism for integrating private sector enterprises into state programmes**																
4.4.1	Ensure representation of private sector on board of SACA	1				1					0						Activity report
4.5	**Institute mechanism for monitoring private sector activities**																
4.5.1	Conduct step down training on M&E for private sector						30				30		30		30	90	Training report/attendance
4.5.2	Equip all M&E units with necessary materials for functioning	linked to M&E					1				1					1	
4.5.3	Advocate for dedication of at least 10% of organisational resources to M&E activity		0	1		1					0					1	Activity report, funds for M&E available
	Human Resources																
5	**Objective 5: Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender-sensitive personnel**																
5.1	**Standardized and harmonize training curricula**																
5.1.1	Conduct a gender-related training needs for key staff at state and local government levels and develop a training curriculum to meet these needs	0	0	1	0	1					0					1	report
5.1.2	Conduct training workshops for key staff at state and local governme	0	0	0	50	50				50	50		50		50	200	Training report/attendance
5.2	**Develop sustainable system for training and re-training staff**																
5.2.1	Provide bi-annual training and retraining for staff	0	1	0	1	2		1		1	2	2	2	2	2	12	Training reports/attendance
5.2.2	Create state resource centre for easy access to information	0	0	0	1	1					0					1	Observation
5.3	**Conduct training**																
5.3.1	Establish a continuing education committee to effectively implement training plan	0	0	1	0	1					0					1	Activity report
5.4	**Develop retention strategy for HIV/AIDS-related workers**																
5.4.1	Conduct advocacy to ministry of establishment and head of parasitical on staff deployment	0	0	1	0	1					0					1	Activity report
5.5	**Develop innovative strategies for task sharing among HIV/AIDS-related workers**																
5.5.1	Training and on-going mentoring of workers for easy delegation of duty					0					0					0	Activity report
5.6	**Integrate HIV/AIDS curricula into Pre-service training of HIV/AIDS-related workers at all levels**																
5.6.1	Advocate for the integration of HIV and AIDS into pre-service training curricular	1	0	0	0	1					0					1	Activity report
5.7	**Develop innovative and sustainable capacity building mechanisms to link with other related health programs**																

	sector	0	0	0	1	1					0					1	Capacity-building framework
5.8	**Develop sustainable systems for Human resource capacity building in management and leadership**																	
5.8.1	Conduct training and retraining of personnel on leadership and management					0		1			1	1	1	1	1	5	Training report/attendance
5.90	**Develop and implement human resource plan for the sector.**																	
5.9.1	Develop human resource plan					0		1			1					1	Human resource plan
5.9.2	Advocate for implementation					0			1		1					1	Activity report
	LOGISTICS MANAGEMENT SYSTEM																	
6	**Objective 6: 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.**																	
6.1	**Establish HIV/AIDS Procurement and Supply Management (PSM) Steering committee and TWG**																	
6.1.1	Establish steering committee		1			1					0					1	Activity report
6.1.2	Inaugurate steering committee		1			1					0					1	Activity report
6.1.3	Support quarterly meetings of steering committee			1	1	2	1	1	1	1	4	4	4	4	4	22	Meeting notes/attendance
6.2	**Conduct State forecasting & quantification exercise.**																	
6.2.1	Build the capacity of relevant stakeholders in the LMIS system on forecasting and quantification			50		50					0					50	Training report
6.2.2	Conduct state forecasting and quantification exercise annually				1	1				1	1	1	1	1	1	6	Forecast documentation
6.3	**Rehabilitate existing state medical warehouses.**																	
6.3.1	Assess the condition of the State warehouse	0	0	1	0	1					0					1	Assessment report
6.3.2	Conduct advocacy using assessment findings for the rehabilitation of the warehouse				1	1		1			1					2	Activity report
6.4	**Conduct training in logistics management at all levels**																	
6.4.1	Set up logistics management committee (comprising public and private sector stakeholders) at all level to meet at least bi-annually				1	1		1		1	2	2	2	2	2	11	Activity report
6.4.2	Conduct an orientation training for committee members					0	1				1					1	Training report/attendance
6.5	**Develop Unified HIV commodities distribution system.**																	
6.5.1	Develop supply chain management					0			1		1					1	
	Financial Resources																	
	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																	
7.1	**Advocacy to key stakeholders**																	

7.1.2	Conduct advocacy (by advocacy committee) to the Legislature to increase funding	1	0	0	1	2					0					2	Activity report
7.1.3	Conduct a sensitization workshop for LGA chairmen and SACA to commence funding support for LACAs	0	1	0	0	1					0					1	Activity report
7.2	**Establishment of budget lines for HIV/AIDS**																
7.2.1	Conduct advocacy to the State Governor for the establishment of budget lines for HIV/AIDS			1								0				0	
7.3	**Integration of HIV issues into budgetary process**																Budget reports
8	**Objective 8: To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response**																
8.1	**Partnership building**																
8.1.1	Identify potential partner and network					0					0					0	Activity report
8.1.2	Organize a stakeholders meeting	0	0	1	0	1					0					1	Activity report
8.2	**Strengthening mechanism for mobilising funds through public-private partnerships**																
8.2.1	Establish public-private partnership forum	link to 4.4.1	0	0	1						0					0	Activity report
8.2.2	Develop framework for collaboration					0	1	0		0	1	1		1		3	Framework document
8.3	**Operationalisation of Joint Funding Agreements**																
8.3.1	Step down joint funding agreement as applicable to the state level	1	0	0	0	1					0					1	Activity report
9	**Objective 9: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programmes.**																
9.1	Capacity building on resource management																
9.1.1	Build the capacity of relevant and key stakeholders on resource management and accountability	0	0	40	0	40	0	0	40	0	40					80	report/attendance
9.2	Establishment of pro-active budget tracking methods																
9.2.1	Develop State AIDS Spending Assessment (SASA)					0		1			1					1	Assessment document/tool
9.2.2	Track spending annually with SASA					0					0	1	1	1	1	4	Assessment report
9.3	Documentation and dissemination of resource tracking results																
9.3.1	Disseminate annual State AIDS Spending Assessment					0	0	0	0	1	1	1	1	1	1	5	Activity report, Assessment report
9.4	Advocacy on using result of budget tracking for improved programme management																
9.4.1	Develop and disseminate key issues on fund allocation, utilization and tracking					0				1	1	1	1	1	1	5	Issues papers
9.4.2	Use key issues (above) as an advocacy tool to conduct advocacy visits to relevant stakeholders to re-align funding priorities and resources					0				1	1	2	2	2	2	9	Activity reports

Monitoring and Evaluation Systems

1	OBJECTIVE # 1	To enhance the leadership and managerial competencies and effectiveness of State/LGA authorities for the delivery of an effective One national M&E system by 2015															
	STRATEGIC INTERVENTIONS	Year 1 (number)					Year 2 (number)					Year 3 (number)	Year 4 (number)	Year 5 (number)	Year 6 (number)	Total	MOV (Data Source)
1.1	znn	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
1.1.1	Conduct capacity assessment of the state and LGA M&E systems and identify focal persons for M&E in the state (SDPs, line ministries, CSOs, etc)												1				Assessment report
1.1.2	Train identified M&E officers (36)		36			36	36				36		36			108	Report of trainings
1.1.3	Provide computers for M&E officers		21			21					0					21	Invoice/receipt
1.1.3	Conduct supervisory visits to SDPs in the state		1			1		1			1	1	1	1	1	6	Activity reports
1.2	**Develop/strengthen appropriate, fully funded mechanisms for coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)**																
1.2.1	Develop a state M&E plan for SSP 2	1				1					0					1	State M&E plan document
1.2.2	Produce and distribute M&E plan to relevant stakeholders		2,000			2,000					0					2,000	Activity reports
1.2.3	Production of NNRIMS materials and tools (100,000 booklets and 25,000 ART cards)	50,000				50,000	50,000				50,000	25,000				125,000	Activity reports
1.2.4	Conduct sensitization for LGA chairmen for funding for M&E activities		1			1					0					1	Activity reports
1.2.5	Conduct quarterly meetings of the M&E TWG	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports
1.2.6	Monthly meetings of M&E stakeholders	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Meeting reports
1.3	**Review and enhance the organisational culture for sustainable human capacity development and timely adequate budgetary provision and release of funds for the M&E system**																
1.3.1	Conduct advocacy visit to approving authorities on the recommended 10% budgetary allocation of HIV activities to M&E		1	1		2					0					2	Activity reports
1.3.2	Conduct sensitization for LGA chairmen for funding for M&E activities		1			1	1				1					2	Report/attendance
1.3.3	Deployment of 2 more record staff to SACA and LACA to strengthen M&E dept		1			1					0					1	Letter of assumption of duty
1.3.4	Advocate for strategic transfer of M&E officers within the public sector					0					0					0	Letter of redeployment
1.3.5	Promote on-going mentoring and step down training to other officers at SDP level					0					0					0	Training reports
1.3.6	Conduct annual work plan meeting with implementing partners	1				1	1				1	1	1	1	1	6	Meeting reports

2	OBJECTIVE # 2	by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015															
2.1	**Establish/strengthen cost-effective M&E TWGs (or other coordinating structures) at LGA and State**																
2.1.1	Strengthen existing M&E TWGs at the state level comprising of representatives of the 18 LGA, SACA M&E officer, NACA representative , CISHAN,NEPWHAN and NYNETHA to meet quarterly.	link to 1.2.5															Meeting reports
2.2	**Facilitate the emergence of an enabling environment to promote identification, sharing and learning from best practices' projects across State/LGAs/implementing partners of the national response by 2015**																
2.2.1	Conduct regular sensitization of facility M&E officers on new innovations and best practises (integrate into monthly M&E meetings)	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports
2.2.2	Produce a bi-annual update newsletter on the state response (number of copies)		1,500		1,500	3,000		1,500		1,500	3,000	3,000	3,000	3,000	3,000	18,000	Newsletter available bi-annually
2.2.3	Conduct mid term review seminar on state strategic plan and highlight documented best practises					0					0	1				1	report
2.3	**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**																
2.3.1	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					4	Activity reports
2.4	**Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally harmonised data flow and collection tools, routine data analysis and use, feedback mechanism and electronic data quality control "early alert" measures**																
2.4.1	Establish effective feedback mechanism at both LGA & state level through the media for data utilization					0					0					0	
2.4.2	Present quarterly service data report to the policy makers	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity reports
2.4.3	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			60		60					60	Training report/attendance
2.5	**In collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier 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	OBJECTIVE # 3	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															

Monitoring and Evaluation Systems

1	OBJECTIVE # 1	To enhance the leadership and managerial competencies and effectiveness of State/LGA authorities for the delivery of an effective One national M&E system by 2015															
	STRATEGIC INTERVENTIONS	Year 1 (number)					Year 2 (number)					Year 3 (number)	Year 4 (number)	Year 5 (number)	Year 6 (number)	Total	MOV (Data Source)
1.1	znn	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
1.1.1	Conduct capacity assessment of the state and LGA M&E systems and identify focal persons for M&E in the state (SDPs, line ministries, CSOs, etc)												1				Assessment report
1.1.2	Train identified M&E officers (36)		36			36	36				36		36			108	Report of trainings
1.1.3	Provide computers for M&E officers		21			21					0					21	Invoice/receipt
1.1.3	Conduct supervisory visits to SDPs in the state		1			1		1			1	1	1	1	1	6	Activity reports
1.2	**Develop/strengthen appropriate, fully funded mechanisms for coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)**																
1.2.1	Develop a state M&E plan for SSP 2	1				1					0					1	State M&E plan document
1.2.2	Produce and distribute M&E plan to relevant stakeholders		2,000			2,000					0					2,000	Activity reports
1.2.3	Production of NNRIMS materials and tools (100,000 booklets and 25,000 ART cards)	50,000				50,000	50,000				50,000	25,000				125,000	Activity reports
1.2.4	Conduct sensitization for LGA chairmen for funding for M&E activities		1			1					0					1	Activity reports
1.2.5	Conduct quarterly meetings of the M&E TWG	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports
1.2.6	Monthly meetings of M&E stakeholders	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Meeting reports
1.3	**Review and enhance the organisational culture for sustainable human capacity development and timely adequate budgetary provision and release of funds for the M&E system**																
1.3.1	Conduct advocacy visit to approving authorities on the recommended 10% budgetary allocation of HIV activities to M&E		1	1		2					0					2	Activity reports
1.3.2	Conduct sensitization for LGA chairmen for funding for M&E activities		1			1	1				1					2	Report/attendance
1.3.3	Deployment of 2 more record staff to SACA and LACA to strengthen M&E dept		1			1					0					1	Letter of assumption of duty
1.3.4	Advocate for strategic transfer of M&E officers within the public sector					0					0					0	Letter of redeployment
1.3.5	Promote on-going mentoring and step down training to other officers at SDP level					0					0					0	Training reports
1.3.6	Conduct annual work plan meeting with implementing partners	1				1	1				1	1	1	1	1	6	Meeting reports

2	OBJECTIVE # 2	by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015															
2.1	**Establish/strengthen cost-effective M&E TWGs (or other coordinating structures) at LGA and State**																
2.1.1	Strengthen existing M&E TWGs at the state level comprising of representatives of the 18 LGA, SACA M&E officer, NACA representative , CISHAN,NEPWHAN and NYNETHA to meet quarterly.	link to 1.2.5														Meeting reports	
2.2	**Facilitate the emergence of an enabling environment to promote identification, sharing and learning from best practices' projects across State/LGAs/implementing partners of the national response by 2015**																
2.2.1	Conduct regular sensitization of facility M&E officers on new innovations and best practises (integrate into monthly M&E meetings)	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Meeting reports
2.2.2	Produce a bi-annual update newsletter on the state response (number of copies)		1,500		1,500	3,000		1,500		1,500	3,000	3,000	3,000	3,000	3,000	18,000	Newsletter available bi-annually
2.2.3	Conduct mid term review seminar on state strategic plan and highlight documented best practises					0					0	1				1	report
2.3	**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**																
2.3.1	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					4	Activity reports
2.4	**Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally harmonised data flow and collection tools, routine data analysis and use, feedback mechanism and electronic data quality control "early alert" measures**																
2.4.1	Establish effective feedback mechanism at both LGA & state level through the media for data utilization					0					0					0	
2.4.2	Present quarterly service data report to the policy makers	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Activity reports
2.4.3	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			60		60					60	Training report/attendance
2.5	**In collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier 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	OBJECTIVE # 3	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															

3.1	**Review and strengthen the effectiveness and efficiency of coordinating mechanisms for design and implementation of national/project/program specific surveys/surveillance by 2015**																
3.1.1	**Conduct periodic evaluations of the effectiveness and efficiency of coordinating mechanisms**				1	1			1	1		1		1	4		
3.2	**Review and strengthen capacity building for the design, execution, analysis and use of relevant surveys/ surveillance and other evaluation and research studies**																
3.2.1	**Train 25 M&E officers in the design and execution of surveys, surveillance etc**					0	25				25					25	Training report/attendance
3.2.2	**Conduct formative assessment of MARPs in the state**			1		1					0					1	Assessment Report
3.2.3	**Conduct Integrated Biological Behavioural Sentinel Survey (IBBSS) in the state**					0		1			1					1	Survey Report
3.2.4	Identify, prioritize and conduct impact studies in key groups					0					0			1		1	
3.3	**To review and strengthen a cost-effective, evidence-based national programme and documentation system for other HIV Evaluation, Research and learning**																
3.3.1	**Establish an e-based documentation of all evaluation and research activities in the state**			1		1					0					1	Observation
3.3.2	**Train manpower to update records**		50			50					0					50	Training report/attendance
3.4	**Establish and implement varied mechanisms for promoting the timely presentation of Ondo HIV/AIDS experience in State/National/International Conferences and forums by 2015**																
3.4.1	Institute 2 travel grants yearly for HIV related published works on Ondo state to be presented in international conferences	15				15	20				20	20	20	20	20	115	Letters of acceptance, conference reports
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	150	800	
3.4.3	Undertake ERPS study 2 yearly to update the HIV situation in the state					0		1			1		1		1	3	Reports of ERPS
	OBJECTIVE # 4	**To continuously improve data quality and supportive supervision at all levels by 2015**															
4.1	**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**																
4.1.1	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	Inspection
4.1.2	Train all M&E officers in the state on DQA tools			35		35			75		75	100	100	100	100	510	Report/attendance
4.1.3	Conduct monthly internal DQA using the National tools (all M&E Officers)	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Report

4.2	Timely dissemination of supervisory and auditing reports to stakeholders using the most appropriate evidence-based means																
4.2.1	Ensure submission of monthly service data and DQA reports to SACA by first week of following month	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Inspection
4.2.2	Ensure that SACA M&E officers submit quarterly service data and supervisory report to NACA and relevant agencies by 2nd week of next month	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Inspection
	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**															
5.1	**Facilitate 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	1				1					1	Report/attendance
5.1.2	Ensure use of NNRIMS reporting format in submitting quarterly report to SACA by all implementing agencies in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Inspection
5.1.3	Train M&E leaders & managers in system approach and result based performance management		70			70					0	70		70		210	
5.2	**Ensure that national indicators and frameworks are evidence-based, appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems**																
5.2.1	Conduct regular supervisory visit to implementing agencies using the indicator checklist	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24	Report of visits
5.2.2	Enforce one harmonised national data collection and information flow structure					0					0					0	Program Report
5.2.3	Distribute documented copies of the national data collection and information flow structure to all SDP			100		100			0		0					100	Delivery log
5.2.4	Develop SSP baseline indicators	1	1			2					0					2	Indicators determined
	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, analyse and present programme monitoring data from all levels and sectors by 2015.**															
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	1	1	1	4	1	1	1	1	4	1	1	1	1	12	Report/attendance
6.2	**Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015**																
6.2.1	SACA M&E officer to ensure sustained accurate entry of data into state data base				1	1					0					1	Report of data assessment
6.2.2	Conduct the data base management training				35	35	35	35			70	35		35	35	210	Training reports/attendance

6.3	**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 SDPs hard copy files for all M&E data		1000			1000					0	1000				2000	Activity reports
6.3.2	Create and maintain monthly electronic back up of database at SACA office	3	3	3	3	12	3	3	3	3	12	12	12	12	12	72	Observation

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

	Year						TOTAL
	2010	2011	2012	2013	2014	2015	
Thematic Area 1: Prevention	559,534,717	555,578,667	439,337,103	349,530,153	325,891,353	327,647,853	**2,557,519,845**
Thematic Area 2: Treatment	149,828,363	148,362,097	141,751,863	184,853,997	141,638,997	115,211,997	**881,647,313**
Thematic Area 3: Care and Support	312,469,259	266,639,871	183,887,871	176,643,871	183,137,871	174,428,593	**1,297,207,334**
Thematic Area 4: Policy and Legal Issues	28,821,900	27,145,400	12,420,000	16,817,167	12,230,000	14,042,000	**111,476,467**
Thematic Area 5: Institutional Arrangements and Coordination	14,644,800	6,770,000	2,820,000	2,820,000	2,820,000	9,125,000	**38,999,800**
Thematic Area 6: Monitoring and Evaluation, Research	54,089,589	43,308,886	28,847,817	11,304,067	11,071,817	9,397,067	**158,019,242**
TOTAL	**1,119,388,628**	**1,047,804,920**	**809,064,653**	**741,969,253**	**676,790,036**	**649,852,509**	**5,044,870,000**

Summary by Objectives	**Year**						**TOTAL**
	2010	**2011**	**2012**	**2013**	**2014**	**2015**	
Thematic Area 1. Behavior Change and Prevention of New HIV infections	559,534,717	555,578,667	439,337,103	349,530,153	325,891,353	327,647,853	2,557,519,845
Sub-theme: HIV Counseling and Testing	**185,966,000**	**183,815,000**	**152,040,000**	**150,120,000**	**135,640,000**	**135,634,000**	**943,215,000**
Objective 1: At least 80% of adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015	181,510,000	179,359,000	147,584,000	145,664,000	131,184,000	131,184,000	916,485,000
Objective 2. At least 80% of most at-risk-populations (MARPs) accessing HIV counseling and testing by 2015	4,456,000	4,456,000	4,456,000	4,456,000	4,456,000	4,450,000	26,730,000
Sub-theme 2: Sexually Transmitted Infections	**16,108,000**	**16,108,000**	**14,340,000**	**13,922,400**	**12,892,000**	**12,892,000**	**86,262,400**
Objective 3. At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015	11,976,000	11,976,000	11,496,000	11,336,000	11,336,000	11,336,000	69,456,000
Objective 4. STI treatment & prevention services integrated into HIV prevention services by 2015	4,132,000	4,132,000	2,844,000	2,586,400	1,556,000	1,556,000	16,806,400
Sub-theme Prevention of Mother-to-Child Transmission of HIV	**27,270,714**	**27,270,714**	**22,950,000**	**13,690,000**	**11,850,000**	**13,690,000**	**116,721,429**
Objective 5. At least 80% of all pregnant women have access to quality HIV testing and counseling by 2015	18,870,714	18,870,714	14,550,000	13,690,000	11,850,000	13,690,000	91,521,429
Objective 6. At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015	8,400,000	8,400,000	8,400,000	0	0	0	25,200,000
Objective 7. At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015							0
Objective 8. At least 80% of HIV positive pregnant women have access to quality infant feeding counseling							0
Objetive 9. At least 80% of all HIV exposed infants have access to early infant diagnosis services							0
Sub-theme Communication Interventions	**117,106,167**	**137,958,167**	**97,142,367**	**37,883,167**	**35,491,167**	**43,007,167**	**468,588,200**
Objective 10. At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015	14,400,000	14,400,000	14,405,000	9,605,000	9,605,000	9,605,000	72,020,000

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 (MWRA) 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	600,000,000
Objective 15. At least 80% of sexually active males and females use condoms consistently and correctly 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	6,500,960	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	987,600	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 (TTIs) 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 by 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 relevant 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 collaborative 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

Objective 5. To ensure all PLHIV have access to quality and comprehensive TB services by 2015	10,560,000	10,860,000	6,660,000	6,700,000	5,700,000	6,700,000	47,180,000
Thematic Area 3. Care and Support for People Infected and Affected by HIV/AIDS	**312,469,259**	**266,639,871**	**183,887,871**	**176,643,871**	**183,137,871**	**174,428,593**	**1,297,207,334**
Sub-theme : PLHIV	123,829,667	66,282,278	54,356,278	53,646,278	53,106,278	51,651,000	402,871,778
Objective 1. At least 50% PLWHIV receive quality care and support services by 2015	15,297,000	12,562,000	5,772,000	6,312,000	5,772,000	6,312,000	52,027,000
Objective 2. 50% of PLWHIV and PABA especially women, marginalized and people with special need are linked to IGAs and poverty alleviation programs.	12,982,667	3,543,778	3,327,778	3,327,778	3,327,778	1,370,000	27,879,778
Objective 3. To improve access to and support to 60% of PLWA, especially women marginalized persons including persons with special needs Infected with HIV within a right based approach	57,070,000	38,310,500	34,810,500	33,560,500	33,560,500	33,523,000	230,835,000
Objective 4. To improve by 80% effective referral and linkages within and between relevant health care facilities and communities based care service points.	38,480,000	11,866,000	10,446,000	10,446,000	10,446,000	10,446,000	92,130,000
Sub-theme : OVC	**188,639,593**	**200,357,593**	**129,531,593**	**122,997,593**	**130,031,593**	**122,777,593**	**894,335,557**
Objective 5: To create an enabling environment for the legal protection of OVC by 2015	3,059,000	4,026,000	2,346,000	2,346,000	2,346,000	2,346,000	16,469,000
Objective 6. To provide gender sensitive integrated care and support for 30% of OVC by 2015	156,699,000	187,325,000	118,179,000	111,645,000	118,679,000	111,625,000	804,152,000
Objective 7. Strengthen capacity of 30% of older OVC, households, caregivers and community based initiatives respectively to mitigate the impact of OVC especially young girls by 2015	12,381,593	4,881,593	4,881,593	4,881,593	4,881,593	4,681,593	36,589,557
Objective 8. To establish functional gender-responsive coordinating mechanism by 2015	16,500,000	4,125,000	4,125,000	4,125,000	4,125,000	4,125,000	37,125,000
Thematic Area 4. Institutional Arrangements, Infrastructure Requirements, and Human and Financial Resource Issues	**14,644,800**	**6,770,000**	**2,820,000**	**2,820,000**	**2,820,000**	**9,125,000**	**38,999,800**
Sub-theme Institutional Arrangement and Coordination Mechanism	**4,054,800**	**105,000**	**0**	**0**	**0**	**0**	**4,159,800**
Objective 1: SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened	2,491,800	0	0	0	0	0	2,491,800
Objective 2: Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the national response.	690,000	105,000	0	0	0	0	795,000
Objective 3: Strengthened coordination mechanisms of CSO at all levels – national, state, and local government.	873,000	0	0	0	0	0	873,000
Sub-theme Human Resources	2,280,000	2,220,000	1,290,000	1,290,000	1,290,000	1,290,000	9,660,000
Objective 4: Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender-responsive personnel.	2,280,000	2,220,000	1,290,000	1,290,000	1,290,000	1,290,000	9,660,000
Sub-theme : Procurement & logistics supply	**6,080,000**	**225,000**	**0**	**0**	**0**	**6,305,000**	**12,610,000**
Objective 5 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	6,080,000	225,000	0	0	0	6,305,000	12,610,000

financial resources required for HIV/AIDS by 2015							
Objective 7 To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response	160,000	0	0	0	0	0	160,000
Objective 8 To mobilize adequate financial resources in support of the implementation of the stateHIV/AIDS response	160,000	30,000	0	0	0	0	190,000
Objective 9 To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs	1,670,000	3,320,000	1,370,000	1,370,000	1,370,000	1,370,000	10,470,000
Thematic Area 5. Policy, Advocacy, Legal Issues, and Human Rights.	**28,821,900**	**27,145,400**	**22,420,000**	**16,817,167**	**12,230,000**	**14,042,000**	**111,476,467**
Objective 1: Protect the rights of and empower PLWHIV	24,535,000	21,280,500	10,170,000	10,598,000	9,590,000	10,198,000	86,371,500
Objective 2: An equitable increase in participation of PLWHIV in decision making processes at all levels.	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	9,000,000
Objective 3: Protect women, children and other socially vulnerable and marginalised groups from HIV Infections	1,250,000	750,000	750,000	0	750,000	750,000	4,250,000
Objective 4: Progressive funding for HIV/AIDS response through political commitment at all levels	1,536,900	3,614,900	0	4,719,167	390,000	1,594,000	11,854,967
Thematic Area 6. Monitoring and Evaluation, Research, and Knowledge Management	**54,089,589**	**43,308,886**	**28,847,817**	**11,304,067**	**11,071,817**	**9,397,067**	**158,019,242**
Objective 1. To enhance the leadership and managerial role of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015	40,535,000	35,511,444	17,957,000	4,364,000	2,457,000	2,457,000	103,281,444
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 stakeholders at all levels of HIV/AIDS response by 2015	5,909,130	5,075,500	4,696,000	3,620,000	3,620,000	3,620,000	26,540,630
Objective 3. M&E	3,044,167						3,044,167
Objective 4. To continuously improve data quality and supportive supervision at all levels by 2015	1,557,375	1,952,775	3,150,900	2,550,900	2,550,900	2,550,900	14,313,750
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	1,674,750	0	1,674,750	0	1,674,750	0	5,024,250
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, analyse and present programme monitoring data from all levels and sectors by 2015.	1,369,167	769,167	1,369,167	769,167	769,167	769,167	5,815,000

		Objectives/Strategic Interventions/Activities	TARGETS 2010					2011					2012	2013	2014	2015	Unit cost	Cost type
			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
		Thematic Area 1. Behavior Change and Prevention of New HIV Infections																
1		**Objective 1: At least 80% of adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015**																
	1.1	**Implement HCT protocol**																
	1.1.1	Distribute HCT protocols in the state			2,000		2,000										600	C
	1.1.2	Conduct sensitization for health workers, counsellors and programmers on HCT protocol			100	100	200	100				100					9,750	
	1.1.3	Monitor implementation of protocol through quarterly monitoring visits to HCT sites	1	1	1	1	4	1	1	1	1	4	4	4	4	4	19,000	
	1.2	**Institutional and technical capacity building for gender/youth sensitive HCT services at all levels**																
	1.2.1	Establish Youth Friendly Centres in each of the LGAs	1	1	1	1	4	1	1	1	1	4	3	3	2	2	200,000	
	1.2.2	Establish Gender Sensitive Centres for women in each LGA					4					4	4	4	1	1	200,000	
	1.3	**Advocacy**																
	1.3.1	Advocacy visits to policy makers	3	3	3	3	12	3	3	3	3	12	12	12	12	12	5,000	
	1.4	**Accelerate the scale up of HCT services**																
	1.4.1	Establish at least 1 HCT centre in each ward	9	9	9	9	36	9	9	9	9	36	36	36	36	36	150,000	
	1.4.2	Ensure availability of commodities for HCT	70,000	70,000	70,000	70,000	280,000	70,000	70,000	70,000	70,000	280,000	250,000	250,000	250,000	250,000	500	
	1.4.3	Provide free HCT services in the state	70,000	70,000	70,000	70,000	280,000	70,000	70,000	70,000	70,000	280,000	250,000	250,000	250,000	250,000		
	1.4.4	Training and retraining of HCT personnel	100		100		200		100		100	200	100	80			96,000	
	1.5	**Demand creation for HCT services including promotion of couple counselling**																
	1.5.1	Implement TV and radio enlightenment on free couple HCT services	13	13	13	13	52	13	13	13	13	52	52	52	52	52		
	1.5.2	Produce and distribute IEC materials on couple HCT services	50,000		50,000		100,000	50,000		50,000		100,000	50,000	50,000			120	
	1.5.3	Conduct sensitization visits to traditional and community leaders (including hard-to-reach communities), professional groups and MARPS in the state to facilitate access and uptake of HCT services			1		1		1		1	2	2	2	2	2	24,000	
	2	**OBJECTIVE # 2**																
	2.1	**Implement the BCC strategy for MARPS**																
	2.1.1	Distribute condoms at 'hot spots' for MARPS	1,250	1,250	1,250	1,250	5,000	1,250	1,250	1,250	1,250	5,000	5,000	5,000	5,000	5,000	30	
	2.1.2	Conduct awareness rallies at motor parks and hotspots	10	10	10	10	40	10	10	10	10	40	40	40	40	40	100000	
	2.1.3	Conduct sensitization seminars for gatekeepers among MARP groups	1	1	1	1	4	1	1	1	1	4	4	4	4		1,500	
	2.2	**Building the capacity of service providers for gender responsive services**																
	2.2.1	Conduct a training workshop for 300 service providers on interpersonal communication and special needs of MARPS		25		25	50	25		25		50	50	50	50	50	3,000	
	2.3	**Scale up of HCT services targeting MARPS**																
	2.3.1	Establish HCT centres within the immediate environment of targeted MARP populations	link to 1.4.1	3	2	2	10	3	3	2	2	10	10	6				
	2.3.2	Periodic sensitization programs (rallies) for MARPs in designated sites/hot spots			1		1			1		1	1	1	1	1	300,000	
	3	**OBJECTIVE #3**																

					2011						2012	2013	2014	2015 Total	
4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total					
5	118,166,861	#VALUE!	205,979,701	123,811,565	570,259,717	118,466,101	156,457,001	120,027,965	161,027,601	555,578,667	439,337,103	349,530,153	325,891,353	322,523,853	2,563,120,845
6	52,184,000	36,584,000	54,383,000	37,559,000	181,510,000	43,559,000	46,208,000	42,584,000	46,208,000	179,359,000	147,584,000	145,664,000	131,184,000	131,184,000	916,485,000
7	19,000	19,000	2,194,000	994,000	3,226,000	994,000	19,000	19,000	19,000	1,051,000	76,000	76,000	76,000	76,000	4,581,000
8	0	0	1,200,000	0	1,200,000	0	0	0	0	0	0	0	0	0	1,200,000
9	0	0	975,000	975,000	1,950,000	975,000	0	0	0	975,000	0	0	0	0	2,925,000
10	19,000	19,000	19,000	19,000	76,000	19,000	19,000	19,000	19,000	76,000	76,000	76,000	76,000	76,000	456,000
11	200,000	200,000	200,000	200,000	1,600,000	200,000	200,000	200,000	200,000	1,600,000	1,400,000	1,400,000	600,000	600,000	7,200,000
12	200,000	200,000	200,000	200,000	800,000	200,000	200,000	200,000	200,000	800,000	600,000	600,000	400,000	400,000	3,600,000
13	0	0	0	0	800,000	0	0	0	0	800,000	800,000	800,000	200,000	200,000	3,600,000
14	15,000	15,000	15,000	15,000	60,000	15,000	15,000	15,000	15,000	60,000	60,000	60,000	60,000	60,000	360,000
15	15,000	15,000	15,000	15,000	60,000	15,000	15,000	15,000	15,000	60,000	60,000	60,000	60,000	60,000	360,000
16	45,950,000	36,350,000	45,950,000	36,350,000	164,600,000	36,350,000	45,950,000	36,350,000	45,950,000	164,600,000	140,000,000	138,080,000	130,400,000	130,400,000	868,080,000
17	1,350,000	1,350,000	1,350,000	1,350,000	5,400,000	1,350,000	1,350,000	1,350,000	1,350,000	5,400,000	5,400,000	5,400,000	5,400,000	5,400,000	32,400,000
18	35,000,000	35,000,000	35,000,000	35,000,000	140,000,000	35,000,000	35,000,000	35,000,000	35,000,000	140,000,000	125,000,000	125,000,000	125,000,000	125,000,000	780,000,000
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	9,600,000	0	9,600,000	0	19,200,000	0	9,600,000	0	9,600,000	19,200,000	9,600,000	7,680,000	0	0	55,680,000
21	6,000,000	0	6,024,000	0	12,024,000	6,000,000	24,000	6,000,000	24,000	12,048,000	6,048,000	6,048,000	48,000	48,000	36,264,000
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	6,000,000	0	6,000,000	0	12,000,000	6,000,000	0	6,000,000	0	12,000,000	6,000,000	6,000,000	0	0	36,000,000
24	0	0	24,000	0	24,000	0	24,000	0	24,000	48,000	48,000	48,000	48,000	48,000	264,000
25	1,039,000	1,039,000	1,339,000	1,039,000	4,456,000	1,039,000	1,039,000	1,339,000	1,039,000	4,456,000	4,456,000	4,456,000	4,456,000	4,450,000	26,730,000
26	1,039,000	1,039,000	1,039,000	1,039,000	4,156,000	1,039,000	1,039,000	1,039,000	1,039,000	4,156,000	4,156,000	4,156,000	4,156,000	4,150,000	24,930,000
27	37,500	37,500	37,500	37,500	150,000	37,500	37,500	37,500	37,500	150,000	150,000	150,000	150,000	150,000	900,000
28	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	24,000,000
29	1,500	1,500	1,500	1,500	6,000	1,500	1,500	1,500	1,500	6,000	6,000	6,000	6,000	0	30,000
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31															0
32	0	0	300,000	0	300,000	0	0	300,000	0	300,000	300,000	300,000	300,000	300,000	1,800,000
33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	0	0	300,000	0	300,000	0	0	300,000	0	300,000	300,000	300,000	300,000	300,000	1,800,000
35	3,454,000	2,534,000	3,454,000	2,534,000	11,976,000	3,454,000	2,534,000	3,454,000	2,534,000	11,976,000	11,496,000	11,336,000	11,336,000	11,336,000	69,456,000

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
36	3.1	**Capacity building**																
37	3.1.1	Establish functional STI centres in all LGAs	2	2	2	2	8	2	2	2	2	8	2				80000	
38	3.1.2	Training of health workers to provide STI services	50		50		100	50		50		100	100	100	100	100	18,400	
39	3.2	**Demand creation for service utilization**																
40	3.2.1	Implement contact tracing for STI treatment																
41	3.2.2	Conduct general enlightenment programs on TV, radio and IEC materials	1	1	1	1	4	1	1	1	1	4	4	4	4	4		
42	3.2.3	Provide free STI services	1,500	1,500	1,500	1,500	6,000	1,500	1,500	1,500	1,500	6,000	6,000	6,000	6,000	6,000	1500	
43	3.2.4	Create awareness on available STI clinics through mass sensitization programmes/events	1	1	1	1	4	1	1	1	1	4	4	4	4	4	100000	
44	3.3	**Advocacy/resource mobilization**																
45	3.3.1	Conduct advocacy visit to donor agencies to support the provision of free STI services in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24000	
46	3.4	**Regulation of service provision (orthodox and non-orthodox)**																
47	3.4.1	Institute collaboration meetings with traditional healers to facilitate improved referral and treatment of STIs		1		1	2		1		1	2	1	1	1	1	24000	
48	3.4.2	Collaboration with Ministry of Health Inspectorate Unit to conduct routine quarterly monitoring health facilities in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4		
49	4	**OBJECTIVE # 4**																
50		**Capacity building**																
51	4.1.1	Capacity building of HIV health workers to provide integrated STI services	70		70		140		70		70	140	70	56			18,400	
52	4.1.2	Provision of adequate essential commodities for the treatment of STI (link to 3.2.3)	1,500	1,500	1,500	1,500	6,000	1,500	1,500	1,500	1,500	6,000	6,000	6,000	6,000	6,000	0	
53	4.2	**Demand creation for service utilization**																
54	4.2.1	Integrate information on availability of integrated services in HIV service awareness programs		ongoing														
55	4.3	**Advocacy/resource mobilization**																
56	4.3.1	Conduct advocacy visit to donor agencies to support the integration of free STI services into HIV prevention services the state	4.3.1															
57	4.3.2	Conduct advocacy visits to state policy makers and stakeholders to support the integration of free STI services into HIV prevention services in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4	24000	
58	4.4	**Integration of services into HIV prevention programs**																
59	4.4.1	Capacity building of HCT personnel to offer STI services	5.1.1															
60	4.5	**Prioritize service provision by target populations and drivers of the epidemic**																
61	4.5.1	Organise target specific programs (seminars, road shows, rallies, talent hunt, quiz and debate) for MARPs	2	2	2	2	8	2	2	2	2	8	8	8	8	8	150000	
62	4.6	**Strengthen partnerships**																
63	4.6.1	Institute quarterly review meetings between STI unit and SACA	1	1	1	1	4	1	1	1	1	4	4	4	4	4	65,000	
64	5	**OBJECTIVE # 5**																
65	5.1	**Scale up of quality PMTCT services**																
66	5.1.1	Establish at least 1 PMTCT centre per LGA		2	2	2	6		2	2	2	6	6				450,000	
67	5.1.2	Implement a comprehensive approach to PMTCT through update retraining of providers	50		50		100	50		50		100	100	100	100	100	18,400	
68	5.1.3	Conduct awareness creation campaigns on availability of PMTCT	1	1	1	1	4	1	1	1	1	4	4	4	4	4	100,000	
69	5.1.4	Involvement of PLP as peer counsellors in PMTCT	9	9	9	9	36	9	9	9	9	36	36	36	36	36	25,000	
70	5.2	**Advocacy/resource mobilization communication and social mobilization**																

37	180,000	180,000	180,000	180,000	540,000	180,000	180,000	180,000	180,000	540,000	540,000	0	0	0	1,440,000
38	920,000	0	920,000	0	1,840,000	920,000	0	920,000	0	1,840,000	1,840,000	1,840,000	1,840,000	1,840,000	11,040,000
39	2,350,000	2,350,000	2,350,000	2,350,000	9,400,000	2,350,000	2,350,000	2,350,000	2,350,000	9,400,000	9,400,000	9,400,000	9,400,000	9,400,000	56,400,000
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	2,250,000	2,250,000	2,250,000	2,250,000	9,000,000	2,250,000	2,250,000	2,250,000	2,250,000	9,000,000	9,000,000	9,000,000	9,000,000	9,000,000	54,000,000
43	100,000	100,000	100,000	100,000	400,000	100,000	100,000	100,000	100,000	400,000	400,000	400,000	400,000	400,000	2,400,000
44	24,000	24,000	24,000	24,000	96,000	24,000	24,000	24,000	24,000	96,000	96,000	96,000	96,000	96,000	576,000
45	24,000	24,000	24,000	24,000	96,000	24,000	24,000	24,000	24,000	96,000	96,000	96,000	96,000	96,000	576,000
46	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	1,677,000	389,000	1,677,000	389,000	4,132,000	389,000	1,677,000	389,000	1,677,000	4,132,000	2,844,000	2,586,400	1,556,000	1,556,000	16,806,400
50	1,288,000	0	1,288,000	0	2,576,000	0	1,288,000	0	1,288,000	2,576,000	1,288,000	1,030,400	0	0	7,470,400
51	1,288,000	0	1,288,000	0	2,576,000	0	1,288,000	0	1,288,000	2,576,000	1,288,000	1,030,400	0	0	7,470,400
52	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55	24,000	24,000	24,000	24,000	96,000	24,000	24,000	24,000	24,000	96,000	96,000	96,000	96,000	96,000	576,000
56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57	24,000	24,000	24,000	24,000	96,000	24,000	24,000	24,000	24,000	96,000	96,000	96,000	96,000	96,000	576,000
58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60	300,000	300,000	300,000	300,000	1,200,000	300,000	300,000	300,000	300,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	7,200,000
61	300,000	300,000	300,000	300,000	1,200,000	300,000	300,000	300,000	300,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	7,200,000
62	65,000	65,000	65,000	65,000	260,000	65,000	65,000	65,000	65,000	260,000	260,000	260,000	260,000	260,000	1,560,000
63	65,000	65,000	65,000	65,000	260,000	65,000	65,000	65,000	65,000	260,000	260,000	260,000	260,000	260,000	1,560,000
64	4,105,000	4,560,000	5,005,000	5,200,714	18,870,714	4,105,000	4,560,000	5,645,714	4,560,000	18,870,714	14,550,000	13,690,000	11,850,000	13,690,000	91,521,429
65	1,245,000	1,225,000	2,145,000	1,225,000	5,840,000	1,245,000	1,225,000	2,145,000	1,225,000	5,840,000	5,840,000	3,140,000	3,140,000	3,140,000	26,940,000
66	0	900,000	900,000	900,000	2,700,000	0	900,000	900,000	900,000	2,700,000	2,700,000	0	0	0	8,100,000
67	920,000	0	920,000	0	1,840,000	920,000	0	920,000	0	1,840,000	1,840,000	1,840,000	1,840,000	1,840,000	11,040,000
68	100,000	100,000	100,000	100,000	400,000	100,000	100,000	100,000	100,000	400,000	400,000	400,000	400,000	400,000	2,400,000
69	225,000	225,000	225,000	225,000	900,000	225,000	225,000	225,000	225,000	900,000	900,000	900,000	900,000	900,000	5,400,000
70	100,000	100,000	100,000	100,000	400,000	100,000	100,000	100,000	100,000	400,000	400,000	400,000	400,000	400,000	2,400,000

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
71	5.2.1	Implement community-based awareness/sensitization programmes on the availability and importance of PMTCT services	link to 5.1.3	1	1	1	4	1	1	1	1	4	4	4	4	4		
72	5.2.2	Support sensitization visits by PLPs to ANC in all LGAs	3	3	3	3	12	3	3	3	3	12	12	12	12	12		
73	5.2.3	Involve PLPs as peer counsellors in PMTCT					0					0						
74	5.2.4	Provide material support (infant formula and nutritional supplements) to HIV positive mothers per LGA	10	10	10	10	40	10	10	10	10	40	40	40	40	40	10,000	
75	5.3	**Ensure regular supply of PMTCT commodities**																
76	5.3.1	Advocate to the SMOH/state government for increased budgetary allocation for the funding of PMTCT	1				1	1				1	1	1	1	1	24,000	
77	5.3.2	Strengthen logistics system for PMTCT commodities through training on LMIS for key officers		50		50	100		50		50	100		50		50	18,400	
78	5.4	**Capacity building(Infrastructure & Personnel)**																
79	5.4.1	Train and retrain PMTCT personnel per LGA(10/LGA)		50		50	100		50		50	100						
80	5.4.2	Train selected TBAs (including birth attendants in mission homes) to carry out HCT	50		50		100	50		50		100	100	100	100	100	18,400	
81	5.4.3	Ensure availability of minimum package of equipment for PMTCT at all centres	3	3		3	9	3	3		3	9						
82	5.4.4.	Procure ARVs and commodities for PMTCT	6,000	6,000	6,000	6,000	24,000	6,000	6,000	6,000	6,000	24,000	24,000	24,000	24,000	24,000		
83	5.5	**Public Private Partnership**																
84	5.5.1	Implement a state public-private forum to engage private sector support for and involvement in PMTCT		1		1	2		1		1	2	2	2	2	2	465,000	
85	5.6	**Evidence based approach to programming**																
86	5.6.1	TWG to provide technical support to programming (2) data collection training for all facilities				50	50			50		50					4,271	
87	5.7	**Referral and Linkages**																
88	5.7.1	Provide free ambulance services (1 per LGA) for referral of PMTCT cases			2	2	4		2	2		4	6	2	2			
89	5.7.2	Implement a functional referral system to facilitate access to comprehensive services	E meetings									0						
90	6	**OBJECTIVE # 6**					0					0						
91	6.1	**Scale up of quality PMTCT and EID services**																
92	6.1.1	Establish at least 1 ARV Centre in each LGA	2	2	2		6	2	2	2		6	6					
93	6.1.2	Provide EID services in at least 1 centre per senatorial district				1	1				1	1	1				8,400,000	
94	6.2	**Advocacy/resource mobilization Communication and social mobilization**																
95	6.2.1	Implement community-based awareness/sensitization programmes on the availability and importance of PMTCT services	5.2.1															
96	6.3	**Ensure regular supply of PMTCT and EID commodities**																
97	6.3.1	Ensure free ARV prophylaxis					0											
98	6.3.2	Strengthen logistics system for PMTCT commodities through training on LMIS for key officers	5.3.2															
99	6.4	**Capacity building(Infrastructure & Personnel)**																
100	6.4.1	Training and retraining of health workers	5.4.1															
101	6.4.2	Ensure availability of minimum package of equipment for PMTCT at all centres	5.4.3			1	1					1	1	1	1	1		
102	6.5	**Public Private Partnership**																
103	6.5.1	Implement a state public-private forum to engage private sector (including private health facilities) support for and involvement in PMTCT	5.5.1			1	1				1	1	1	1	1	1		
104	6.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**																
105	6.6.1	Implement a functional referral system to facilitate access to comprehensive services																

71	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	100,000	100,000	100,000	100,000	400,000	100,000	100,000	100,000	100,000	400,000	400,000	400,000	400,000	400,000	2,400,000
75	1,840,000	2,770,000	1,840,000	3,197,143	9,647,143	1,840,000	2,770,000	2,267,143	2,770,000	9,647,143	5,540,000	7,380,000	5,540,000	7,380,000	45,134,286
76	1,840,000	1,850,000	1,840,000	2,277,143	7,807,143	1,840,000	1,850,000	2,267,143	1,850,000	7,807,143	5,540,000	6,460,000	5,540,000	6,460,000	39,614,286
77	0	920,000	0	920,000	1,840,000	0	920,000	0	920,000	1,840,000	0	920,000	0	920,000	5,520,000
78	920,000	0	920,000	0	1,840,000	920,000	0	920,000	0	1,840,000	1,840,000	1,840,000	1,840,000	1,840,000	11,040,000
79	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80	920,000	0	920,000	0	1,840,000	920,000	0	920,000	0	1,840,000	1,840,000	1,840,000	1,840,000	1,840,000	11,040,000
81	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
82	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
83	0	465,000	0	465,000	930,000	0	465,000	0	465,000	930,000	930,000	930,000	930,000	930,000	5,580,000
84	0	465,000	0	465,000	930,000	0	465,000	0	465,000	930,000	930,000	930,000	930,000	930,000	5,580,000
85	0	0	0	213,571	213,571	0	0	213,571	0	213,571	0	0	0	0	427,143
86	0	0	0	213,571	213,571	0	0	213,571	0	213,571	0	0	0	0	427,143
87	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
89	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90	0	0	0	8,400,000	8,400,000	0	0	0	8,400,000	8,400,000	8,400,000	0	0	0	25,200,000
91	0	0	0	8,400,000	8,400,000	0	0	0	8,400,000	8,400,000	8,400,000	0	0	0	25,200,000
92	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
93	0	0	0	8,400,000	8,400,000	0	0	0	8,400,000	8,400,000	8,400,000	0	0	0	25,200,000
94															
95	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
96															
97	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
98	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
99															
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102															
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104															
105	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
106	7	**OBJECTIVE #7**																
107	7.1	**Scale up of quality PMTCT and EID services**																
108	7.2	**Advocacy/resource mobilization Communication and social mobilization**					0					0						
109	7.3	**Ensure regular supply of PMTCT and EID commodities**																
110	7.4	**Capacity building(Infrastructure & Personnel)**																
111	7.4	**Public Private Partnership**					0					0						
112	7.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**					0					0						
113	8	**OBJECTIVE #8**					0					0						
114	8.1	**Scale up of quality PMTCT and EID services**					0					0						
115	8.2	**Advocacy/resource mobilization Communication and social mobilization**					0					0						
116	8.3	**Ensure regular supply of PMTCT and EID commodities**					0					0						
117	8.4	**Capacity building(Infrastructure & Personnel)**					0					0						
118	8.5	**Public Private Partnership**																
119	8.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**																
120	9	**OBJECTIVE #9**					0					0						
121	9.1	**Scale up of quality PMTCT and EID services**					0					0						
122	9.2	**Advocacy/resource mobilization Communication and social mobilization**					0					0						
123	9.3	**Ensure regular supply of PMTCT and EID commodities**					0					0						
124	9.4	**Capacity building(Infrastructure & Personnel)**					0					0						
125	9.5	**Public Private Partnership**					0					0						
126	9.6	**Referral and linkages (adult/paediatric treatment, OVC,RH/FP etc..)**					0					0						
127	10	**OBJECTIVE #10**					0					0						
128	10.1	**capacity building**																
129	10.1.1	Train peer educators from the general population in the LGAs	50	50	50	50	200	50	50	50	50	200	200	100	100	100	48,000	
130	10.1.2	Train leaders of FBOs and CBOs as peer educators		50		50	100		50		50	100	100	100	100	100	48,000	
131	10.2	**Advocacy**																
132	10.2.1	Advocacy visits to religious, political and traditional leaders	replicate objective 1.3															
133	10.2.2	Advocacy visit to ODHA					0					0					5,000	
134	11	**OBJECTIVE #11**					0					0	1	1	1	1	5,000	
135	11.1	**Develop, and implement relevant culturally appropriate and group SBC oriented programs**																
136	11.1.1	Develop appropriate SBC materials for segmented groups of young people in the state	5,000		5,000	0	10,000	5,000		5,000	0	10,000	5,000	5,000	5,000	5,000	1,200	
137	11.1.2	Establish HIV and AIDS Clubs in all schools (public and private)	150	150	150	150	600	150	150	150	600	1,050	564				45,000	
138	11.1.3	Conduct inter-LGA quiz competitions	3	3	3	3	12	3	3	3	3	12	12	12	12	12	500,000	
139	11.1.4	Organize youth talent hunt programmes with HIV/AIDs as the central theme		1		1	2		1		1	2	2	2	2	2	1,200,000	
140	11.2	**Capacity-building of service providers, including teachers, health & social workers**																

106	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
108															
109	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
110	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
111	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
113	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
116	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
117															
118	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
119	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
120	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
121	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
123	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
124	0	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
126	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
127	2,400,000	4,800,000	2,400,000	4,800,000	14,400,000	2,400,000	4,800,000	2,400,000	4,800,000	14,400,000	14,405,000	9,605,000	9,605,000	9,605,000	72,020,000
128	2,400,000	4,800,000	2,400,000	4,800,000	14,400,000	2,400,000	4,800,000	2,400,000	4,800,000	14,400,000	14,400,000	9,600,000	9,600,000	9,600,000	72,000,000
129	2,400,000	2,400,000	2,400,000	2,400,000	9,600,000	2,400,000	2,400,000	2,400,000	2,400,000	9,600,000	9,600,000	4,800,000	4,800,000	4,800,000	43,200,000
130	0	2,400,000	0	2,400,000	4,800,000	0	2,400,000	0	2,400,000	4,800,000	4,800,000	4,800,000	4,800,000	4,800,000	28,800,000
131	0	0	0	0	0	0	0	0	0	0	5,000	5,000	5,000	5,000	20,000
132	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
133	0	0	0	0	0	0	0	0	0	0	5,000	5,000	5,000	5,000	20,000
134	24,920,000	20,120,000	24,920,000	20,120,000	90,080,000	24,920,000	20,120,000	24,920,000	48,920,000	118,880,000	80,451,200	23,600,000	23,600,000	23,600,000	360,211,200
135	14,250,000	9,450,000	14,250,000	9,450,000	47,400,000	14,250,000	9,450,000	14,250,000	29,700,000	67,650,000	39,780,000	14,400,000	14,400,000	14,400,000	198,030,000
136	6,000,000	0	6,000,000	0	12,000,000	6,000,000	0	6,000,000	0	12,000,000	6,000,000	6,000,000	6,000,000	6,000,000	48,000,000
137	6,750,000	6,750,000	6,750,000	6,750,000	27,000,000	6,750,000	6,750,000	6,750,000	27,000,000	47,250,000	25,380,000	0	0	0	99,630,000
138	1,500,000	1,500,000	1,500,000	1,500,000	6,000,000	1,500,000	1,500,000	1,500,000	1,500,000	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	36,000,000
139	0	1,200,000	0	1,200,000	2,400,000	0	1,200,000	0	1,200,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	14,400,000
140	2,300,000	2,300,000	2,300,000	2,300,000	9,200,000	2,300,000	2,300,000	2,300,000	2,300,000	9,200,000	9,200,000	9,200,000	9,200,000	9,200,000	55,200,000

			C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
141	11.2.1	Train teachers , service providers and social workers to effectively communicate with and engage young people on HIV and AIDS related issues	125	125	125	125	500	125	125	125	125	500	500	500	500	500	18,400	
142	11.3	**Capacity building for young people, including FLHE issues and life skills**																
143	11.3.1	Train counsellors and volunteers on HIV issues in schools who will step-down training to in and out of school youth	300	300	300	300	1,200	300	300	300	300	1,200	1,128				18,400	
144	11.4	**Operationalize/Strengthen FLHE Curriculum Implementation**					0					0						
145	11.4.1	Implement FLHE in all schools					0					0						
146	11.4.2	Conduct monitoring visits to schools to ensure proper implementation of FLHE in their curricula.	1	1	1	1	4	1	1	1	1	4	4	4	4	4	19,000	
147	12	**OBJECTIVE 12**																
148	12.1	**Capacity-building**																
149	12.1.1	Conduct sensitization visits to gatekeepers/identified leaders of the groups		1		1	2		1		1	2	2	2	2	2	9,750	
150	12.2	**Develop, and implement relevant culturally appropriate and group specific SBCC oriented programs**																
151	12.2.1	Train peer educators from among sex workers, uniformed men, long distance drivers, injector drug users, IDU and homosexual groups (100 each)	25	25	25	25	100	25	25	25	25	100	100	100	100	100	22,667	
152	12.2.2	Develop appropriate, target-specific SBC materials for MARPS			20,000		20,000					0					500	
153	13	**OBJECTIVE #13**																
154	13.1	**Capacity building on SBCC**																
155	13.1.1	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			15		15				15	15		15		15	22,667	
156	13.2	**Operations research**																
157	13.2.1	Evaluate the communication strategies and approaches being implemented by registered organizations in the state									1	1		1		1	1,026,000	
158	13.3	**Document and disseminate best practices on SBCC interventions**																
159	13.3.1	Document and disseminate best practices on SBCC interventions									1	1		1		1	1,026,000	
160	14	**OBJECTIVES #14**																
161	14.1	**Accelerate the scale up of social marketing of condoms (especially female condoms) and lubricants**																
162	14.1.1	Ensure availability of male and female condoms and lubricants for social marketing in the state																
163	14.2	**Availability and sensitisation of female condoms to enable dual protection benefits of condoms**																
164	14.2.1	Conduct mass sensitization programmes for general population and key women groups including professional organizations, market leaders, religious groups, etc	50,000	50,000	50,000	50,000	200,000	50,000	50,000	50,000	50,000	200,000	200,000	200,000	200,000	200,000	500	
165	14.3	**Advocacy, communication and social mobilisation**																

141	2,300,000	2,300,000	2,300,000	2,300,000	9,200,000	2,300,000	2,300,000	2,300,000	2,300,000	9,200,000	9,200,000	9,200,000	9,200,000	9,200,000	55,200,000
142	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	22,080,000	20,755,200	0	0	0	64,915,200
143	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	22,080,000	20,755,200	0	0	0	64,915,200
144	2,850,000	2,850,000	2,850,000	2,850,000	11,400,000	2,850,000	2,850,000	2,850,000	11,400,000	19,950,000	10,716,000	0	0	0	42,066,000
145	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
146	2,850,000	2,850,000	2,850,000	2,850,000	11,400,000	2,850,000	2,850,000	2,850,000	11,400,000	19,950,000	10,716,000	0	0	0	42,066,000
147	566,667	576,417	10,566,667	576,417	12,286,167	566,667	576,417	566,667	576,417	2,286,167	2,286,167	2,286,167	2,286,167	2,286,167	23,717,000
148	0	9,750	0	9,750	19,500	0	9,750	0	9,750	19,500	19,500	19,500	19,500	19,500	117,000
149	0	9,750	0	9,750	19,500	0	9,750	0	9,750	19,500	19,500	19,500	19,500	19,500	117,000
150	566,667	566,667	10,566,667	566,667	12,266,667	566,667	566,667	566,667	566,667	2,266,667	2,266,667	2,266,667	2,266,667	2,266,667	23,600,000
151	566,667	566,667	566,667	566,667	2,266,667	566,667	566,667	566,667	566,667	2,266,667	2,266,667	2,266,667	2,266,667	2,266,667	13,600,000
152	0	0	10,000,000	0	10,000,000	0	0	0	0	0	0	0	0	0	10,000,000
153	0	0	340,000	0	340,000	0	0	0	2,392,000	2,392,000	0	2,392,000	0	2,392,000	7,516,000
154	0	0	340,000	0	340,000	0	0	0	340,000	340,000	0	340,000	0	340,000	1,360,000
155	0	0	340,000	0	340,000	0	0	0	340,000	340,000	0	340,000	0	340,000	1,360,000
156	0	0	0	0	0	0	0	0	1,026,000	1,026,000	0	1,026,000	0	1,026,000	3,078,000
157	0	0	0	0	0	0	0	0	1,026,000	1,026,000	0	1,026,000	0	1,026,000	3,078,000
158	0	0	0	0	0	0	0	0	1,026,000	1,026,000	0	1,026,000	0	1,026,000	3,078,000
159	0	0	0	0	0	0	0	0	1,026,000	1,026,000	0	1,026,000	0	1,026,000	3,078,000
160	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	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	600,000,000
161	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
163	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	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	600,000,000
164	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	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	600,000,000
165	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

166		religious groups, etc	link to 14.2.1																	
167	15	**OBJECTIVE #15**																		
168	15.1	**Promote condom use**																		
169	15.1.1	Conduct consistent jingles on radio and television on use of female and male condoms	156	156	156	156	624	156	156	156	156	624	624	624	624	624	2184			
170	15.1.2	Distribute condoms and SBC materials in local language at the LGA level and state level			2000	2000	4000	2000	2000	2000	2000	8000	4000	4000	4000	4000	730			
171	15.2	**Promote appropriate operational research**																		
172	15.2.1	Support research to ensure condom compliance to defined standards					0					0		1			0			
173	16	**OBJECTIVE #16**																		
174	16.1	**Promote consistent and correct condom use**																		
175	16.1.1	Conduct mass sensitization programs on the use of condom at hot spots and targeted MARP environments Conduct female condom use demonstration rallies, road show in LGAs and in hotspots for MARPS	2	2	2	2	8	2	2	2	2	8	2	2	2	2	300000			
176	16.1.2	Print and distribute handbills			1,000	1,000	2,000	1,000	1,000	1,000	1,000	4,000	2,000	2,000	2,000	2,000	150			
177	16.2	**Capacity building for service providers**																		
178	16.2.1	Train service providers on effective communication and special needs related to HIV/AIDS for MARPS		50		50	100		50		50	100	100	100	100	100	18,400			
179	17	**OBJECTIVE # 17**																		
180	17.1	**Capacity building**					0					0								
181	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		100		100	200	100	80			18,400			
182	17.2	**Scale up of integration**																		
183	17.2.1	Implement integrated service delivery and a functional referral network at all levels of health care(linked to treatment activities to implement a referral network)																		
184	17.3	**Demand creation for service utilization**																		
185	17.3.1	Implement demand creation for integrated services	link to 4.2.1																	
186	17.4	**Advocacy**																		
187	17.4.1	Advocate to policy makers and programmers to implement integrated SRH service at all levels of health care				1	1	1				1					90,000			
188	17.5	**Supply of commodities**																		
189	17.5.1	Liaise and follow up with relevant state stakeholders and development partners to ensure an integrated commodity supply system		1		1	2		1		1	2	2	2	2	2				
190	18	**OBJECTIVE # 18**																		
191	18.1	**Capacity building**																		
192	18.1.1	Conduct a one day sensitization meeting for NDLEA officers/personnel to sensitize them on the linkages and issues with drug use and HIV transmission		100			100					0					9,000			

166	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
167	340,704	340,704	1,800,704	1,800,704	4,282,816	1,800,704	1,800,704	1,800,704	1,800,704	7,202,816	4,282,816	4,282,816	4,282,816	4,282,816	28,616,896
168	340,704	340,704	1,800,704	1,800,704	4,282,816	1,800,704	1,800,704	1,800,704	1,800,704	7,202,816	4,282,816	4,282,816	4,282,816	4,282,816	28,616,896
169	340,704	340,704	340,704	340,704	1,362,816	340,704	340,704	340,704	340,704	1,362,816	1,362,816	1,362,816	1,362,816	1,362,816	8,176,896
170	0	0	1,460,000	1,460,000	2,920,000	1,460,000	1,460,000	1,460,000	1,460,000	5,840,000	2,920,000	2,920,000	2,920,000	2,920,000	20,440,000
171	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
172	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
173	600,000	1,520,000	750,000	1,670,000	4,540,000	750,000	1,670,000	750,000	1,670,000	4,840,000	2,740,000	2,740,000	2,740,000	2,740,000	20,340,000
174	600,000	600,000	750,000	750,000	2,700,000	750,000	750,000	750,000	750,000	3,000,000	900,000	900,000	900,000	900,000	9,300,000
175	600,000	600,000	600,000	600,000	2,400,000	600,000	600,000	600,000	600,000	2,400,000	600,000	600,000	600,000	600,000	7,200,000
176	0	0	150,000	150,000	300,000	150,000	150,000	150,000	150,000	600,000	300,000	300,000	300,000	300,000	2,100,000
177	0	920,000	0	920,000	1,840,000	0	920,000	0	920,000	1,840,000	1,840,000	1,840,000	1,840,000	1,840,000	11,040,000
178	0	920,000	0	920,000	1,840,000	0	920,000	0	920,000	1,840,000	1,840,000	1,840,000	1,840,000	1,840,000	11,040,000
179	1,840,000	0	1,840,000	90,000	3,770,000	90,000	1,840,000	0	1,840,000	3,770,000	1,840,000	1,472,000	0	0	10,852,000
180	1,840,000	0	1,840,000	0	3,680,000	0	1,840,000	0	1,840,000	3,680,000	1,840,000	1,472,000	0	0	10,672,000
181	1,840,000	0	1,840,000	0	3,680,000	0	1,840,000	0	1,840,000	3,680,000	1,840,000	1,472,000	0	0	10,672,000
182	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
183	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
184	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
185	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
186	0	0	0	90,000	90,000	90,000	0	0	0	90,000	0	0	0	0	180,000
187	0	0	0	90,000	90,000	90,000	0	0	0	90,000	0	0	0	0	180,000
188	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
189	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190	5,000	2,319,490	4,080,490	40,490	6,480,960	960,490	2,404,490	2,175,490	960,490	6,500,960	4,336,960	296,960	2,296,960	1,296,960	21,209,760
191	0	1,820,000	2,040,000	0	3,860,000	920,000	2,040,000	0	920,000	3,880,000	2,040,000	0	0	0	9,780,000
192	0	900,000	0	0	900,000	0	0	0	0	0	0	0	0	0	900,000

			C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
193	18.1.2	Collaborate with NDLEA to conduct 2 days sensitization for 150 persons on drugs /substance abuse.		50			50	50			50	100					18,400	
194	18.1.3	Conduct (in collaboration with NDLEA) a 6-day Peer Education training for 270 persons drawn from NYNETHA, NURTW, NCWS and other relevant networks from the 18 LGAs on drugs /substance abuse, Interpersonal Communication and Counselling training.			90		90		90			90	90				22,667	
195	18.2	**Scale up of integration**																
196	18.2.1	Integrate seminars on drug/substance abuse and HIV prevention (in collaboration with NDLEA) into the quarterly cluster group activities.	1	1	1	1	4	1	1	1	1	4	4	4	4	4	5,000	
197	18.3	**Demand creation for service utilization**																
198	18.3.1	Develop, produce and distribute SBC materials to address drug abuse. (leaaflets, Posters, stickers etc.)			10,000		10,000			10,000		10,000	10,000		10,000	5,000	200	
199	18.3.2	Disseminate information on drug/substance abuse into weekly radio and TV programs by the Ministry of Information	13	13	13	13	52	13	13	13	13	52	52	52	52	52	2,730	
200	18.4	**Advocacy**																
201	18.4.1	Advocacy visit to NAFDAC,NDLEA to integrate HIV prevention programming with drug/substance abuse programs and initiatives		5			5			5		5	5	5	5	5	27,000	
202	18.4.2	One-day sensitization meeting to be held with 72 community pharmacist and Patent drugs sellers on drugs abuse in the 18 LGAs.		36			36		36			36					9,000	
203	19	**OBJECTIVE #19**																
204	19.1	**Capacity building**																
205	19.1.1	Conduct 6 series of one-day sensitization seminars on PHDP for Support group members and HCT counsellors. (1 seminar to be held in three senatorial district)		1		1	2		1		1	2	1	1	0	0	270,000	
206	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		26			18,400	
207	19.2	**Scale up of PHDP services**					0					0						
208	19.2.1	Facilitate step-down trainings (by 86 trained persons)to the facility, LGA and Support group level.		30			30			30		30		26			9,200	
209	19.3	**Demand creation for PHDP services**																
210	19.3.1	Produce and distribute SBC materials to address PHDP services. (leaflets, Posters, stickers etc.)			10,000		10,000			10,000		10,000	10,000		10,000	5,000	200	
211	19.3.2	Disseminate information on PHDP utilizing weekly T.V and radio programs by the Ministry of Information	link to 19.3.2									0						
212	20	**OBJECTIVE #20**																
213	20.1	**Adaptation of policies**																
214	20.1.1	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	20.2	**Capacity building**																
216	20.2.1	Train TBA coordinators in the LGA on Universal Safety Precaution (to in turn step-down training to their TBA clusters)			18		18			18		18	18	18	18	18	18,400	

193	0	920,000													
194	0	0	2,040,000	0	2,040,000	0	2,040,000	0	0	2,040,000	2,040,000	0	0	0	6,120,000
195	5,000	5,000	5,000	5,000	20,000	5,000	5,000	5,000	5,000	20,000	20,000	20,000	20,000	20,000	120,000
196	5,000	5,000	5,000	5,000	20,000	5,000	5,000	5,000	5,000	20,000	20,000	20,000	20,000	20,000	120,000
197	0	35,490	2,035,490	35,490	2,141,960	35,490	35,490	2,035,490	35,490	2,141,960	2,141,960	141,960	2,141,960	1,141,960	9,851,760
198	0	0	2,000,000	0	2,000,000	0	0	2,000,000	0	2,000,000	2,000,000	0	2,000,000	1,000,000	9,000,000
199	35,490	35,490	35,490	35,490	141,960	35,490	35,490	35,490	35,490	141,960	141,960	141,960	141,960	141,960	851,760
200	0	459,000	0	0	459,000	0	324,000	135,000	0	459,000	135,000	135,000	135,000	135,000	1,458,000
201	0	135,000	0	0	135,000	0	0	135,000	0	135,000	135,000	135,000	135,000	135,000	810,000
202	0	324,000	0	0	324,000	0	324,000	0	0	324,000	0	0	0	0	648,000
203	0	1,098,000	2,000,000	270,000	3,368,000	0	270,000	2,828,000	270,000	3,368,000	2,270,000	987,600	2,000,000	1,000,000	12,993,600
204	0	822,000	0	270,000	1,092,000	0	270,000	552,000	270,000	1,092,000	270,000	748,400	0	0	3,202,400
205	0	270,000	0	270,000	540,000	0	270,000	0	270,000	540,000	270,000	270,000	0	0	1,620,000
206	0	552,000	0	0	552,000	0	0	552,000	0	552,000	0	478,400	0	0	1,582,400
207	0	276,000	0	0	276,000	0	0	276,000	0	276,000	0	239,200	0	0	791,200
208	0	276,000	0	0	276,000	0	0	276,000	0	276,000	0	239,200	0	0	791,200
209	0	0	2,000,000	0	2,000,000	0	0	2,000,000	0	2,000,000	2,000,000	0	2,000,000	1,000,000	9,000,000
210	0	0	2,000,000	0	2,000,000	0	0	2,000,000	0	2,000,000	2,000,000	0	2,000,000	1,000,000	9,000,000
211	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
212	35490	2585490	38058440	6935490	47614910	2585490	9110490	734690	6935490	19366160	10516160	3466160	8716160	3466160	93145710
213	0	0	24,000,000	0	24,000,000	0	0	0	0	0	0	0	0	0	24,000,000
214	0	0	24,000,000	0	24,000,000	0	0	0	0	0	0	0	0	0	24,000,000
215	0	0	699,200	900,000	1,599,200	0	0	699,200	900,000	1,599,200	699,200	699,200	699,200	699,200	5,995,200
216	0	0	331,200	0	331,200	0	0	331,200	0	331,200	331,200	331,200	331,200	331,200	1,987,200

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
217	20.2.2	Train birth attendants from mission homes in the LGAs on Universal Safety Precaution			20		20			20		20	20	20	20	20	18,400	
218	20.2.3	One day sensitization seminars for traditional birth attendants(including birth attendants from mission homes)				100	100				100	100					9000	
219	20.3	**Strengthening SBCC**																
220	20.3.1	SACA to develop 10,000 target-specific, appropriate (and pictorial) SBC materials to target facility staff, traditional birth attendants (including birth attendants in mission homes)			5,000		5,000		2,500			2,500	2,500				1200	
221	20.4	**National protocol on PEP and health workers injection safety guidelines**																
222	20.4.1	Adapt, produce, and distribute 15,000 guidelines for health workers.				5,000	5,000				5,000	5,000			5,000		1200	
223	20.5	**Use of safe injection commodities**																
224	20.5.1	Purchase 30,000 non-reusable syringes to be used for ODSACA activities, special events and outreaches			5,000		5,000		5,000			5,000	5,000	5,000	5,000	5,000	15	
225	20.5.2	Conduct mass sensitization (utilizing mass media approaches) for the use of non-reusable syringes	13	13	13	13	52	13	13	13	13	52	52	52	52	52	2,730	
226	20.5.3	Purchase and distribution of 6,000 sharp disposable containers		1,500			1,500	1,500				1,500		1,500		1,500	500	
227	20.5.4	Facilitate the construction of 18 incinerators for LGAs		3			3	3				3	3	3	3	3	600000	
228	20.6	**Operationalize the National Health Care Waste Management plan, policy and guidelines**																
229	20.6.1	Conduct advocacy visits to Ondo State waste management board to facilitate the implementation of the National Health Care Waste Management plan and the construction of incinerators.			5		5					0					9750	
230	20.6.2	Adopt, produce and distribute 15,000 National Health Care Waste Management plan, policy and guidelines for health workers in the state.			6,000		6,000		5,000			5,000	4,000				1200	
231	21	**OBJECTIVE #21**					0					0						
232	21.1	**Adapt and operationalize the national blood transfusion policy and guidelines at all health levels**																
233	21.1.1	SACA to adapt and produce existing national policies and guidelines			1		1					0						
234	21.1.2	Distribute 15000 national blood transfusion policy and guidelines at all health levels health workers in the state.		15,000			15,000					0					1,200	
235	21.2	**Capacity building**																
236	21.2.1	Train 50 laboratory scientists/technologist in the public and private sector on national blood transfusion policy and guidelines					0			50		50					9,000	
237	21.3	**Strengthen SBCC to promote VNRBD**																
238	21.3.1	Develop, produce and distribute 50,000 SBC materials (posters, stickers, etc) to promote VNRBD			10,000		10,000			10,000		10,000	10,000	10,000	5,000	5,000	250	
239	21.4	**Disseminate and implement national protocol on VNRBD**																
240	21.4.1	Adapt, produce and distribute 15,000 VNRBD policy and guidelines to health workers at all levels of healthcare in the State			3,000		3,000		3,000			3,000	3,000	1,500	1,500	1,500	1,200	
241	21.5	**Advocacy**																
242	21.5.1	Conduct advocacy visit to the National Blood Transfusion Service on VNRBD issues.			2		2		2			2	2	2	2		9,750	

217	0	0	[illegible]											
218	0	0	0	900,000	900,000	0	0	0	900,000	900,000	0	0	0	0	1,800,000
219	0	0	6,000,000	0	6,000,000	0	3,000,000	0	0	3,000,000	3,000,000	0	0	0	12,000,000
220	0	0	6,000,000	0	6,000,000	0	3,000,000	0	0	3,000,000	3,000,000	0	0	0	12,000,000
221	0	0	0	6,000,000	6,000,000	0	0	0	6,000,000	6,000,000	0	0	6,000,000	0	18,000,000
222	0	0	0	6,000,000	6,000,000	0	0	0	6,000,000	6,000,000	0	0	6,000,000	0	18,000,000
223	35,490	2,585,490	110,490	35,490	2,766,960	2,585,490	110,490	35,490	35,490	2,766,960	2,016,960	2,766,960	2,016,960	2,766,960	15,101,760
224	0	0	75,000	0	75,000	0	75,000	0	0	75,000	75,000	75,000	75,000	75,000	450,000
225	35,490	35,490	35,490	35,490	141,960	35,490	35,490	35,490	35,490	141,960	141,960	141,960	141,960	141,960	851,760
226	0	750,000	0	0	750,000	750,000	0	0	0	750,000	0	750,000	0	750,000	3,000,000
227	0	1,800,000	0	0	1,800,000	1,800,000	0	0	0	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000	10,800,000
228	0	0	7,248,750	0	7,248,750	0	6,000,000	0	0	6,000,000	4,800,000	0	0	0	18,048,750
229	0	0	48,750	0	48,750	0	0	0	0	0	0	0	0	0	48,750
230	0	0	7,200,000	0	7,200,000	0	6,000,000	0	0	6,000,000	4,800,000	0	0	0	18,000,000
231	0	18,000,000	6,178,000	9,750	24,187,750	9,750	3,619,500	3,008,500	19,500	6,657,250	6,178,000	4,368,250	3,118,250	3,098,750	47,608,250
232	0	18,000,000	0	0	18,000,000	0	0	0	0	0	0	0	0	0	18,000,000
233	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
234	0	18,000,000	0	0	18,000,000	0	0	0	0	0	0	0	0	0	18,000,000
235	0	0	0	0	0	0	0	450,000	0	450,000	0	0	0	0	450,000
236	0	0	0	0	0	0	0	450,000	0	450,000	0	0	0	0	450,000
237	0	0	2,500,000	0	2,500,000	0	0	2,500,000	0	2,500,000	2,500,000	2,500,000	1,250,000	1,250,000	12,500,000
238	0	0	2,500,000	0	2,500,000	0	0	2,500,000	0	2,500,000	2,500,000	2,500,000	1,250,000	1,250,000	12,500,000
239	0	0	3,600,000	0	3,600,000	0	3,600,000	0	0	3,600,000	3,600,000	1,800,000	1,800,000	1,800,000	16,200,000
240	0	0	3,600,000	0	3,600,000	0	3,600,000	0	0	3,600,000	3,600,000	1,800,000	1,800,000	1,800,000	16,200,000
241	0	0	19,500	0	19,500	0	19,500	0	0	19,500	19,500	19,500	19,500	0	97,500
242	0	0	19,500	0	19,500	0	19,500	0	0	19,500	19,500	19,500	19,500	0	97,500

		B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
243	21.6	**Initiate upstream policy dialogue for enactment of relevant legislations and regular accreditation of blood banking institutions**																
244	21.6.1	Conduct advocacy visit to the House Committee on HIV/AIDS on VNRBD issues.			5		5			5		5	5	5	5	5	9,750	
245	21.6.2	Conduct advocacy visits to the Commissioner of Health on VNRBD issues.			1	1	2	1		1	2	4	1				9,750	
246	21.7	**Operations research with special focus on incidence studies**																
247	21.7.1	Conduct state -wide incidence study in the blood banks(public and private).					0		1			1						
248	22	**OBJECTIVE #22**																
249	22.1	**Develop and adapt policies and guidelines**					0					0						
250	22.1.1	Adapt, produce and distribute 1,500 copies of existing relevant national policies at the state level			1,500		1,500					0					1,200	
251	22.2	**Capacity building**																
252	22.2.1	Conduct sensitization programs for (144) relevant health providers and Community Health Extension Workers					0			36		36	36	36	36		9,000	
253	22.2.2	Conduct sensitization program for relevant NGOs and CBOs personnel				60	60		60			60	60	60	60	60	9,000	
254	22.2.3	Train health providers, NGOs, CBOs on rehabilitative counselling and interventions for drug users					0			48		48	36	36			18,400	
255	22.3	**Advocacy**																
256	22.3.1	Conduct advocacy to NDLEA to integrate HIV prevention services into services and programs for drug dependent persons	17.4.1															
257	22.4	**Strengthen SBCC**																
258	22.4.1	Train peer educators (144) from among the drug users			36		36		36			36	36	36			22,667	
259	22.4.2	Develop, produce and paste 5,000 informational pictorials in hot spots					0		1,000			1,000	1,000	1,000	1,000	1,000	3,000	
260	22.5	**Implement National drug control master plan**																
261	22.5.1	Adapt, produce and distribute National Drug Control Master plan							1000								1,200	
262	23	**OBJECTIVE #23**																
263	23.1	**Develop and adapt policies and guidelines**																
264	23.1.1	Adapt existing guidelines into simpler forms and translate into Yoruba and Ijaw languages and distribute 4,000 copies to TMPs					0		4,000			4,000					1,200	
265	23.2	**Capacity building**																
266	23.2.1	Train traditional medical practitioners on universal safety precautions			36		36		36			36	36	36			18,400	
267	23.3	**Strengthen SBCC**																
268	23.3.1	Produce of 5,000 adapted copies of guidelines into simple pictorial forms e.g. pamphlets, posters etc and distribute widely to TMPs					0		2,500			2,500		2,500			1,200	
269	23.4	**Promote the use of blood safety commodities**																
270	23.4.1	Integrate information on the use of blood safety commodities into training for TMPs	link to 23.2.1															
271	23.5	**Operationalize the national Health Care Waste Management plan, policy and guidelines**																
272	23.5.1	Adapt national guidelines and policies into simplified forms and pictorials and widely distribute to TMPs					0		10,000			10,000					1,000	
273	24	**Objective 24.**																

243	0	0	58,500	9,750	68,250	9,750	0	58,500	19,500	87,750	58,500	48,750	48,750	48,750	360,750
244	0	0	48,750	0	48,750	0	0	48,750	0	48,750	48,750	48,750	48,750	48,750	292,500
245	0	0	9,750	9,750	19,500	9,750	0	9,750	19,500	39,000	9,750	0	0	0	68,250
246	0														
247	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
248	0	0	10,800,000	540,000	11,340,000	0	10,740,000	1,207,200	0	10,747,200	10,526,400	6,026,400	5,364,000	5,040,000	49,044,000
249	0	0	1,800,000	0	1,800,000	0	0	0	0	0	0	0	0	0	1,800,000
250	0	0	1,800,000	0	1,800,000	0	0	0	0	0	0	0	0	0	1,800,000
251	0	0	0	540,000	540,000	0	540,000	1,207,200	0	1,747,200	1,526,400	1,526,400	864,000	540,000	6,744,000
252	0	0	0	0	0	0	0	324,000	0	324,000	324,000	324,000	324,000	0	1,296,000
253	0	0	0	540,000	540,000	0	540,000	0	0	540,000	540,000	540,000	540,000	540,000	3,240,000
254	0	0	0	0	0	0	0	883,200	0	883,200	662,400	662,400	0	0	2,208,000
255	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
256	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
257	0	0	9,000,000	0	9,000,000	0	9,000,000	0	0	9,000,000	9,000,000	4,500,000	4,500,000	4,500,000	40,500,000
258	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
259	0	0	9,000,000	0	9,000,000	0	9,000,000	0	0	9,000,000	9,000,000	4,500,000	4,500,000	4,500,000	40,500,000
260	0	0	0	0	0	0	1,200,000	0	0	0	0	0	0	0	0
261	0	0	0	0	0	0	1,200,000	0	0	0	0	0	0	0	0
262	0	0	662,400	0	662,400	0	18,462,400	0	0	18,462,400	662,400	3,662,400	0	0	23,449,600
263	0	0	0	0	0	0	4,800,000	0	0	4,800,000	0	0	0	0	4,800,000
264	0	0	0	0	0	0	4,800,000	0	0	4,800,000	0	0	0	0	4,800,000
265	0	0	662,400	0	662,400	0	662,400	0	0	662,400	662,400	662,400	0	0	2,649,600
266	0	0	662,400	0	662,400	0	662,400	0	0	662,400	662,400	662,400	0	0	2,649,600
267	0	0	0	0	0	0	3,000,000	0	0	3,000,000	0	3,000,000	0	0	6,000,000
268	0	0	0	0	0	0	3,000,000	0	0	3,000,000	0	3,000,000	0	0	6,000,000
269	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
270	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
271	0	0	0	0	0	0	10,000,000	0	0	10,000,000	0	0	0	0	10,000,000
272	0	0	0	0	0	0	10,000,000	0	0	10,000,000	0	0	0	0	10,000,000
273	0		10,725,000	6,837,000	17,562,000	6,837,000	25,000	1,225,000	1,425,000	9,512,000	9,512,000	6,612,000	1,500,000	1,500,000	46,198,000

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
274	24.1	**Review and adapt policies and guidelines**																
275	24.1.1	Produce and distribute existing policies and guidelines			5,000		5,000					0					1,200	
276	24.2	**Capacity building**																
277	24.2.1	Training of Trainers (TOT) health workers on proper use of post-exposure prophylaxis				180	180	180				180	180	180			18,400	
278	24.3	**Strengthen SBCC**																
279	24.3.1	Provision of 15,000 instructional handbills, pictorials			5,000		5,000	5,000				5,000	5,000				700	
280	24.3.2	Provision of PEP commodities in at least 1 facility per LGA				18	18					0						
281	24.4	**Disseminate and implement National protocol on PEP and relevant safety guidelines**																
282	24.4.1	Develop and air media messages			1	1	2	1	1	1	1	4	4	4	4	4	25,000	
283	24.4.2	Produce and distribute 15,000 copies of guidelines to health workers in each senatorial district				5,000	5,000				2,000	2,000	2,000	2,000	2,000	2,000	700	
284	24.5	**Promote the use of aseptic procedures**																
285	24.5.1	Implement promotional road shows rallies and Spot demonstrations at strategic points			4		4			4		4	4	6			300,000	

274															
275	0	0	6,000,000	0	6,000,000	0	0	0	0	0	0	0	0	0	6,000,000
276	0	0	0	3,312,000	3,312,000	3,312,000	0	0	0	3,312,000	3,312,000	3,312,000	0	0	13,248,000
277	0	0	0	3,312,000	3,312,000	3,312,000	0	0	0	3,312,000	3,312,000	3,312,000	0	0	13,248,000
278	0	0	3,500,000	0	3,500,000	3,500,000	0	0	0	3,500,000	3,500,000	0	0	0	10,500,000
279	0	0	3,500,000	0	3,500,000	3,500,000	0	0	0	3,500,000	3,500,000	0	0	0	10,500,000
280	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
281	0	0	25,000	3,525,000	3,550,000	25,000	25,000	25,000	1,425,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	11,050,000
282	0	0	25,000	25,000	50,000	25,000	25,000	25,000	25,000	100,000	100,000	100,000	100,000	100,000	550,000
283	0	0	0	3,500,000	3,500,000	0	0	0	1,400,000	1,400,000	1,400,000	1,400,000	1,400,000	1,400,000	10,500,000
284	0	0	1,200,000	0	1,200,000	0	0	1,200,000	0	1,200,000	1,200,000	1,800,000	0	0	5,400,000
285	0	0	1,200,000	0	1,200,000	0	0	1,200,000	0	1,200,000	1,200,000	1,800,000	0	0	5,400,000

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1		Objectives/Strategic Interventions/Activities	TARGETS														Unit cost	Cost type	
2			2010					2011					2012	2013	2014	2015			2010
3			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total							Q1
4		**Thematic Area 2. Treatment of HIV/AIDS and Related Health Conditions**																	26,708,806
5	1	**Objective 1. At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015**																	6,133,867
6	1.1	**Advocacy**																	29,067
7	1.1.1	Identify relevant state stakeholders that can facilitate access to HIV and AIDS services within the public and private sectors	24				24						30						0
8	1.1.2	Pay advocacy visits (by advocacy committee) to the stakeholders to secure commitment to increasing access	4	4	4	4	16						4	4	4	4	7,267		29,067
9	1.2	**Training**																	1,840,000
10	1.2.1	Train 600 health personnel in treatment centres in batches: (Doctor , Nurses , Lab scientist , Pharmacist , Adherent counsellor , Attendance , Medical records, Nutritionist).	100				100	100	100			200	100	100	100	100	18,400		1,840,000
11	1.3	**Decentralization and integration**																	758,000
12	1.3.1	Establish treatment services at the PHC level.	3	3	2	2	10	2	2	3	3	10	4	2	2	2	44,333		133,000
13	1.3.2	Deploy 600 personnel's to treatment centres at all levels.		50	50				50	50			100	100	100	100	175		0
14	1.3.3	Integrate the ART services in the existing TB/L programme.	ongoing				1										520,000		520,000
15	1.3.4	Distribute copies of National guidelines on ARV to all treatment centres	50	50	50		150				50	50		50		50	2,100		105,000
16	1.4	**Medical commodities and equipments**																	0
17	1.4.1	Procure and distribute medical equipments to all existing treatment centres: 3 CD4 Count machine, 3 PCR M machine, 3 chemistry automated analyser, haematological analyser .			1		1		1			1	1	1	1		14,530,000		0
18	1.4.2	Procure & distribute medical commodities : Reagents, Lancet, count kits, clearing solution, elbow gloves, methylated spirit, buffer, cotton wool, plaster, HCT Kits.		1			1			1		1		1	1	1	935,800		0
19	1.5	**Provision and upgrade of physical infrastructure**																	2,278,533
20	1.5.1	Assess and upgrade existing physical structures in the 5 ART centres in three senatorial districts			2		2		2		1	3					7,000		2,278,533
21	1.5.2	Upgrade existing structures in 10 health centres of each senatorial district with 1 generator and 1 air condition per health centre		1		1	2				2	2	2	2	2	2	2,800,000		0
22	1.6	**Public Private Partnership**																	1,085,267
23	1.6.1	Foster collaboration (through visits) with existing private Health Institutions, CSOs, Donor agencies, corporate institutions	7	8	7	8	30						30	30	30	30	3,000		21,000
24	1.6.2	Implement quarterly review meeting with private health facilities, CSOs, Donor agencies , line ministries	1	1	1	1	4	1	1	1	1	4	4	4	4	4	1,055,000		1,055,000
25	1.6.3	Conduct advocacy (by advocacy committee) and sensitisation of corporate institutions (finance industries, oil companies, industries) to engage them in the public private forum to support comprehensive ART services	2			3	5			3	2	5	5	5	5	5	4,633		9,267
26	1.7	**Laboratory quality system management network**																	0
27	1.7.1	Upgrade the laboratory facilities in the existing ART centres in each senatorial district.				1	1			1		1	1	1	1		4,334,000		0
28	1.7.2	Train 60 laboratory personnel (technicians, technologist and scientist) on quality management				10	10				10	10	10	10	10	10	25,550		0
29	1.7.2	Create impress for annual maintenance and repair of equipments		1			1	1				1	1	1	1	1	100,000		0
30	1.8	**Q|A/QI**																	108,000
31	1.8.1	Distribute copies of SOP and guidelines to laboratory facilities in all ART centres		50	50	50	150			50		50		50			633		89,000
32	1.8.2	Conduct supportive supervisory visits to the ART centres	1	1	1	1	4	1	1	1	1	4	4	4	4	4	19,000		19,000
33	1.9.	**Clinical Pharmacovigilance for ARVs**																	0
34	1.9.1	Create awareness on side effects of ARVs by distributing pamphlets to health workers, clients, etc				500	500				500	500	500	500	500	500	5,885		0
35	1.9.2	Implement active surveillance and reporting of adverse drug reaction to ARV drugs .	on going			1	1							1			410,000		0
36	1.9.3	Provide treatment and referral services for adverse drug reaction	ongoing			1000	1000				1000	1000		1000	1000	1000	8,012		
37	1.10.	**Local manufacture of ARVs and other commodities**																	35,000
38	1.10.1	Identify herbs for local ARV	1			1	2	1			1	2	1			1	58,000		
39	1.10.2	Map out local ARV manufacturers	1	1			2					0					35,000		35,000
40	1.10.3	Provide space for herbs plantation			1	1	2					0					1,500		

	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total						
4	29,534,556	36,247,756	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	
5	10,599,617	18,065,483	79,662,472	74,473,938	5,469,667	19,708,417	17,362,250	30,184,838	72,707,672	69,877,438	112,939,572	70,724,572	43,297,572	436,008,764	
6	29,067	29,067	29,067	116,267	0	0	0	0	0	29,067	29,067	29,067	29,067	232,533	
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	29,067	29,067	29,067	116,267	0	0	0	0	0	29,067	29,067	29,067	29,067	232,533	
9	0	0	0	1,840,000	1,840,000	1,840,000	0	0	3,680,000	1,840,000	1,840,000	1,840,000	1,840,000	12,880,000	
10	0	0	0	1,840,000	1,840,000	1,840,000	0	0	3,680,000	1,840,000	1,840,000	1,840,000	1,840,000	12,880,000	
11	246,750	202,417	88,667	1,278,333	88,667	97,417	141,750	238,000	548,333	194,833	211,167	106,167	211,167	2,550,000	
12	133,000	88,667	88,667	443,333	88,667	88,667	133,000	133,000	463,333	177,333	88,667	88,667	88,667	1,330,000	
13	8,750	8,750	0	0	0	8,750	8,750	0	0	17,500	17,500	17,500	17,500	70,000	
14	0	0	0	520,000	0	0	0	0	0	0	0	0	0	520,000	
15	105,000	105,000	0	315,000	0	0	0	105,000	105,000	0	105,000	0	105,000	630,000	
16	935,800	14,530,000	0	15,465,800	0	14,530,000	935,800	0	15,465,800	14,530,000	15,465,800	15,465,800	935,800	77,329,000	
17	0	14,530,000	0	14,530,000	0	14,530,000	0	0	14,530,000	14,530,000	14,530,000	14,530,000	0	72,650,000	
18	935,800	0	0	935,800	0	0	935,800	0	935,800	0	935,800	935,800	935,800	4,679,000	
19	8,066,000	2,190,000	39,731,415	36,277,949	2,348,000	2,148,000	10,843,800	19,762,149	35,101,949	35,281,949	52,125,949	35,281,949	26,613,949	220,683,692	
20	5,266,000	2,190,000	36,931,415	30,677,949	2,348,000	2,148,000	10,843,800	14,162,149	29,501,949	29,681,949	46,525,949	29,681,949	21,013,949	187,083,692	
21	2,800,000	0	2,800,000	5,600,000	0	0	0	5,600,000	5,600,000	5,600,000	5,600,000	5,600,000	5,600,000	33,600,000	
22	1,079,000	1,076,000	1,092,900	4,333,167	1,055,000	1,055,000	1,068,900	1,064,267	4,243,167	4,333,167	4,333,167	4,333,167	4,333,167	25,909,000	
23	24,000	21,000	24,000	90,000	0	0	0	0	0	90,000	90,000	90,000	90,000	450,000	
24	1,055,000	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	
25	0	0	13,900	23,167	0	0	13,900	9,267	23,167	23,167	23,167	23,167	23,167	139,000	
26	100,000	0	4,589,500	4,689,500	100,000	0	4,334,000	255,500	4,689,500	4,689,500	4,689,500	4,689,500	355,500	23,803,000	
27	0	0	4,334,000	4,334,000	0	0	4,334,000	0	4,334,000	4,334,000	4,334,000	4,334,000	0	21,670,000	
28	0	0	255,500	255,500	0	0	0	255,500	255,500	255,500	255,500	255,500	255,500	1,533,000	
29	100,000	0	0	100,000	100,000	0	0	0	100,000	100,000	100,000	100,000	100,000	600,000	
30	108,000	38,000	22,766,615	7,032,615	38,000	38,000	38,000	5,922,615	6,036,615	6,036,615	22,880,615	6,036,615	6,036,615	54,059,692	
31	89,000	19,000	22,747,615	6,956,615	19,000	19,000	19,000	5,903,615	5,960,615	5,960,615	22,804,615	5,960,615	5,960,615	53,603,692	
32	19,000	19,000	19,000	76,000	19,000	19,000	19,000	19,000	76,000	76,000	76,000	76,000	76,000	456,000	
33	0	0	11,364,308	3,352,308	0	0	0	2,942,308	2,942,308	2,942,308	11,364,308	2,942,308	2,942,308	18,473,846	
34	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	
35	0	0	410,000	410,000	0	0	0	0	0	0	410,000	0	0	820,000	
36			8,012,000								8,012,000				
37	35,000	0	0	88,000	0	0	0	0	0	0	0	0	0	88,000	
38															
39	35,000	0	0	70,000	0	0	0	0	0	0	0	0	0	70,000	
40															

43	2	**Objective 2. At least 80% of PLWHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015**	ongoing					1	1				1					8,500		
44	2.1	**Training**						1					0					18,000		0
45	2.1.1	Train 600 health personnel in treatment centres in batches: (Doctor , Nurses , Lab scientist , Pharmacist , Adherent counsellor , Attendant officers , Medical records, Nutritionist). 9 link up with 1.2.2)	(link to 1.2.2) 100																	110,600
46	2.2	**Upgrade laboratory infrastructure for OI management**						100	100					100	100	100	100	0		0
47	2.2.1	Renovation and standardization of existing infrastructure for the management of OIs (link up with 1.5.1& 1.5.2)	1.5.1 & 1.5.2																	0
48	2.3	**Provision of medical commodities, equipments and drugs for OI management**																0		0
49	2.3.1	Procurement; & distributes the following to health centres: CD4 Count machine, PCR M machine, chemistry automated analyser, haematological, analyser.(Link up to activity 1.1.4)	1.1.4																	100,000
50	2.3.2	Procurement & distribute the following; Reagents, Lancet, count kits clearing solution, gloves methylated spirit, buffer, cotton wool, over all coat, plaster, HCT Kits.(Link up to activity 1.1.4)	1.1.4															0		0
51	2.3.3	Procure and distribute adequate doses of drugs for OI management	1,000	1,000	1,000	1,000	4,000	1,000	1,000	1,000	1,000	4,000	4,000	4,000	4,000	4,000	100			100,000
52	2.4	**Implementation of QA/QI for OI management**																		10,600
53	2.4.1	Distribute copies of SOPs and guidelines on QA to laboratory facilities	10	10	10	10	40	10	10	10	10	40	40	40	40	40	1,060			10,600
54	2.4.2	Conduct supervisory visit to ART centres	link to 1.8.2															0		0
55	3	**Objective 3. All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015**																		784,246
56	3.1	**Coordinating bodies /Strengthen the collaboration of HIV /AIDS & TB control programmes at the state and LGAs level and facility level**																		339,667
57	3.1.1	Conduct monthly review meeting of HIV/AIDS /TB Working Group at state level	1	1	1	1	4	1	1	1	1	4	4	4	4	4	110,000			110,000
58	3.1.2	Initiate formation meeting of HIV/TB working Group at local level in all 18 LGAs	1	1	1	1	4	1	1	1	1	4	4	4	4	4	121,667			121,667
59	3.1.3	Support quarterly review meetings of HIV/TB working group in 18 LGAs	1	1	1	1	4	1	1	1	1	4	4	4	4	4	90,000			90,000
60	3.1.4	Support formation and meetings of HIV/TB working Group at service delivery level	1	1	1	1	4	1	1	1	1	4	4	4	4	4	18,000			18,000
61	3.2	**Training and Capacity Building**																		0
62	3.2.1	Train of 600 health personnel on HIV/ TB case management and adherence counselling (link up with1.2.1)	100				100	100				100	100	100	100	100	0			0
63	3.3	**Communities, PLWHIV and PATB involvement**																		120,551
64	3.3.1	Create awareness in the community through mass media (paper, Television, Radio), billboard, handbills, posters, film show, role-play,	1	1	1	1	4	1	1	1	1	4	4	4	4	4	13,218			13,218
65	3.3.2	Create 6 sub - station in areas not covered by the state radio / TV station			1		1			1		1	1	1	1	1				0
66	3.3.3	Implement local view points at strategic places within community e.g. public places where people socialise.	1	1	2	2	6	1	1	2	2	6	6	6	6	6	107,333			107,333
67	3.4	**Linkages/Integration of Pharmacy and DOTS services**																		324,028
68	3.4.1	Collaborate with community pharmacies / pharmacy technicians/hospital pharmacies	1	1	1	1	4	1	1	1	1	4	4	4	4	4	10,278			10,278
69	3.4.2	Training of 360 community pharmacy to provide DOT services(link up to activity 4.4.2)	15	15	15	15	60	15	15	15	15	60	60	60	60	60	20,917			313,750
70	3.4.3	Referral (Provision and Distribution of Referral forms)	(C&S) 4.2.2																	0
71	3.5	**Monitoring and Evaluation system**																		0
72	3.5.1	Dissemination of monitoring tools to all centres	link to M&E															0		0
73	3.5.2	Quarterly review of data analysis and feed backs	link to M&E																	15,670,094
74	4	**Objective 4. All TB patients have access to quality and comprehensive HIV and AIDS services by 2015**																		1,795,000
75	4.1	**HCT of TB patients**																		420,000
76	4.1.1	Train 360 counsellors on TB/HIV infection and prevention	60					60												1,375,000
77	4.1.2	Provision of HIV counselling and screening services for TB patients	250	250	250	250	1,000	250	250	250	250	1,000	1,000	1,000	1,000	1,000	5,500			750,094
78	4.2	**Cotrimoxazole Preventive therapy for PLWHIV with TB**																		

42	0	0	0	18,000	0	0	0	0	0	0	0	0	0	18,000
43	110,600	110,600	110,600	442,400	110,600	110,600	110,600	110,600	442,400	442,400	442,400	442,400	442,400	2,654,400
44	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	100,000	100,000	100,000	400,000	100,000	100,000	100,000	100,000	400,000	400,000	400,000	400,000	400,000	2,400,000
49	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	100,000	100,000	100,000	400,000	100,000	100,000	100,000	100,000	400,000	400,000	400,000	400,000	400,000	2,400,000
52	10,600	10,600	10,600	42,400	10,600	10,600	10,600	10,600	42,400	42,400	42,400	42,400	42,400	254,400
53	10,600	10,600	10,600	42,400	10,600	10,600	10,600	10,600	42,400	42,400	42,400	42,400	42,400	254,400
54	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55	784,246	891,579	891,579	3,351,650	784,246	784,246	891,579	891,579	3,351,650	3,351,650	3,351,650	3,351,650	3,351,650	20,109,899
56	339,667	339,667	339,667	1,358,667	339,667	339,667	339,667	339,667	1,358,667	1,358,667	1,358,667	1,358,667	1,358,667	8,152,000
57	110,000	110,000	110,000	440,000	110,000	110,000	110,000	110,000	440,000	440,000	440,000	440,000	440,000	2,640,000
58	121,667	121,667	121,667	486,667	121,667	121,667	121,667	121,667	486,667	486,667	486,667	486,667	486,667	2,920,000
59	90,000	90,000	90,000	360,000	90,000	90,000	90,000	90,000	360,000	360,000	360,000	360,000	360,000	2,160,000
60	18,000	18,000	18,000	72,000	18,000	18,000	18,000	18,000	72,000	72,000	72,000	72,000	72,000	432,000
61	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	120,551	227,885	227,885	696,872	120,551	120,551	227,885	227,885	696,872	696,872	696,872	696,872	696,872	4,181,232
64	13,218	13,218	13,218	52,872	13,218	13,218	13,218	13,218	52,872	52,872	52,872	52,872	52,872	317,232
65	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66	107,333	214,667	214,667	644,000	107,333	107,333	214,667	214,667	644,000	644,000	644,000	644,000	644,000	3,864,000
67	324,028	324,028	324,028	1,296,111	324,028	324,028	324,028	324,028	1,296,111	1,296,111	1,296,111	1,296,111	1,296,111	7,776,667
68	10,278	10,278	10,278	41,111	10,278	10,278	10,278	10,278	41,111	41,111	41,111	41,111	41,111	246,667
69	313,750	313,750	313,750	1,255,000	313,750	313,750	313,750	313,750	1,255,000	1,255,000	1,255,000	1,255,000	1,255,000	7,530,000
70	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	15,250,094	15,250,094	15,250,094	61,000,375	15,670,094	15,250,094	15,250,094	15,250,094	61,000,375	61,420,375	61,420,375	61,420,375	61,420,375	367,682,250
75	1,375,000	1,375,000	1,375,000	5,500,000	1,795,000	1,375,000	1,375,000	1,375,000	5,500,000	5,920,000	5,920,000	5,920,000	5,920,000	34,680,000
76	0	0	0	0	420,000	0	0	0	0	420,000	420,000	420,000	420,000	1,680,000
77	1,375,000	1,375,000	1,375,000	5,500,000	1,375,000	1,375,000	1,375,000	1,375,000	5,500,000	5,500,000	5,500,000	5,500,000	5,500,000	33,000,000
78	750,094	750,094	750,094	3,000,375	750,094	750,094	750,094	750,094	3,000,375	3,000,375	3,000,375	3,000,375	3,000,375	18,002,250

			C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
		preventive therapy of PLWHA																	
80	4.3	**Medical commodities and supplies**	15,000	15,000	15,000	15,000	60,000	15,000	15,000	15,000	15,000	60,000	60,000	60,000	60,000	60,000	50		750,094
81	4.3.1	Procure and even distribution of medical commodities for HCT services (link up with activity 4.2.1)																	
82	4.4	ARVs for PLWHIV with active TB	link to 4.2.1														-		-
83	4.4.1	Procurement of adequate ARV drugs for PLWHA with active TB															-		-
84	5	**Objective 5. To ensure all PLHIV have access to quality and comprehensive TB services by 2015**	250	250	250	250	1,000	250	250	250	250	1,000	1,000	1,000	1,000	1,000	52,500		13,125,000
85	5.1	**Intensified case finding of TB**																	13,125,000
86	5.1.1	Create awareness on TB infection through radio slot [jingles]																	4,010,000
87	5.1.2	Create awareness on TB infection through billboard,.	90	90	90	90	360	90	90	90	90	360	360	360	360	360			0
88	5.1.3	Create awareness on TB infection through TV slot (jingles)	3	3	3	3	12	3	3	3	3	12	12	12	12	12			0
89	5.1.4	Create awareness on TB infection through handbills, .	90	90	90	90	360	90	90	90	90	360	360	360	360	360			0
90	5.1.5	Conduct sensitisation on TB /HIV infection and prevention in the market , churches, moeques	10,000	10,000	10,000	10,000	40,000	10,000	10,000	10,000	10,000	40,000	40,000	40,000	40,000				0
91	5.2	**Laboratory support for TB and MDR-TB diagnosis in HIV infection**		1	1	1	3	1	1	1	1	4	2	2	2	2	300,000		0
92	5.2.1	Upgrade at least 2 laboratories with equipment to provide standard laboratory services in each senatorial district		1	1	1	3		1	1	1	3					500,000		280,000
93	5.2.2	Train 30 laboratory personnel on TB and MDR-TB diagnosis in HIV infection		10			10	10				10	10				96,000		0
94	5.2.3	Involve private laboratories in the diagnosis of TB and MDR-TB in HIV infection through technical update meetings		1			1		1			1	1	1	1	1			0
95	5.2.4	Maintain and standardize of laboratory equipments	1				1	1				1	1	1	1	1	280,000		280,000
96	5.3	**Isoniazid Preventive therapy for PLHIV**																	
97	5.3.1	Provision of Isoniazid drug for preventive therapy for PLWHA	2,000			2,000	4,000	2,000		2,000		4,000	4,000	4,000	4,000	4,000	500		1,000,000
98	5.4	**Medical commodities and equipments**																	1,000,000
99	5.4.1	Procure equipments and commodities such as centrifuge, reagents, ZN stain microscope, spatula, universal bottles, alcohol, Lab forms, cotton wool, mask, gloves.		1,000	1,000		2,000	1,000	1,000			2,000		1,000		1,000	1,000		0
100	5.5	**Pharmacovigilance for anti-TB drugs**																	0
101	5.5.1	Sensitize health personnel & public on recognition of adverse effects , drug interactions and resistance following anti-TB drugs through facility-based presentations	1		1		2	1		1		2	1	1	1	1	0		100,000
102	5.5.2	Produce and distribute documents/materials on anti- TB drugs side effects, drug interaction and resistance	500		500		1,000	500		500		1,000	500	500	500	500	200		0
103	5.6	**TB infection control in HIV health care delivery sites.**																	100,000
104	5.6.1	Provide materials on universal precautions at HIV health care delivery sites	500				500			500		500	500	500	500	500	200		2,630,000
105	5.6.2	Train care providers in HIV health care delivery sites on infection control	10	10	10	10	40	10	10	10	10	40	40	40	40	40	3,000		100,000
106	5.6.3	Provide drugs for PEP.	500				500	500				500	500	500	500	500	5,000		30,000
																			2,500,000

79	750,094	750,094	750,094	3,000,375	750,094					3,000,375	3,000,375	3,000,375	3,000,375	18,002,250
80	-	-	-	-	-			-		-	-	-	-	-
81	-	-	-	-	-			-		-	-	-	-	-
82	13,125,000	13,125,000	13,125,000	52,500,000	13,125,000	13,125,000	13,125,000	13,125,000	52,500,000	52,500,000	52,500,000	52,500,000	52,500,000	315,000,000
83	13,125,000	13,125,000	13,125,000	52,500,000	13,125,000	13,125,000	13,125,000	13,125,000	52,500,000	52,500,000	52,500,000	52,500,000	52,500,000	315,000,000
84	2,790,000	1,930,000	1,830,000	10,560,000	6,170,000	1,830,000	2,030,000	830,000	10,860,000	6,660,000	6,700,000	5,700,000	6,700,000	47,180,000
85	300,000	300,000	300,000	900,000	300,000	300,000	300,000	300,000	1,200,000	600,000	600,000	600,000	600,000	4,500,000
86	0	0	0	0	0	0	0	0	0	0	0	0	0	0
87	0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	0	0	0	0	0	0	0	0	0	0	0	0	0	0
89	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90	300,000	300,000	300,000	900,000	300,000	300,000	300,000	300,000	1,200,000	600,000	600,000	600,000	600,000	4,500,000
91	1,460,000	500,000	500,000	2,740,000	1,240,000	500,000	500,000	500,000	2,740,000	1,240,000	280,000	280,000	280,000	7,560,000
92	500,000	500,000	500,000	1,500,000	0	500,000	500,000	500,000	1,500,000	0	0	0	0	3,000,000
93	960,000	0	0	960,000	960,000	0	0	0	960,000	960,000	0	0	0	2,880,000
94	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95	0	0	0	280,000	280,000	0	0	0	280,000	280,000	280,000	280,000	280,000	1,680,000
96	0	0	1,000,000	2,000,000	1,000,000	0	1,000,000	0	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	12,000,000
97	0	0	1,000,000	2,000,000	1,000,000	0	1,000,000	0	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	12,000,000
98	1,000,000	1,000,000	0	2,000,000	1,000,000	1,000,000	0	0	2,000,000	0	1,000,000	0	1,000,000	6,000,000
99	1,000,000	1,000,000	0	2,000,000	1,000,000	1,000,000	0	0	2,000,000	0	1,000,000	0	1,000,000	6,000,000
100	0	100,000	0	200,000	100,000	0	100,000	0	200,000	100,000	100,000	100,000	100,000	800,000
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	0	100,000	0	200,000	100,000	0	100,000	0	200,000	100,000	100,000	100,000	100,000	800,000
103	30,000	30,000	30,000	2,720,000	2,530,000	30,000	130,000	30,000	2,720,000	2,720,000	2,720,000	2,720,000	2,720,000	16,320,000
104	0	0	0	100,000	0	0	100,000	0	100,000	100,000	100,000	100,000	100,000	600,000
105	30,000	30,000	30,000	120,000	30,000	30,000	30,000	30,000	120,000	120,000	120,000	120,000	120,000	720,000
106	0	0	0	2,500,000	2,500,000	0	0	0	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	15,000,000

		Strategic Interventions/Activities	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
2			TARGETS														Unit cost
3			2010					2011					2012	2013	2014	2015	
4		**Thematic Area 3. Care and Support for People Infected and Affected by HIV/AIDS**	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total					
5		Sub-theme : PLHIV															
6	1	Objective 1. At least 50% PLWHIV receive quality care and support services by 2015															
7	1.1	**Advocacy to relevant stakeholders**															
8	1.1.1	Identify and conduct advocacy visits to stakeholders in the 18 LGAs (by advocacy team)		36			36		36			36	36	36	36	36	12,000
9	1.1.2	Conduct stakeholders' meetings on planning and decision making (5 ppl per LGA - PHC Coord, LACA desk officer, community leader, PLP representative, CBO rep) from each of the 18 LGAs		30	60		90	30	60			90	90	90	90	90	6,889
10	1.2	**Review/develop and disseminate national policies, standards and protocols for care and support services**															
11	1.2.1	Conduct review meetings with stakeholders to assess existing policies on care and support services for PLWHIV. (50 participants) media, CiSHAN,NEPWAH, MOJ,CSO,Private org., LACA,Line ministries, Community leaders,			1		1					0	0	0	0	0	585,000
12	1.2.2	Reviewed policies adapted and produced for the state on Care and support services for PLHIV. (20,000).				6,000	6,000					0	2,500	2,500	2,500	2,500	700
13	1.3	**Institutional and human capacity building for MDAs and CSOs providing care and support services**															
14	1.3.1	Conduct mapping of relevant MDAs and CSOs - Youth groups, FBOs, women groups etc to be trained		1			1			1		1		1		1	540,000
15	1.3.2	Assess of existing resources and human capacity of MDAs and CSOs	link to 1.3.1	1			1			1		1		1		1	0
16	1.3.3	Development and production of training materials to build capacity of MDAs and CSOs			50	50	100			50		50	50	50	50	50	1,000
17	1.3.4	3 day Training of MDAs and CSOs (350)to initiate and provide quality support services			50	50	100			50		50	50	50	50	50	18,000
18	1.4	**Provision of integrated care and support services to PLWHIV**															
19	1.4.1	Map PLWHIV through the existing support groups		1			1					0	1		1		250,000
20	1.4.2	Identify and Train 5 Care givers per LGA to carry out Home based care services.				90	90				90	90	90	90	90	90	14,889
21	1.4.3	Monitor and supervise care givers on quality of services (set up monitoring committee, conduct 5 monitoring visits by the committee, tools for the committee etc.)				0	0	5	5	5	5	20	20	20	20	20	
22	1.4.4	Provide nutritional support to 2,600 PLWHIV															
23	1.4.5	Train peer educators on positive living for PLWHIV (10 per annum from each senatorial zone)	250	250	250	250	1,000	400	400	400	400	1,600					5,000
24	2	Objective 2. 50% of PLWHIV and PABA especially women, marginalized and people with special need are linked to IGAs and poverty alleviation programs.				30	30				30	30	30	30	30	30	22,667
25	2.1	**Advocacy to relevant stakeholders**															
26	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 Advocacy 1.9.1		20		20			10		10	10	10	10	10	27,222
27	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					
28	2.2.1	Identify PLWHIV/PABA- Out of school Youths & Women to be empowered on Income generation activities - Fashion designing,Furniture making, Painting, Shoe making, ICT, Barbing, Catering, Hair dressing etc				200	200				50	50	50	50	50	50	0
29	2.2.2	Train of PLWHIV/PABA on income generating activities (IGA) (450 people in the 18 LGA)				200	200				50	50	50	50	50	50	50,000

	R	S															
1	Cost type	BUDGET						2011					2012	2013	2014	2015	Total
2		2010										Total					
3		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4							
4		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
5		1,250,000	3,148,667	24,658,778	94,772,222	123,829,667	9,742,667	4,069,333	37,674,722	14,795,556		66,282,278	54,356,278	53,646,278	53,106,278	53,608,778	404,829,556
6		1,250,000	2,428,667	3,198,333	8,420,000	15,297,000	2,206,667	2,845,333	3,490,000	4,020,000		12,562,000	5,772,000	6,312,000	5,772,000	6,312,000	52,027,000
7		0	638,667	413,333	0	1,052,000	206,667	845,333	0	0		1,052,000	1,052,000	1,052,000	1,052,000	1,052,000	6,312,000
8		0	432,000	0	0	432,000	0	432,000	0	0		432,000	432,000	432,000	432,000	432,000	2,592,000
9		0	206,667	413,333	0	620,000	206,667	413,333	0	0		620,000	620,000	620,000	620,000	620,000	3,720,000
10		0	0	585,000	4,200,000	4,785,000	0	0	0	0		0	1,750,000	1,750,000	1,750,000	1,750,000	11,785,000
11		0	0	585,000	0	585,000	0	0	0	0		0	0	0	0	0	585,000
12		0	0	0	4,200,000	4,200,000	0	0	0	0		0	1,750,000	1,750,000	1,750,000	1,750,000	11,200,000
13		0	540,000	950,000	950,000	2,440,000	0	0	1,490,000	0		1,490,000	950,000	1,490,000	950,000	1,490,000	8,810,000
14		0	540,000	0	0	540,000	0	0	540,000	0		540,000	0	540,000	0	540,000	2,160,000
15		0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
16		0	0	50,000	50,000	100,000	0	0	50,000	0		50,000	50,000	50,000	50,000	50,000	350,000
17		0	0	900,000	900,000	1,800,000	0	0	900,000	0		900,000	900,000	900,000	900,000	900,000	6,300,000
18		2,500,000	2,500,000	2,500,000	6,540,000	14,040,000	4,000,000	4,000,000	4,000,000	8,040,000		20,040,000	4,040,000	4,040,000	4,040,000	4,040,000	50,240,000
19		1,250,000	1,250,000	1,250,000	3,270,000	7,020,000	2,000,000	2,000,000	2,000,000	4,020,000		10,020,000	2,020,000	2,020,000	2,020,000	2,020,000	25,120,000
20		0	0	0	1,340,000	1,340,000	0	0	0	1,340,000		1,340,000	1,340,000	1,340,000	1,340,000	1,340,000	8,040,000
21		0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
22		1,250,000	1,250,000	1,250,000	1,250,000	5,000,000	2,000,000	2,000,000	2,000,000	2,000,000		8,000,000	0	0	0	0	13,000,000
23		0	0	0	680,000	680,000	0	0	0	680,000		680,000	680,000	680,000	680,000	680,000	4,080,000
24		0	216,000	544,444	12,222,222	12,982,667	216,000	0	272,222	3,055,556		3,543,778	3,327,778	3,327,778	3,327,778	3,327,778	29,837,556
25		0	0	544,444	0	544,444	0	0	272,222	0		272,222	272,222	272,222	272,222	272,222	1,905,556
26		0	0	544,444	0	544,444	0	0	272,222	0		272,222	272,222	272,222	272,222	272,222	1,905,556
27		0	0	0	12,222,222	12,222,222	0	0	0	3,055,556		3,055,556	3,055,556	3,055,556	3,055,556	3,055,556	27,500,000
28		0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
29		0	0	0	10,000,000	10,000,000	0	0	0	2,500,000		2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	22,500,000

			C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
30		2.2.3 Equip and empower of trained persons -i.e.organize micro finance															
31	2.3	**Resource mobilization and fund allocation**				200	200				50	50	50	50	50	50	11,111
32	2.3.1	Map out Government Agencies/Ministries, Philanthropists, Donor agencies, CSOs, Government, NEPWAHN and Corporate organizations that can provide resources (link to activity in 4.3.1 in instiutional architecture)	**link to Institutional 4.3.1**	1			0 1	1				0 1					216,000
33	2.3.2	Conduct advocacy visits (by advocacy committee)to sensitize the identified groups for resource mobilization and fund allocation and follow up action (link to activity 1.6.3 in Treatment)	**link to treatment 1.6.3**		10		10				10	10	10	10	10	10	0
34	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 **(link to activities 9.1.1 and 9.2.2 under institutional architecture)**	1				1					0	1	0	1	0	0
35	3	Objective 3. To improve access to and support to 60% of PLWA, especially women marginalized persons including persons with special needs Infected with HIV within a right based approach															
36	3.1	**Behaviour change communication**															
37	3.1.1	Development and production of 50,000 printed IEC materials on stigma reduction in local languages			20,000		20,000			10,000		10,000	5,000	5,000	5,000	5,000	700
38	3.1.2	Dissemination of SBC materials to communities in LGAs - PHC centers, public buildings, palace, state hospitals etc			20,000		20,000			10,000		10,000	5,000	5,000	5,000	5,000	
39	3.1.3	Production of jingles on radio and TV in local dialects			364		364			364		364	364	364	364	364	2,500
40	3.1.4	Produce culturally appropriate gender sensitive billboards (50) in indigenous languages in major roads and strategic locations in rural and urban areas			15		15			10		10	10	5	5	5	250,000
41	3.1.5	Conduct sensitization meetings and workshops for print and electronic media personnel (150)on stigma reduction.				50	50			25		25	25	25	25		1,500
42	3.2	**Caapcity building of care providers and PLWHA**					0					0					
43	3.2.1	Conduct 5 day training of 5 health service providers (Doctors, Nurses, Counselors) on interpersonal skills sites providing HIV/AIDS treatment sites.				90	90			90		90	90	90	90	90	206,389
44	3.2.2	Train 500 PLWHA on stigma reduction and human rights				150	150			70		70	70	70	70	70	38,400
45	3.3	**Policy enforcement**															
46	3.3.1	Conduct a review meeting on exisiting national HIV policies **(link to activity 4.2.1 under policy and advocacy)**	**link to policy 4.2.1**		1		1					0					39,800
47	3.3.2	Mass produce and disseminate existing policies - Workplace, Child right law, HIV/AIDS policies etc				10,000	10,000					0					700
48	3.3.3	Train law enforcement agents on implementation **(link to activity 1.8.1 under policy and advocacy)**	**link to policy 1.8.1**				0	100				100	100	100	100	100	33,000
49	4	Objective 4. To improve by 80% effective referral and linkages within and between relevant health care facilities and communities based care service points.															
50	4.1	**Advocacy**															
51	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 years.		1			1		1			1	1	1	1	1	504,000
52	4.1.2	Conduct advocacy visits to the facilities and service points in the 18 LGAs /2 per LGA			36		36			36		36	36	36	36	36	12,000
53	4.2	**Networking and collaboration**										0					
54	4.2.1	Develop and produce directory (5,000) of HIV related services delivery points			1,500		1,500			1,500		1,500	500	500	500	500	700
55	4.2.2	Produce and disseminate referral forms to be used at the service points (100,000 booklets)				50,000	50,000				10,000	10,000	10,000	10,000	10,000	10,000	700
56	4.3	**Institutional and human capacity building**					0					0					
57	4.3.1	Support formative meeting for TWG of service providers,CSOs, laboratory personnels, counsellors and public/private establishments			1		1					0					54,000

30		0	0	0	2,222,222	2,222,222	0	0	0	555,556	555,556	555,556	555,556	555,556	555,556	5,000,000
31		0	216,000	0	0	216,000	216,000	0	0	0	216,000	0	0	0	0	432,000
32		0	216,000	0	0	216,000	216,000	0	0	0	216,000	0	0	0	0	432,000
33		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35		0	0	18,660,000	38,410,000	57,070,000	6,600,000	0	31,710,500	0	38,310,500	34,810,500	33,560,500	33,560,500	33,523,000	230,835,000
36		0	0	18,660,000	75,000	18,735,000	0	0	10,447,500	0	10,447,500	6,947,500	5,697,500	5,697,500	5,660,000	53,185,000
37		0	0	14,000,000	0	14,000,000	0	0	7,000,000	0	7,000,000	3,500,000	3,500,000	3,500,000	3,500,000	35,000,000
38		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39		0	0	910,000	0	910,000	0	0	910,000	0	910,000	910,000	910,000	910,000	910,000	5,460,000
40		0	0	3,750,000	0	3,750,000	0	0	2,500,000	0	2,500,000	2,500,000	1,250,000	1,250,000	1,250,000	12,500,000
41		0	0	0	75,000	75,000	0	0	37,500	0	37,500	37,500	37,500	37,500	0	225,000
42		0	0	0	24,335,000	24,335,000	0	0	21,263,000	0	21,263,000	21,263,000	21,263,000	21,263,000	21,263,000	130,650,000
43		0	0	0	18,575,000	18,575,000	0	0	18,575,000	0	18,575,000	18,575,000	18,575,000	18,575,000	18,575,000	111,450,000
44		0	0	0	5,760,000	5,760,000	0	0	2,688,000	0	2,688,000	2,688,000	2,688,000	2,688,000	2,688,000	19,200,000
45		0	0	0	14,000,000	14,000,000	6,600,000	0	0	0	6,600,000	6,600,000	6,600,000	6,600,000	6,600,000	47,000,000
46		0	0	0	7,000,000	7,000,000	3,300,000	0	0	0	3,300,000	3,300,000	3,300,000	3,300,000	3,300,000	23,500,000
47		0	0	0	7,000,000	7,000,000	0	0	0	0	0	0	0	0	0	7,000,000
48		0	0	0	0	0	3,300,000	0	0	0	3,300,000	3,300,000	3,300,000	3,300,000	3,300,000	16,500,000
49		0	504,000	2,256,000	35,720,000	38,480,000	720,000	1,224,000	2,202,000	7,720,000	11,866,000	10,446,000	10,446,000	10,446,000	10,446,000	92,130,000
50		0	504,000	432,000	0	936,000	0	504,000	432,000	0	936,000	936,000	936,000	936,000	936,000	5,616,000
51		0	504,000	0	0	504,000	0	504,000	0	0	504,000	504,000	504,000	504,000	504,000	3,024,000
52		0	0	432,000	0	432,000	0	0	432,000	0	432,000	432,000	432,000	432,000	432,000	2,592,000
53		0	0	1,050,000	35,000,000	36,050,000	0	0	1,050,000	7,000,000	8,050,000	7,350,000	7,350,000	7,350,000	7,350,000	73,500,000
54		0	0	1,050,000	0	1,050,000	0	0	1,050,000	0	1,050,000	350,000	350,000	350,000	350,000	3,500,000
55		0	0	0	35,000,000	35,000,000	0	0	0	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	70,000,000
56		0	0	774,000	720,000	1,494,000	720,000	720,000	720,000	720,000	2,880,000	2,160,000	2,160,000	2,160,000	2,160,000	3,600,054,000
57		0	0	54,000	0	54,000	0	0	0	0	0	0	0	0	0	54,000

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
58	4.3.2	Hold regular quarterly coordinating meetings at 3 senatorial zones to involve representatives of the service delivery points - CBOs, HCT, Treatment, Laboratory, ART,			12	12	24	12	12	12	12	48	36	36	36	36	60,000
59		**Sub-theme : OVC**															
60	5	Objective 5: To create an enabling environment for the legal protection of OVC by 2015															
61	5.1	**Advocacy**															
62	5.1.1	Conduct advocacy to key socio-economic institutions such as NAPEP, NDE, SMOWA, SUBEB, WECA, OSOPADEC on support services for OVC	20	20	20	20	80	20	20	20	20	80	10	10	10	10	24000
63	5.1.2	Conduct advocacy to for-the legal protection of OVC MOJ, House of assembly, MOA (link up with activity 1.1.1)	link to 5.1.1														0
64	5.2	**Community mobilization and participation**															
65	5.2.1	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 forum .			1		1					0					66000
66	5.2.2	Conduct monthly meeting of community OVC care and support team at the 18 LGAs			54	54	108	54	54	54	54	216	216	216	216	216	9750
67	5.3	**Development, revision and implementation of existing legislation and poilicy for OVC**					0					0					
68	5.3.1	Prepare and adopt memorandum of understanding and Policy guideline between ODSACA, MOE, UBE, and other sectoral players to prioritize and create enabling environment to provide access to basic education of OVC		1			1					0					20000
69	6	Objective 6. To provide gender sensitive integrated care and support for 30% of OVC by 2015															
70	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														
71	6.1.2	Train Care givers at 2 per 203 wards every 2 years				406	406					0	406		406		16,833
72	6.1.3	Conduct training for the OVC community care teams (1 team/LGA) to coordinate and monitoring OVC activities at LGA level.				18	18				18	18	18	18	18	18	37500
73	6.2	**Resource mobilization**															
74	6.2.1	Facilitate public/private partnership - Map out Government Agencies/Ministries, Philanthropists, Donor agencies and Corporate organizations that can provide Resources	link to Institutional 4.3.1														0
75	6.2.2	Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fund allocation and follow up action	link to treatment 1.6.3														0
76	6.2.3	Conduct 3 day training for relevant stakeholders on Budget tracking (20) to form Committee on budget tracking for the state **(link to activities 9.1.1 and 9.2.2 under institutional architecture)**															1170000
77	6.3	**Provision of quality essential services (Education, Health, Shelter, Legal protection, Nutritional,) OVC.**															
78	6.3.1	Conduct advocacy to relevant agencies for free health ,shelter and clothing for OVC - MOH, MWAN&SD,philantropists ,agencies etc	20	20			40					0	20	20	20	0	36000

	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
58		0	0	720,000	720,000	1,440,000	720,000	720,000	720,000	720,000	2,880,000	2,160,000	2,160,000	2,160,000	2,160,000	3,600,000,000
59		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
60		480,000	500,000	1,072,500	1,006,500	3,059,000	1,006,500	1,006,500	1,006,500	1,006,500	4,026,000	2,346,000	2,346,000	2,346,000	2,346,000	16,469,000
61		480,000	480,000	480,000	480,000	1,920,000	480,000	480,000	480,000	480,000	1,920,000	240,000	240,000	240,000	240,000	4,800,000
62		480,000	480,000	480,000	480,000	1,920,000	480,000	480,000	480,000	480,000	1,920,000	240,000	240,000	240,000	240,000	4,800,000
63		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64		0	0	592,500	526,500	1,119,000	526,500	526,500	526,500	526,500	2,106,000	2,106,000	2,106,000	2,106,000	2,106,000	11,649,000
65		0	0	66,000	0	66,000	0	0	0	0	0	0	0	0	0	66,000
66		0	0	526,500	526,500	1,053,000	526,500	526,500	526,500	526,500	2,106,000	2,106,000	2,106,000	2,106,000	2,106,000	11,583,000
67		0	20,000	0	0	20,000	0	0	0	0	0	0	0	0	0	20,000
68		0	20,000	0	0	20,000	0	0	0	0	0	0	0	0	0	20,000
69		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
70		0														
71		0	0	0	6,834,000	6,834,000	0	0	0	0	0	6,834,000	0	6,834,000	0	20,502,000
72		0	0	0	675,000	675,000	0	0	0	675,000	675,000	675,000	675,000	675,000	675,000	4,050,000
73		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74		0														
75		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77		58,170,000	27,720,000	27,000,000	27,000,000	139,890,000	37,500,000	37,500,000	37,500,000	67,950,000	180,450,000	106,170,000	106,170,000	106,170,000	105,450,000	2,036,700,000
78		720,000	720,000	0	0	1,440,000	0	0	0	0	0	720,000	720,000	720,000	0	1,296,000,000

			C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
79	6.3.2	levels in the 18 LGAs to cover fees, books, uniforms, school meals, exam fees, registration	1,800	1,800	1,800	1,800	7,200	2,500	2,500	2,500	2,500	10,000	5,000	5,000	5,000	5,000	15000
80	6.3.3	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	15000
81	6.4	**Provision of Peadiatrics Care and support**															
82	6.4.1	Provide of nutritional supplements(baby food) and health care services to HIV sero-positive OVC		60	60	60	180	80	80	80	80	320	150	180	200	250	10000
83	6.5	**SBC**															
84	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 3.1.3**				0					0					
85	6.5.2	Produce and disseminate printed IEC materials (60,000 posters& 90,000 handbills) in indigenous languages to mobilize community support on OVC				50,000	50,000				20,000	20,000	20,000	20,000	20,000	20,000	150
86	7	Objective 7. Strengthen capacity of 30% of older OVC, households, caregivers and community based initiatives respectively to mitigate the impact of OVC especially young girls by 2015															
87	7.1	**Capacity building**															
88	7.1.1	Identify and train household care givers, community and religious leaders on OVC support services				90	90					0	90		90		16,833
89	7.1.2	Train older OVC on Family Life Education skills e.g Negotiation skills etc					0				90	90		90		90	16,833
90	7.2.	**Support Income generating activities**															
91	7.2.1	Train older OVC & Household care givers in IGA on skills such as Fashion designing, Soap making, Barbing, Hairdressing, Carpentary, clothmaking - tie & dye	50	50	50	50	200				50	50	50	50	50	50	50,000
92	7.2.2	Empower trained OVC and Household care givers				78	78				78	78	78	78	78	60	11,111
93	8	Objective 8. To establish functional gender-responsive coordinating mechanism by 2015															
94	8.1	Intervention 1: Capacity building of policy makers,decision makers and program planners on gender - mainstreaming															
95	8.1.1	Conduct a 3 day workshop for policy makers,decision makers and program planners on gender - mainstreaming			100	100	200				50	50	50	50	50	50	58,500
96	8.1.2	Conduct advocacy to policy makers and decision makers on OVC mainstreaming in state activities and funds alocation			100	100	200				50	50	50	50	50	50	24,000
97	8.2	**Establish and/or strengthen existing gender- responsive coordination structures**															
98	8.2.1	Establish committee on gender responsive strutcures at each of the 18 LGAs to involve the LG desk officers and CBOs to coordinate and monitor OVC activities (link up with 5.2.1)	**link to 5.2.1**				0					0					
99	8.2.2	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					
100	8.3	**Establish functional gender- responsive management information system**															
101	8.3.1	Establish a Committee to monitor the gender responsive management information system		1			1					0					0

79		27,000,000	27,000,000	27,000,000	27,000,000	108,000,000	37,500,000	37,500,000	37,500,000	37,500,000	150,000,000	75,000,000	75,000,000	75,000,000	75,000,000	558,000,000
80		30,450,000	0	0	0	30,450,000	0	0	0	30,450,000	30,450,000	30,450,000	30,450,000	30,450,000	30,450,000	182,700,000
81		0	600,000	600,000	600,000	1,800,000	800,000	800,000	800,000	800,000	3,200,000	1,500,000	1,800,000	2,000,000	2,500,000	12,800,000
82		0	600,000	600,000	600,000	1,800,000	800,000	800,000	800,000	800,000	3,200,000	1,500,000	1,800,000	2,000,000	2,500,000	12,800,000
83		0	0	0	7,500,000	7,500,000	0	0	0	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	22,500,000
84		0	0	0												
85		0	0	0	7,500,000	7,500,000	0	0	0	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	22,500,000
86		2,500,000	2,500,000	2,500,000	4,881,593	12,381,593	0	0	0	4,881,593	4,881,593	4,881,593	4,881,593	4,881,593	4,681,593	36,589,557
87		0	0	0	1,514,926	1,514,926	0	0	0	1,514,926	1,514,926	1,514,926	1,514,926	1,514,926	1,514,926	9,089,557
88		0	0	0	1,514,926	1,514,926	0	0	0	0	0	1,514,926	0	1,514,926	0	4,544,778
89		0	0	0	0	0	0	0	0	1,514,926	1,514,926	0	1,514,926	0	1,514,926	4,544,778
90		2,500,000	2,500,000	2,500,000	3,366,667	10,866,667	0	0	0	3,366,667	3,366,667	3,366,667	3,366,667	3,366,667	3,166,667	27,500,000
91		2,500,000	2,500,000	2,500,000	2,500,000	10,000,000	0	0	0	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	22,500,000
92		0	0	0	866,667	866,667	0	0	0	866,667	866,667	866,667	866,667	866,667	666,667	5,000,000
93		0	0	8,250,000	8,250,000	16,500,000	0	0	0	4,125,000	4,125,000	4,125,000	4,125,000	4,125,000	4,125,000	37,125,000
94		0	0	8,250,000	8,250,000	16,500,000	0	0	0	4,125,000	4,125,000	4,125,000	4,125,000	4,125,000	4,125,000	37,125,000
95		0	0	5,850,000	5,850,000	11,700,000	0	0	0	2,925,000	2,925,000	2,925,000	2,925,000	2,925,000	2,925,000	26,325,000
96		0	0	2,400,000	2,400,000	4,800,000	0	0	0	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	10,800,000
97		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
98		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
99		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
100		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

		Interventions/Activities	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
2			TARGETS														Unit cost
3			2010					2011					2012	2013	2014	2015	
4		Thematic Area	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total					
5	1	**OBJECTIVE # 1**															
6	1.1	**Capacity building on linkages between HIV and human rights for people living with HIV and AIDS**															
7	1.1.1	Enactment of laws protecting the rights of PLWHIV.															
8	1.1.2	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 AIDS issues	40				0 40	1				1 0					30,000
9	1.1.3	Train members of state advocacy team on effective advocacy		40			40					0					
10	1.1.4	Sensitize and create awareness on the rights of PLWHA in Television, Radio and Newspapers on the rights of PLWHIV (slots and adverts)	900	900	900	900	3,600	900	900	900	900	3,600	900	900	900	900	2,500
11	1.1.5	Advocacy visit to law makers policy makers and other relevant stakeholder to elicit their support and commitment.		1	1		2					0					90,000
12	1.1.6	Train law enforcement agents on the need to enforce the anti-stigma law.															
13	1.1.7	Conduct a training workshop for the judiciary and office of public defender on the effective implementation of anti-stigma					0 0			60 100		60 100	60				6,333
14	1.2	**Capacity building for NHRC, Legal Aid Council and Human Right CSOs on human rights and HIV and AIDS**															6,125
15	1.2.1	Train NHRC personnel, legal aid personnel and CSOs on human rights on HIV and AIDS.		50		30	80			30		30					
16	1.3	**Public education on human rights, rights based programming and channels to access justice, seek redress in instances of violation**															7,250
17	1.3.1	Develop SBC and BCC materials on human rights (stickers, posters, handbills, etc)	30,000				30,000					0					125
18	1.3.2	Implement radio and television jingles and advertisement on human rights on HIV and AIDS and rights issues and channels to seek redress for violation on rights	link to 1.1.4				0					0					
19		Implement radio and television programmes on HIV and AIDS and Human Rights including channels to seek redress			1	1	2		1		1	2	2	2	2	2	
20	1.4	**Strengthen linkages between NACA, SACA, LACA,NEPWHAN and NHRC, Human rights CSOs 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 legal services and PLWHA		1		1	2	2		1		3	1	2			200,000
22	1.4.2	Organise training workshop for PLWHIV,OPD and NHRC personnel to enhance access to free legal services.					0			30		30					9,750
23	1.5	**Establish and strengthen linkages/referrals between PLWHIV, support groups, NEPWHAN etc and NDE, NAPEP for economic empowerment for PLWHIV.**															
24	1.5.1	Support monthly meetings between PLWHIV support groups and all stakeholders involved in the provision of economic empowerment.		4	4	4	12	4	4	4	4	16	12	12	12	12	550,000
25	1.5.2	Conduct quarterly review and follow up meetings with beneficiaries of economic empowerment facilities above		1	1	1	3	1	1	1	1	4	4	4	4	4	185,000
26	1.6	**Public education on human rights for specific settings i.e. health, education, religious places , workplace ,etc.**					0					0					
27	1.6.1	Develop appropriate, setting-specific SBC materials	10,000				10,000					0					150
28	1.6.2	Design and implement media advocacy programmes through Radio and Television.	link to1.3.3														0

1	Cost type 1	Cost type 1 BUDGET															
2			2,010					2,011					2012	2013	2014	2015	Total
3			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total					
4			9,000,000	6,842,500	7,072,500	5,906,900	28,821,900	7,315,000	5,243,000	6,564,900	8,022,500	27,145,400	12,420,000	16,817,167	12,230,000	14,042,000	111,476,467
5			7,500,000	6,452,500	5,530,000	5,052,500	24,535,000	5,065,000	5,243,000	6,337,500	4,635,000	21,280,500	10,170,000	10,598,000	9,590,000	10,198,000	86,371,500
6			2,250,000	2,340,000	2,340,000	2,250,000	9,180,000	2,280,000	2,250,000	3,242,500	2,250,000	10,022,500	2,630,000	2,250,000	2,250,000	2,250,000	28,582,500
7			0	0	0	0	0	30,000	0	0	0	30,000	0	0	0	0	30,000
8			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10			2,250,000	2,250,000	2,250,000	2,250,000	9,000,000	2,250,000	2,250,000	2,250,000	2,250,000	9,000,000	2,250,000	2,250,000	2,250,000	2,250,000	27,000,000
11			0	90,000	90,000	0	180,000	0	0	0	0	0	0	0	0	0	180,000
12			0	0	0	0	0	0	0	380,000	0	380,000	380,000	0	0	0	760,000
13			0	0	0	0	0	0	0	612,500	0	612,500	0	0	0	0	612,500
14			0	362,500	0	217,500	580,000	0	0	217,500	0	217,500	0	0	0	0	797,500
15			0	362,500	0	217,500	580,000	0	0	217,500	0	217,500	0	0	0	0	797,500
16			3,750,000	0	0	0	3,750,000	0	0	0	0	0	0	0	0	0	3,750,000
17			3,750,000	0	0	0	3,750,000	0	0	0	0	0	0	0	0	0	3,750,000
18			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20			0	200,000	0	200,000	400,000	400,000	0	492,500	0	892,500	200,000	400,000	0	0	1,892,500
21			0	200,000	0	200,000	400,000	400,000	0	200,000	0	600,000	200,000	400,000	0	0	1,600,000
22			0	0	0	0	0	0	0	292,500	0	292,500	0	0	0	0	292,500
23			0	2,385,000	2,385,000	2,385,000	7,155,000	2,385,000	2,385,000	2,385,000	2,385,000	9,540,000	7,340,000	7,340,000	7,340,000	7,340,000	46,055,000
24			0	2,200,000	2,200,000	2,200,000	6,600,000	2,200,000	2,200,000	2,200,000	2,200,000	8,800,000	6,600,000	6,600,000	6,600,000	6,600,000	41,800,000
25			0	185,000	185,000	185,000	555,000	185,000	185,000	185,000	185,000	740,000	740,000	740,000	740,000	740,000	4,255,000
26			1,500,000	690,000	0	0	2,190,000	0	0	0	0	0	0	0	0	0	2,190,000
27			1,500,000	0	0	0	1,500,000	0	0	0	0	0	0	0	0	0	1,500,000
28			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

		AIDS messages																		
31	1.7	**Advocacy for the passage of Anti-discrimination Bill at all levels**		30			30					0								
32	1.7.1	Conduct sensitization on the passage of Anti-discrimination Bill in 18LGAs																		23,000
	1.7.2	Conduct sensitization on the passage of Anti-discrimination Bill at the state level.			1		1					0								
33	1.8	**Sensitization of members of the judiciary and law enforcement agencies on the rights of PLWHA**		1			1					0								337,000
34	1.8.1	Organise workshop for representatives of law enforcement agencies and the judiciary on the rights of PLWHA																		475,000
35	1.9	**Advocacy to relevant Government Agencies for gender responsive economic empowerment for PLWHIV.**					0		40			40			40		40			
36	1.9.1	Conduct advocacy visits to WECA, Micro Credit Agencies, Ministry of Women Affairs of the need to promote gender equality in their economic empowerment policy programme for PLWHIV.	0	0	4	0	4													15,200
37		**OBJECTIVE #2**										0								
38	2.1	**Advocacy for greater and meaningful gender-responsive inclusion of PLWHIV in HIV response in Ondo State**					0					0								117,000
39	2.1.1	Ensure representation of PLWHIV in LACAs		1			1													
40	2.2	**Promote affirmative action for economic empowerment and other opportunities for PLWHIV.**										0								
41	2.2.1	Ensure and monitor the various economic empowerment opportunities created by the various agencies for PLWHIV.	link to 1.5.1 & 1.5.2																	
42	2.3	**Strengthen capacity of PLWHIV networks and support groups to enhance their participation in decision making processes.**					0					0								
43	2.3.1	Conduct training workshop for PLWHIV networks and support groups in decision making process.	30																	
44		**OBJECTIVE # 3:**					30	30				30	30	30	30	30				
45	3.1	**Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.**					0					0								50,000
46	3.1.1	Advocate to the state house of assembly for the transformation of State Action Committee on HIV and AIDS to agency status through legislative backing.	2				2													
47	3.2	**Advocacy for sustained political leadership and support at all levels.**										0								
48	3.2.1	Organise leadership training for political office holders.	30				30	30				30								
49	3.3	**Training workshop for transparency and accountability in HIV response in partnership with the private sector, media, PLWHIV and CSOs.**																		
50	3.3.1	Train and re-train representatives of private sectors media, PLWHIV and CSOs in transparency and accountability.					0	30												
51	3.4	**Promote Public Private Partnerships.**										30	30			30	30			25,000
52	3.4.1	Conduct a sensitization for members of the private-public partnership forum to increase awareness of the role of the private sector in funding the HIV response			50		50													
53	3.5	**Develop a policy framework on donor funding co-ordination on HIV and AIDS.**										0								25,000
54	3.5.1	Develop a state policy framework on donor co-ordination.																		
55		**OBJECTIVE #4**					0		1			1								
							0					0								

29			0	690,000	0	0	690,000	0	0	0	0	0	0	0	0	0	690,000
30			0	475,000	337,000	0	812,000	0	0	0	0	0	0	0	0	0	812,000
31			0	0	337,000	0	337,000	0	0	0	0	0	0	0	0	0	337,000
32			0	475,000	0	0	475,000	0	0	0	0	0	0	0	0	0	475,000
33			0	0	0	0	0	0	608,000	0	0	608,000	0	608,000	0	608,000	1,824,000
34			0	0	0	0	0	0	608,000	0	0	608,000	0	608,000	0	608,000	1,824,000
35			0	0	468,000	0	468,000	0	0	0	0	0	0	0	0	0	468,000
6			0	0	468,000	0	468,000	0	0	0	0	0	0	0	0	0	468,000
7			1,500,000	0	0	0	1,500,000	1,500,000	0	0	0	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	9,000,000
8			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			1,500,000	0	0	0	1,500,000	1,500,000	0	0	0	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	9,000,000
			1,500,000	0	0	0	1,500,000	1,500,000	0	0	0	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	9,000,000
			0	0	1,250,000	0	1,250,000	750,000	0	0	0	750,000	750,000	0	750,000	750,000	4,250,000
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	750,000	0	0	0	750,000	750,000	0	750,000	750,000	3,000,000
			0	0	0	0	0	750,000	0	0	0	750,000	750,000	0	750,000	750,000	3,000,000
			0	0	1,250,000	0	1,250,000	0	0	0	0	0	0	0	0	0	1,250,000
			0	0	1,250,000	0	1,250,000	0	0	0	0	0	0	0	0	0	1,250,000
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5			0	390,000	292,500	854,400	1,536,900	0	0	227,400	3,387,500	3,614,900	0	4,719,167	390,000	1,594,000	11,854,967

56																		
57	4.1.1	Constitute/strengthen state research ethics committees in relevant institutions																
58	4.1.2	Support production of annotated bibliographic of HIV and AIDS in Ondo State.					0			1		1	1					
59	4.1.3	Host a state bi-annual conference for state research stakeholders on research ethics issues and best practices					0					0					1	619,000
60	4.2	**Strengthening compliance with human rights guidelines with regard to mandatory testing and discrimination against PLWHIV at all institutions**					0				1	1		1				2,997,500
61	4.2.1	Adopt in the State the domesticated international and regional human rights HIV and AIDS related instruments for the protection of all citizens including international guidelines on HIV and AIDS and human rights.					0					0				1		
62	4.2.2	Organise training workshop for various stakeholders for strengthening compliance with human rights guidelines and laws protecting PLWHIV from discrimination and stigmatization.					0					0		50				14,933
63	4.2.3	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 anti-discrimination law.			50		50			50		50						
64	4.3	**Capacity building and dissemination of ethical and research standards and policies at all levels.**																
65	4.3.1	Organise training workshops for existing research institutions on research ethics and policies				30	30					0						14,933
66	4.3.2	Develop a state specific HIV and AIDS treatment interventions operational research agenda.					0	1				1						
67	4.3.3	Disseminate information on new HIV prevention, care and treatment technologies.	link to 4.1.3				0					0						0
68	4.3.4	Support existing research networks and create new relevant learning and research networks to meet bi-annually	link to 4.1.3				0					0						0
69	4.4	**Capacity building and advocacy to health professional bodies, labour unions, employers, legislators, educational institutions, media and Faith-based bodies on ethics, human rights and HIV and AIDS.**																
70	4.4.1	Organise training workshop for CSOs and media on ethics, human rights and HIV				40	40					0						10,160
71	4.4.2	Organise a workshop for health workers on ethics, human rights and HIV and AIDS		40			40				40	40				40		9,750
72	4.4.3	Organise training workshop for registered affiliated unions e.g. NLC,TUC and employers			30		30					0						9,750
73	4.4.4	Conduct a workshop for members of House of Assembly					0			30		30						7,580
74	4.4.5	Organise a workshop for administrators of educational institutions e.g. primary schools counsellors, principals of secondary and counsellors and tertiary institutions.					0					0		100		100		9,750

			0	0	0	0	0	0	0	0	2,997,500	2,997,500	0	2,997,500	0	619,000	6,614,000
56			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57			0	0	0	0	0	0	0	0	0	0	0	0	0	619,000	619,000
58			0	0	0	0	0	0	0	0	2,997,500	2,997,500	0	2,997,500	0	0	5,995,000
59			0	0	0	0	0	0	0	0	0	0	0	746,667	0	0	746,667
60			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61			0	0	0	0	0	0	0	0	0	0	0	746,667	0	0	746,667
62			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63			0	0	0	448,000	448,000	0	0	0	0	0	0	0	0	0	448,000
64			0	0	0	448,000	448,000	0	0	0	0	0	0	0	0	0	448,000
65			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68			0	390,000	292,500	406,400	1,088,900	0	0	227,400	390,000	617,400	0	975,000	390,000	975,000	4,046,300
69			0	0	0	406,400	406,400	0	0	0	0	0	0	0	0	0	406,400
70			0	390,000	0	0	390,000	0	0	0	390,000	390,000	0	0	390,000	0	1,170,000
71			0	0	292,500	0	292,500	0	0	0	0	0	0	0	0	0	292,500
72			0	0	0	0	0	0	0	227,400	0	227,400	0	0	0	0	227,400
73			0	0	0	0	0	0	0	0	0	0	0	975,000	0	975,000	1,950,000
74																	

		Strategic Interventions/Activities	TARGETS															Unit cost	Cost typ
			2010					2011					2012	2013	2014	2015			
			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total							
		Thematic Area 4. Institutional Arrangements, Infrastructure Requirements, and Human and Financial Resource Issues																	
		Sub-theme Institutional Arrangement and Coordination Mechanism																	
1		**Objective 1: SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened**																	
1.1		Intervention 1: Institutional Capacity assessment																	
1.1.1		Assessing the existing organisational, infrastructural, personnel and equipment audit of SACAs and LACAs	1	0	0	0	1					0					478,500	F	
1.2		Intervention 2: Development of Capacity building plan																	
1.2.1		Development of capacity building plan	1	0	0	0	1					0					70,000	C	
1.3		Intervention 3: Establish and strengthen all LACAs																	
1.3.1		Strengthen all LACAs	0	1	0	0	1					0					40,300	C	
1.4		Intervention 4: Advocacy to all governors to upgrade SACAs to agencies																	
1.4.1		Advocacy visit to the Executive Governor	0	1	0	1	2					0					29,000	C	
1.4.2		Advocacy visit to the Legislators	0	1	0	1	2					0					29,000	C	
1.4.3		Sensitization for all stakeholders	0	1	0	0	1					0					620,000	C	
1.5		Intervention 5: Capacity building in program management and coordination of SACA LACA																	
1.5.1		Capacity building for SACAs and LACAs on programme coordination and management	0	0	1	0	1					0					1,940,000	C	
1.5.2		Annual retreat for SACA and LACA to identify gaps in implementation of SSP	0	0	0	1	1					0					3,150,000	C	
1.6		Intervention 6: Convene regular coordination meeting of SACA LACA																	
1.6.1		Convene regular quarterly meeting of SACA and LACA	1	1	1	1	4					0					245,000	C	
1.7		Intervention 7: Establish gender-management system at all levels					0					0					6,000	C	
1.7.1		Advocacy to policy makers for minimum of 50% participation of women in HIV/AIDS program	0	0	1	0	1					0					181,000	C	
1.7.2		Adopt guidelines for mainstreaming HIV/AIDS and gender into poverty reduction programmes	0	0	0	1	1					0					105,000	C	
2		**Objective 2: Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the national response.**																	
2.1		Intervention 1: Create Partnership forum																	
2.1.1		Establish partnership forum with development partners	0	1	0	0	1					0					105,000	C	
2.2		Intervention 2: Conduct meetings with development partners																	
2.2.1		Conduct regular annual meetings with development partners	0	1	0	0	1	0	1	0	0	1					105,000	C	
2.3		Intervention 3: Conduct quarterly ETG meetings																	
2.3.1		Conduct regular quarterly ETG meetings	1	1	1	1	4					0					120,000	C	
3		**Objective 3: Strengthened coordination mechanisms of CSO at all levels – state, and local government.**																	
3.1		Intervention 1: Strengthen forum of SACA and CSOs																	
3.1.1		Scope and map all CSOs in the state	1	0	0	0	1					0					24,000	F	
3.1.2		Build capacity of CCEs to coordinate their activities	0	1	0	0	1					0					369,000	C	
3.1.3		convene quarterly meeting of SACA and CSOs	1	1	1	1	4					0					120,000	C	

1	BUDGET														
2	2010					2011					2012	2013	2014	2015	Total
3	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total					
4	11,211,000	12,812,000	2,351,000	6,334,000	12,229,800	725,000	1,460,000	1,820,000	890,000	4,550,000	1,530,000	7,835,000	1,530,000	1,530,000	29,204,800
5	10,891,000	12,252,000	491,000	924,000	4,079,800	0	330,000	0	0	105,000	0	6,305,000	0	0	10,489,800
6	5,402,000	5,353,000	251,000	484,000	2,491,800	0	0	0	0	0	0	0	0	0	2,491,800
7	957,000	0	0	0	478,500	0	0	0	0	0	0	0	0	0	478,500
8	957,000	0	0	0	478,500	0	0	0	0	0	0	0	0	0	478,500
9	4,200,000	0	0	0	70,000	0	0	0	0	0	0	0	0	0	70,000
10	4,200,000	0	0	0	70,000	0	0	0	0	0	0	0	0	0	70,000
11	0	4,430,000	0	0	40,300	0	0	0	0	0	0	0	0	0	40,300
12		4,430,000	0	0	40,300	0	0	0	0	0	0	0	0	0	40,300
13	0	678,000	0	58,000	736,000	0	0	0	0	0	0	0	0	0	736,000
14	0	29,000	0	29,000	58,000	0	0	0	0	0	0	0	0	0	58,000
15	0	29,000	0	29,000	58,000	0	0	0	0	0	0	0	0	0	58,000
16	0	620,000	0	0	620,000	0	0	0	0	0	0	0	0	0	620,000
17	0	0	1,940,000	3,150,000	5,090,000	0	0	0	0	0	0	0	0	0	5,090,000
18	0	0	1,940,000	0	1,940,000	0	0	0	0	0	0	0	0	0	1,940,000
19	0	0	0	3,150,000	3,150,000	0	0	0	0	0	0	0	0	0	3,150,000
20	245,000	245,000	251,000	426,000	1,167,000	0	0	0	0	0	0	0	0	0	1,167,000
21	245,000	245,000	245,000	245,000	980,000	0	0	0	0	0	0	0	0	0	980,000
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	6,000	0	6,000	0	0	0	0	0	0	0	0	0	6,000
24	0	0	0	181,000	181,000	0	0	0	0	0	0	0	0	0	181,000
25	120,000	330,000	120,000	120,000	690,000	0	105,000	0	0	105,000	0	0	0	0	795,000
26	0	105,000	0	0	105,000	0	0	0	0	0	0	0	0	0	105,000
27	0	105,000	0	0	105,000	0	0	0	0	0	0	0	0	0	105,000
28	0	105,000	0	0	105,000	0	105,000	0	0	105,000	0	0	0	0	210,000
29	0	105,000	0	0	105,000	0	105,000	0	0	105,000	0	0	0	0	210,000
30	120,000	120,000	120,000	120,000	480,000	0	0	0	0	0	0	0	0	0	480,000
31	120,000	120,000	120,000	120,000	480,000	0	0	0	0	0	0	0	0	0	480,000
32	144,000	489,000	120,000	120,000	873,000	0	0	0	0	0	0	0	0	0	873,000
33	144,000	489,000	120,000	120,000	873,000	0	0	0	0	0	0	0	0	0	873,000
34	24,000	0	0	0	24,000	0	0	0	0	0	0	0	0	0	24,000
35	0	369,000	0	0	369,000	0	0	0	0	0	0	0	0	0	369,000
36	120,000	120,000	120,000	120,000	480,000	0	0	0	0	0	0	0	0	0	480,000

		framework for SACA-CSO partnership																	
38	3.2.1	Registeration of all CSOs working on HIV with SACA andLACA	1																
39	3.3	Mobilize funding for collaborative activities for CSO										0							
40	3.3.1	identify and liase with donor agencies and philantropist	0	0	1	0	1					0							
41	3.4	Strengthen mechaniam for monitoring CSO activities	0	0	0	1	1					0						20,000	C
42	3.4.1	provide strategic framework for all CSOs to follow in line with state policy					0					0							
43	3.5	institute mechanism for monitoring CSO activities					0					0							
44	3.5.1	Development and implementation of a comprehensive and participatory M&E plan	0	0	0	0	0												
45	3.5.2	Instituting functional M&E officers by all CSOs and creation of budgetary allocation for M&E activities	1	0	0	0	0												
46	4		0	1	0	0	1					0							
		OBJECTIVE 4: Strengthened coordination mechanism for public-private sector partnership at all level																	
47	4.1	Establish public-private forum																	
48	4.1.1	Establish forum	1			0	1				0	0					0	515000	C
49	4.1.2	Establish bi-annual discussion forum with public-private sector		1		1	2		1		1	4	2	2	2	2		465000	C
50	4.2	Convene regular meeting of the forum																	
51	4.2.1	Convene quarterly meeting of the forum	1	1	1	1	4	1	1	1	1	4	4	4	4	4		90000	C
52	4.3	mobilise funding for public-private partnership activities																	
53	4.3.1	identify and liase with donor agencies		1			1					0					0	115000	C
54	4.3.2	Advocacy to private sector through NIBUCAA	1				1					0					0	10000	C
55	4.4	Strengthen mechanism for integrating private sector enterprises into state programmes															0		
56	4.4.1	Advocate for representation of private sector on board of SACA				#REF!					0								
57	4.5	Institute mechanism for monitoring private sector activities																	
58	4.5.1	Conduct step down training on M&E for private sector					1				1						0	350000	C
59	4.5.2	Equipmall M&E units with necessary materials for functioning					1				1						0		
60	4.5.3	Advocate for dedication of at least 10% of organisational resources to M&E ativity	0	1		1					0						0		
61		**Sub-theme Human Resources**																	
62	5	Objective 5: Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender-responsive personnel.																	
63	5.1	Intervention 1: Standardized and harmonize training curricula																	
64	5.1.1	Conduct and update gender sensitive HIV situation analysis of state and LGAs	1	0	0	0	1					0						300000	A
65	5.1.2	conduct workshop on gender equity	0	1	0	0	1					0						20000	C

37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	0	0	0	20,000	20,000	0	0	0	0	0	0	0	0	0	20,000
40	0	0	0	20,000	20,000	0	0	0	0	0	0	0	0	0	20,000
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43															
44															
45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	615,000	670,000	90,000	555,000	2,280,000	90,000	553,000	90,000	905,000	2,220,000	1,290,000	1,290,000	1,290,000	1,290,000	9,660,000
47	515,000	465,000	0	465,000	1,445,000	0	465,000	0	465,000	1,860,000	930,000	930,000	930,000	930,000	7,025,000
48	515,000	0	0	0	515,000	0	0	0	0	0	0	0	0	0	515,000
49	0	465,000	0	465,000	930,000	0	465,000	0	465,000	1,860,000	930,000	930,000	930,000	930,000	6,510,000
50	90,000	90,000	90,000	90,000	360,000	90,000	90,000	90,000	90,000	360,000	360,000	360,000	360,000	360,000	2,160,000
51	90,000	90,000	90,000	90,000	360,000	90,000	90,000	90,000	90,000	360,000	360,000	360,000	360,000	360,000	2,160,000
52	10,000	115,000	0	0	125,000	0	0	0	0	0	0	0	0	0	125,000
53	0	115,000	0	0	115,000	0	0	0	0	0	0	0	0	0	115,000
54	10,000	0	0	0	10,000	0	0	0	0	0	0	0	0	0	10,000
55	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56															
57	0	0	0	0	350,000	0	0	0	350,000	0	0	0	0	0	350,000
58	0	0	0	0	350,000	0	0	0	350,000	0	0	0	0	0	350,000
59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61	300,000	545,000	10,000	5,225,000	6,080,000	0	200,000	25,000	0	225,000	0	0	0	0	6,305,000
62	300,000	545,000	10,000	5,225,000	6,080,000	0	200,000	25,000	0	225,000	0	0	0	0	6,305,000
63	300,000	20,000	0	0	320,000	0	0	0	0	0	0	0	0	0	320,000
64	300,000	0	0	0	300,000	0	0	0	0	0	0	0	0	0	300,000
65	0	20,000	0	0	20,000	0	0	0	0	0	0	0	0	0	20,000

67	5.2.1	provide bi-annual training and retraining for staff	0	1	0	1	2					0					525000	C
68	5.2.2	create state resource center for easy access to information	0	0	0	1	1					0					4700000	B
69	5.3	Intervention 3: Conduct training																	
70	5.3.1	set up an education committee to effectively implement training plan	0	0	1	0	1					0							
71	5.4	Intervention 4: Develop retention strategy for health care workers																	
72	5.4.1	advocacy to ministry of establishment and head of parastatal on staff deployment	0	0	1	0	1					0					10000	C
73	5.5	Intervention 5: Develop innovative strategies for task sharing among health workers																	
74	5.5.1	training of workers for easy delegation of duty					0					0							
75	5.6	Intervention 6: Integrate HIV/AIDS curricula into Pre-service training of health workers at all levels																	
76	5.6.1	advocacy for review of preservice training to include HIV/AIDS curriculum	1	0	0	0	1					0							
77	5.7	Intervention 7: Develop innovative and sustainable capacity building mechanisms to link with other related health programs																	
78	5.7.1	create a harmonised capacity building framework for the health sector	0	0	0	1	1					0					315000	C	
79	5.8	Intervention 8: Develop sustainable systems for Human resource capacity building in management and leadership																	
80	5.8.1	conduct training and retraining of personnel on leadership and management					0		1			1	1	1	1	1	150000	C	
81	5.9	Intervention 9: Develop Human Resource Management Information Systems																	
82	5.9.1	Develop plan					0		1			1					200000	A	
83	5.1	Intervention 10: Develop and implement human resource plan for the sector.																	
84	5.10.1	Develop human resource plan					0		1			1					200000	A	
85	5.10.2	Advocate for implementation					0			1		1					25000	C	
86		**Sub-theme : Procurement & logistics supply**																	
87	6	Objective 6: 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																	
88	6.1	Intervention 1: Establish HIV/AIDS PSM Steering committee and TWG																	
89	6.1.1	establish steering committee		1			1					0							
90	6.1.2	inaugurate steering committee		1			1					0					15000	C	
91	6.1.3	quarterly meeting of steering committee			1	1	2	1	1	1	1	4	4	4	4	4	10000	C	
92	6.2	Intervention 2: Conduct State forecasting & quantification exercise.																	
93	6.2.1	Conduct state forecasting and quantification exercise					0	1				1					200000	F	
94	6.2.2	Annual exercise					0					0	1	1	1	1	100000	F	
95	6.3	Intervention 3: Rehabilitate existing State medical warehouses.																	
96	6.3.1	Assess the state of the State warehouse	0	0	1	0	1					0					100000	F	
97	6.3.2	Use report for advocacy				1	1		1			1					10000	C	

66	0	525,000	0	5,225,000	5,750,000	0	0	0	0	0	0	0	0	5,750,000
67	0	525,000	0	525,000	1,050,000	0	0	0	0	0	0	0	0	1,050,000
68	0	0	0	4,700,000	4,700,000	0	0	0	0	0	0	0	0	4,700,000
69	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	0	0	10,000	0	10,000	0	0	0	0	0	0	0	0	10,000
72	0	0	10,000	0	10,000	0	0	0	0	0	0	0	0	10,000
73	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77	0	0	0	315,000	315,000	0	0	0	0	0	0	0	0	315,000
78	0	0	0	315,000	315,000	0	0	0	0	0	0	0	0	315,000
79	0	0	0	0	0	0	150,000	0	0	150,000	150,000	150,000	150,000	150,000	750,000
80	0	0	0	0	0	0	150,000	0	0	150,000	150,000	150,000	150,000	150,000	750,000
81	0	0	0	0	0	0	200,000	0	0	200,000	0	0	0	0	200,000
82	0	0	0	0	0	0	200,000	0	0	200,000	0	0	0	0	200,000
83	0	0	0	0	0	0	200,000	25,000	0	225,000	0	0	0	0	225,000
84	0	0	0	0	0	0	200,000	0	0	200,000	0	0	0	0	200,000
85	0	0	0	0	0	0	0	25,000	0	25,000	0	0	0	0	25,000
86	**0**	**15,000**	**110,000**	**115,000**	**240,000**	**710,000**	**30,000**	**110,000**	**20,000**	**870,000**	**160,000**	**160,000**	**160,000**	**160,000**	**1,750,000**
87	0	15,000	110,000	115,000	240,000	710,000	30,000	110,000	20,000	870,000	160,000	160,000	160,000	160,000	1,750,000
88	0	15,000	10,000	10,000	35,000	10,000	10,000	10,000	10,000	40,000	40,000	40,000	40,000	40,000	235,000
89	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90	0	15,000	0	0	15,000	0	0	0	0	0	0	0	0	0	15,000
91	0	0	10,000	10,000	20,000	10,000	10,000	10,000	10,000	40,000	40,000	40,000	40,000	40,000	220,000
92	0	0	0	0	0	200,000	0	0	0	200,000	100,000	100,000	100,000	100,000	600,000
93	0	0	0	0	0	200,000	0	0	0	200,000	0	0	0	0	200,000
94	0	0	0	0	0	0	0	0	0	0	100,000	100,000	100,000	100,000	400,000
95	0	0	100,000	10,000	110,000	0	10,000	0	0	10,000	0	0	0	0	120,000
96	0	0	100,000	0	100,000	0	0	0	0	0	0	0	0	0	100,000
97	0	0	0	10,000	10,000	0	10,000	0	0	10,000	0	0	0	0	20,000

			B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
98	6.4	Intervention 4: Conduct training in logistics management at all levels																	
99	6.4.1	Set up logistics management committee at all level						0					0						
100	6.4.2	Inauguration of committee					1	1					0					95,000	C
101	6.4.3	Conduct training for members						0	1				1					500,000	C
102	6.4.4	regular meeing of committee						0		1		1	2	2	2	2	2	10000	C
103	6.5	Intervention 5: Develop Unified HIV commodities distribution system.																	
104	6.5.1	develop supply chain management						0			1		1					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 financial resources required for HIV/AIDS by 2015																	
107	7.1	Intervention 1: Advocacy to key stakeholders																	
108	7.1.1	Advocacy visit to the State Executive to increase funding		1	0	0	1	2					0					10000	C
109	7.1.2	Advocacy visit to the Legislature to increase funding		1	0	0	1	2					0					10000	C
110	7.1.3	Sensitization workshop with Chairmen LGAs and SACA to start funding LACA		0	1	0	0	1					0					120000	C
111	7.2	Intervention 2: Establishment of budget lines for HIV/AIDS																	
112	7.2.1	Linked to activities 7.1 and 7.2						0					0						
113	7.3	Intervention 3: Integration of HIV issues into budgetary process																	
114		Linked to activities 7.1 and 7.2						0					0						
115	8	Objective 8 To mobilize adequate financial resources in support of the implementation of the stateHIV/AIDS response																	
116	8.1	Intervention 1: Partnership building																	
117	8.1.1	Identify potential partner and network						0					0						
118	8.1.2	Oganize stakeholders meeting		0	0	1	0	1					0					70000	C
119	8.2	Intervention 2: Strengthening of public-private partnerships																	
120	8.2.1	Establish public-private partnership forum		0	0	0	1	1					0					70000	C
121	8.2.2	develop areas of collaboration						0	1	0	1	0	2					15000	C
122	8.3	Intervention 3: Operationalisation of Joint Funding Agreements																	
123	8.3.1	Sign agreement at the State Level		1	0	0	0	1					0					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																	
125	9.1	Intervention 1: Capacity building on financial management																	
126	9.1.2	Capacity building on resource management and accountability		0	0	1	0	1	0	0	1	0	1					1670000	C
127	9.2	Intervention 2: Establishment of pro-active budget tracking methods																	
128	9.2.1	Develop State AIDS Spending Assessment						0					1					900000	A
129	9.2.2	Track spending annually with SASA						0					0	1	1	1	1	600000	A
130	9.3	Intervention 3: Documentation and dissemination of resource tracking results																	
131	9.3.1	Disseminate report						0	0	0	0	1	1	1	1	1	1	750000	C
132	9.4	Intervention 4: Advocacy on using result of budget tracking for improved prg management																	
133	9.4.1	Advocate feedback from SASA report in programme planning						0					0	1	1	1	1	20000	C

98															
99	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
100	0	0	0	95,000	95,000	0	0	0	0	0	0	0	0	0	95,000
101	0	0	0	0	0	500,000	0	0	0	500,000	0	0	0	0	500,000
102	0	0	0	0	0	0	10,000	0	10,000	20,000	20,000	20,000	20,000	20,000	100,000
103	0	0	0	0	0	0	0	100,000	0	100,000	0	0	0	0	100,000
104	0	0	0	0	0	0	0	100,000	0	100,000	0	0	0	0	100,000
105	20,000	0	1,740,000	70,000	1,830,000	15,000	900,000	1,685,000	870,000	3,350,000	1,370,000	1,370,000	1,370,000	1,370,000	10,660,000
106	20,000	120,000	0	20,000	160,000	0	0	0	0	0	0	0	0	0	160,000
107	20,000	120,000	0	20,000	160,000	0	0	0	0	0	0	0	0	0	160,000
108	10,000	0	0	10,000	20,000	0	0	0	0	0	0	0	0	0	20,000
109	10,000	0	0	10,000	20,000	0	0	0	0	0	0	0	0	0	20,000
110	0	120,000	0	0	120,000	0	0	0	0	0	0	0	0	0	120,000
111	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
113	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
115	20,000	0	70,000	70,000	160,000	15,000	0	15,000	0	30,000	0	0	0	0	190,000
116	0	0	70,000	0	70,000	0	0	0	0	0	0	0	0	0	70,000
117	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
118	0	0	70,000	0	70,000	0	0	0	0	0	0	0	0	0	70,000
119	0	0	0	70,000	70,000	15,000	0	15,000	0	30,000	0	0	0	0	100,000
120	0	0	0	70,000	70,000	0	0	0	0	0	0	0	0	0	70,000
121	0	0	0	0	0	15,000	0	15,000	0	30,000	0	0	0	0	30,000
122	20,000	0	0	0	20,000	0	0	0	0	0	0	0	0	0	20,000
123	20,000	0	0	0	20,000	0	0	0	0	0	0	0	0	0	20,000
124	0	0	1,670,000	0	1,670,000	0	900,000	1,670,000	750,000	3,320,000	1,370,000	1,370,000	1,370,000	1,370,000	10,470,000
125	0	0	1,670,000	0	1,670,000	0	0	1,670,000	0	1,670,000	0	0	0	0	3,340,000
126	0	0	1,670,000	0	1,670,000	0	0	1,670,000	0	1,670,000	0	0	0	0	3,340,000
127	0	0	0	0	0	0	900,000	0	0	900,000	600,000	600,000	600,000	600,000	3,300,000
128	0	0	0	0	0	0	900,000	0	0	900,000	0	0	0	0	900,000
129	0	0	0	0	0	0	0	0	0	0	600,000	600,000	600,000	600,000	2,400,000
130	0	0	0	0	0	0	0	0	750,000	750,000	750,000	750,000	750,000	750,000	3,750,000
131	0	0	0	0	0	0	0	0	750,000	750,000	750,000	750,000	750,000	750,000	3,750,000
132	0	0	0	0	0	0	0	0	0	0	20,000	20,000	20,000	20,000	80,000
133	0	0	0	0	0	0	0	0	0	0	20,000	20,000	20,000	20,000	80,000

		Objectives/Strategic Interventions/Activities	TARGETS																Unit cost	Cost type	BUDGET
			2010					2011					2012	2013	2014	2015					
		Thematic Area 6. Monitoring and Evaluation, Research, and Knowledge Management	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total									2010
	1	Objective 1. To enhance the leadership and managerial role of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015																			Q1
	1.1	Review and clarify the competencies, and accountability structures for M & E, and strengthen their alignment to organisational strategies at State/LGA/SDP/Project levels																			31,890,292
	1.1.1	Conduct capacity assessment of the state and LGA M&E systems and identify focal persons for M&E in the state (SDPs, line ministries, CSOs, etc)																			31,663,000
	1.1.2	Train identified M&E officers (36)		36			36	36				36		36				46,222			0
	1.1.3	Provide computers for M&E officers		21			21					0						154,286			0
	1.1.3	Conduct supervisory visits to SDPs in the state		1			1		1			1	1	1	1	1					0
	1.2	Develop/strengthen appropriate, fully funded mechanisms for coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)																			0
	1.2.1	Develop a state M&E plan for SSP 2	1				1					0									31,598,000
	1.2.2	Produce and distribute M&E plan to relevant stakeholders		2,000			2,000					0									0
	1.2.3	Production of NNRIMS materials and tools (100,000 booklets and 25,000 ART cards)	50,000				50,000	50,000				50,000	25,000					700			0
	1.2.4	Conduct sensitization for LGA chairmen for funding for M&E activities		1			1					0						620			0
	1.2.5	Conduct quarterly meetings of the M&E TWG	1	1	1	1	4	1	1	1	1	4	4	4	4	4		362,000			31,000,000
	1.2.6	Monthly meetings of M&E stakeholders	3	3	3	3	12	3	3	3	3	12	12	12	12	12		299,000			0
	1.3	Review and enhance the organisational culture for sustainable human capacity development and timely adequate budgetary provision and release of funds for the M&E system																99,667			299,000
	1.3.1	Conduct advocacy visit to approving authorities on the recommended 10% budgetary allocation of HIV activities to M&E		1	1		2					0						25,000			299,000
	1.3.2	Conduct sensitization for LGA chairmen for funding for M&E activities		1			1	1				1						362,000			65,000
	1.3.3	Deployment of 2 more record staff to SACA and LACA to strengthen M&E dept		1			1					0									0
	1.3.4	Advocate for strategic transfer of M&E officers within the public sector					0					0									0
	1.3.5	Promote on-going mentoring and step down training to other officers at SDP level					0					0									0
	1.3.6	Conduct annual work plan meeting with implementing partners	1				1	1				1	1	1	1	1		65,000			0
	1.3.7	Training of M&E officers					0	1				1						28,444			65,000
	2	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 stakeholders at all levels of HIV/AIDS response by 2015																			0
																					5,000

1														
2					2011					2012	2013	2014	2015	Total
3	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total					
4	12,553,042	7,020,964	2,625,292	54,089,589	33,954,336	2,654,892	4,064,767	2,634,892	43,308,886	28,847,817	11,304,067	11,071,817	9,397,067	158,019,242
5	7,651,000	623,000	598,000	40,535,000	33,717,444	598,000	598,000	598,000	35,511,444	17,957,000	4,364,000	2,457,000	2,457,000	103,281,444
6	4,904,000	0	0	4,904,000	1,664,000	0	0	0	1,664,000	0	1,907,000	0	0	8,475,000
7	0	0	0	0	0	0	0	0	0	0	243,000	0	0	243,000
8	1,664,000	0	0	1,664,000	1,664,000	0	0	0	1,664,000	0	1,664,000	0	0	4,992,000
9	3,240,000	0	0	3,240,000	0	0	0	0	0	0	0	0	0	3,240,000
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	2,360,000	598,000	598,000	35,154,000	31,598,000	598,000	598,000	598,000	33,392,000	17,892,000	2,392,000	2,392,000	2,392,000	93,614,000
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	1,400,000	0	0	1,400,000	0	0	0	0	0	0	0	0	0	1,400,000
14	0	0	0	31,000,000	31,000,000	0	0	0	31,000,000	15,500,000	0	0	0	
15	362,000	0	0	362,000	0	0	0	0	0	0	0	0	0	362,000
16	299,000	299,000	299,000	1,196,000	299,000	299,000	299,000	299,000	1,196,000	1,196,000	1,196,000	1,196,000	1,196,000	
17	299,000	299,000	299,000	1,196,000	299,000	299,000	299,000	299,000	1,196,000	1,196,000	1,196,000	1,196,000	1,196,000	
18	387,000	25,000	0	477,000	455,444	0	0	0	455,444	65,000	65,000	65,000	65,000	
19	25,000	25,000	0	50,000	0	0	0	0	0	0	0	0	0	
20	362,000	0	0	362,000	362,000	0	0	0	362,000	0	0	0	0	
21	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	0	0	0	0	0	0	0	0	0	0	0	0	0	
23	0	0	0	0	0	0	0	0	0	0	0	0	0	
24	0	0	0	65,000	65,000	0	0	0	65,000	65,000	65,000	65,000	65,000	
25	0	0	0	0	28,444	0	0	0	28,444	0	0	0	0	
26	1,805,000	2,294,130	1,805,000	5,909,130	5,000	1,825,000	1,440,500	1,805,000	5,075,500	4,696,000	3,620,000	3,620,000	3,620,000	26,340,630

			C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
27	2.1	**Establish/strengthen cost-effective M&E TWGs (or other coordinating structures) at LGA and State**																	
28	2.1.1	Strengthen existing M&E TWGs at the state level comprising of representatives of the 18 LGA, SACA M&E officer, NACA representative , CISHAN,NEPWHAN and NYNETHA to meet quarterly.	link to 1.2.5														0		#VALUE!
29	2.2	**Facilitate the emergence of an enabling environment to promote identification, sharing and learning from best practices' projects across State/LGAs/Implementing partners of the national response by 2015**																	0
30	2.2.1	Conduct regular sensitization of facility M&E officers on new innovations and best practises (integrate into monthly M&E meetings)	link to 1.2.5	1	1	1	3	1	1	1	1	4	4	4	4	4	0		0
31	2.2.2	Produce a bi-annual update newsletter on the state response (number of copies)		1,500		1,500	3,000		1,500		1,500	3,000	3,000	3,000	3,000	3,000	600		0
32	2.2.3	Conduct mid term review seminar on state strategic plan and highlight documented best practises					0					0	1				538000		0
33	2.3	**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**																	0
34	2.3.1	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					5000		0
35	2.4	**Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally harmonised data flow and collection tools, routine data analysis and use, feedback mechanism and electronic data quality control "early alert" measures**																	5,000
36	2.4.1	Establish effective feedback mechanism at both LGA & state level through the media for data utilization					0					0							0
37	2.4.2	Present quarterly service data report to the policy makers	1	1	1	1	4	1	1	1	1	4	4	4	4	4	5000		5,000
38	2.4.3	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			60		60					23925		0
39	2.5	**In collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier system**																	0
40	2.5.1	Conduct sensitization meeting with facility M&E officers and providers on the patient unique identifier system			150		150					0					15260.86957		0
41	3	Objective 3. M&E																	0
42	3.1	**Review and strengthen the effectiveness and efficiency of coordinating mechanisms for design and implementation of national/project/program specific surveys/surveillance by 2015**																	0

27	900,000	0	900,000	1,800,000	0	900,000	0	900,000	1,800,000	2,338,000	1,800,000	1,800,000	1,800,000	11,338,000
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	900,000	0	900,000	1,800,000	0	900,000	0	900,000	1,800,000	2,338,000	1,800,000	1,800,000	1,800,000	11,338,000
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	900,000	0	900,000	1,800,000	0	900,000	0	900,000	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000	10,800,000
32	0	0	0	0	0	0	0	0	0	538,000	0	0	0	538,000
33	0	0	0	0	0	20,000	0	0	20,000	0	0	0	0	20,000
34	0	0	0	0	0	20,000	0	0	20,000	0	0	0	0	20,000
35	5,000	5,000	5,000	20,000	5,000	5,000	1,440,500	5,000	1,455,500	20,000	20,000	20,000	20,000	1,555,500
36	0	0	0	0	0	0	0	0	0	0	0	0	0	
37	5,000	5,000	5,000	20,000	5,000	5,000	5,000	5,000	20,000	20,000	20,000	20,000	20,000	120,000
38	0	0	0	0	0	0	1,435,500	0	1,435,500	0	0	0	0	1,435,500
39	0	2,289,130	0	2,289,130	0	0	0	0	0	0	0	0	0	2,289,130
40	0	2,289,130	0	2,289,130	0	0	0	0	0	0	0	0	0	
41	0	3,044,167	0	3,044,167	0	0	0	0	0	0	0	0	0	3,044,167
42	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
43	3.1.1	**Conduct periodic evaluations of the effectiveness and efficiency of coordinating mechanisms**				1	1				1	1		1		1			0
44	3.2	**Review and strengthen capacity building for the design, execution, analysis and use of relevant surveys/ surveillance and other evaluation and research studies**					0	25				25					92300		0
45	3.2.1	Train 25 M&E officers in the design and execution of surveys, surveillance etc			1		1					0					2,565,000		0
46	3.2.2	Conduct formative assessment of MARPs in the state					0		1			1					3500000		0
47	3.2.3	Conduct Integrated Biological Behavioural Sentinel Survey (IBBSS) in the state					0					0			1		2,565,000		0
48	3.2.4	Identify, prioritize and conduct impact studies in key groups																	0
49	3.3	**To review and strengthen a cost-effective, evidence-based national programme and documentation system for other HIV Evaluation, Research and learning**			1		1					0					479,167		0
50	3.3.1	Establish an e-based documentation of all evaluation and research activities in the state		50			50					0					4,200		0
51	3.3.2	Train manpower to update records																	0
52	3.4	**Establish and implement varied mechanisms for promoting the timely presentation of Ondo HIV/AIDS experience in State/National/International Conferences and forums by 2015**																	0
53	3.4.1	Institute 2 travel grants yearly for HIV related published works on Ondo state to be presented in international conferences	15				15	20				20	20	20	20	20			0
54	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	150			0
55	3.4.3	Undertake ERPS study 2 yearly to update the HIV situation in the state					0		1			1		1		1			0
56	4	**Objective 4. To continuously improve data quality and supportive supervision at all levels by 2015**																	0
57	4.1	**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**																	30,000
58	4.1.1	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				600		30,000
59	4.1.2	Train all M&E officers in the state on DQA tools			35		35			75		75	100	100	100	100	23925		0
60	4.1.3	Conduct monthly internal DQA using the National tools (all M&E Officers)	3	3	3	3	12	3	3	3	3	12	12	12	12	12	10000		0
61	4.1.4	Conduct quarterly DQA for facilities using national tools (SACA M&E Officers)					0	1	1	1	1	4	4	4	4	4	9600		30,000
62	4.2	**Timely dissemination of supervisory and auditing reports to Stakeholders using the most appropriate evidence-based means**																	0
63	4.2.1	Ensure submission of monthly service data and DQA reports to SACA by first week of following month	3	3	3	3	12	3	3	3	3	12	12	12	12	12			0
64	4.2.2	Ensure that SACA M&E officers submit quarterly service data and supervisory report to NACA and relevant agencies by 2nd week of next month	1	1	1	1	4	1	1	1	1	4	4	4	4	4			0

43	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	0	2,565,000	0	2,565,000	2,307,500	3,500,000	0	0	5,807,500	0	0	2,565,000	0	10,937,500
45	0	0	0	0	2,307,500	0	0	0	2,307,500	0	0	0	0	2,307,500
46	0	2,565,000	0	2,565,000	0	0	0	0	0	0	0	0	0	2,565,000
47	0	0	0	0	0	3,500,000	0	0	3,500,000	0	0	0	0	3,500,000
48	0	0	0	0	0	0	0	0	0	0	0	2,565,000	0	2,565,000
49	210,000	479,167	0	689,167	0	0	0	0	0	0	0	0	0	689,167
50	0	479,167	0	479,167	0	0	0	0	0	0	0	0	0	479,167
51	210,000	0	0	210,000	0	0	0	0	0	0	0	0	0	210,000
52	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53	0	0	0	0	0	0	0	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56	630,000	867,375	30,000	1,557,375	39,600	39,600	1,833,975	39,600	1,952,775	3,150,900	2,550,900	2,550,900	2,550,900	14,313,750
57	630,000	867,375	30,000	1,557,375	39,600	39,600	1,833,975	39,600	1,952,775	3,150,900	2,550,900	2,550,900	2,550,900	14,313,750
58	600,000	0	0	600,000	0	0	0	0	0	600,000	0	0	0	1,200,000
59	0	837,375	0	837,375	0	0	1,794,375	0	1,794,375	2,392,500	2,392,500	2,392,500	2,392,500	12,201,750
60	30,000	30,000	30,000	120,000	30,000	30,000	30,000	30,000	120,000	120,000	120,000	120,000	120,000	720,000
61	0	0	0	0	9,600	9,600	9,600	9,600	38,400	38,400	38,400	38,400	38,400	192,000
62	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
65	5	**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**																	0
66	5.1	**Facilitate 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**																	0
67	5.1.1	Sensitize all implementing partners on relevance and alignment with work plan					0	1				1							0
68	5.1.2	Ensure use of NNRIMS reporting format in submitting quarterly report to SACA by all implementing agencies in the state	1	1	1	1	4	1	1	1	1	4	4	4	4	4			0
69	5.1.3	Train M&E leaders & managers in system approach and result based performance management		70			70					0	70		70		23925		0
70	5.2	**Ensure that national indicators and frameworks are evidence-based, appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems**																	0
71	5.2.1	Conduct regular supervisory visit to implementing agencies using the indicator checklist	1	1	1	1	4	1	1	1	1	4	4	4	4	4			0
72	5.2.2	Enforce one harmonised national data collection and information flow structure					0					0							0
73	5.2.3	Distribute documented copies of the national data collection and information flow structure to all SDP			100		100			0		0							0
74	5.2.4	Develop SSP baseline indicators	1	1			2					0							0
75	6	**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, analyse and present programme monitoring data from all levels and sectors by 2015.**																	192,292
76	6.1	**Establish a national Technical Review Group on national HIV/AIDS databases**																	0
77	6.1.1	Participate in National Technical Review Group on national HIV/AIDS databases	1	1	1	1	4	1	1	1	1	4	1	1	1	1			0
78	6.2	**Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015**																	0
79	6.2.1	SACA M&E officer to ensure sustained accurate entry of data into state data base				1	1					0							0
80	6.2.2	Conduct the data base management training				35	35	35	35			70	35		35	35			0
81	6.3	**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**																	192,292
82	6.3.1	Print and disseminate National guidelines on data storage data protection and access at SDPs hard copy files for all M&E data		1000			1000					0	1000				600		0
83	6.3.2	Create and maintain monthly electronic back up of database at SACA office	3	3	3	3	12	3	3	3	3	12	12	12	12	12	64097.22222		192,292
84	44																		

65														
66	1,674,750	0	0	1,674,750	0	0	0	0	0	1,674,750	0	1,674,750	0	5,024,250
67	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	0	0	0	0	0	0	0	0	0	0	0	0	0	0
69	1,674,750	0	0	1,674,750	0	0	0	0	0	1,674,750	0	1,674,750	0	5,024,250
70	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75	792,292	192,292	192,292	1,369,167	192,292	192,292	192,292	192,292	769,167	1,369,167	769,167	769,167	769,167	5,815,000
76	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80	0	0	0	0	0	0	0	0	0	0	0	0	0	0
81	792,292	192,292	192,292	1,369,167	192,292	192,292	192,292	192,292	769,167	1,369,167	769,167	769,167	769,167	5,815,000
82	600,000	0	0	600,000	0	0	0	0	0	600,000	0	0	0	1,200,000
83	192,292	192,292	192,292	769,167	192,292	192,292	192,292	192,292	769,167	769,167	769,167	769,167	769,167	4,615,000
84														

Objective: 1. At least 80% of adults (men and women) and all (100%) of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment by 2015						
Strategic Intervention: 1.1. Advocacy						
No	**Activity**	**Sub- Activity and Items**	**Unit Cost**	**Unit type**	**No of Units**	**Total (6years)**
Strategic Intervention 1.1 : Advocacy						**174,400**
1.1.1	Identifying the stakeholders					
		transport allowance for 4	2000	transport, 6 days	24	48,000
		lunch allowance	1500	lunch , 6days	24	36,000
		logistics	12000		1	12,000
1.1.2	pay advocacy visit to the stakeholders	printing of visitation letters	100	letter,	24	2,400
		transport allowance	2000	transport, 4 days	16	32000
		lunch allowance	1500	lunch ,4days	16	24000
		logistics (gift items etc)	20000		1	20000
						0
Strategic Intervention 1.2 : Training						0
1.2.1	identify 600 personnel to be trained	write letter to the management(MOH ,HMB, LGSC etc)	100	lettersx 1yrx6yrs	600	11040000
						60000
1.2.2	Plan for training in batches	develop and print training materials	1000	100xlyrx6yrs	600	600000
		book training venue	50000	hall, 5daysx 12	60	3000000
		provide accommodation for participants	5000	accommodation , 6 nights	600	3000000
		refreshment	500	tea breaks, 5 days	600	300000
			1000	lunch , 5days	600	600000
		transport allowance	1000	transport, 1	600	600000
		facilitators(honorarium,transport allowance, accommodation)	60,000	4 facilitators,x12	48	2880000
Strategic Intervention 1.3: Decentralization and integration						1979500
1.3.1	Establishment of treatment services at at PHC level	procure commodities (lancet,cottonwool methylated spirit,elbow gloves, plaster HCT kit)	360,800	commodities	30	1330000
		train 20 personnel in PHC on HCT and r	2500	personnel, 3 days	60	10824000
						150000

		print and distribute registers	2000	register	30	60000
						3500
1.3.2	Deployment of 20personnels to each of the treatment centers .	write letters to the management	250	letter	10	2500
		(MOH ,HMB, LGSC etc)				
		distribute the letters	100	transport	10	1000
1.3.3	Integration of HIV services in existing TB/L programme.	meeting with the personnel TB/L progr	2000	52 personnelx5yr	260	520000
.3.4	Distribution of 60 copies of ARV guidelines	printing , transportation	2100	60 copies,	60	126000
						77329000
trategic Intervention 1.4: Medical commodities and equipments						72650000
.4.1	procure and distribute equipment-CD4 machine, PCR machine, chemistry automated analyser,hematological analyser	Prepare TOR				
		Advertise for Bidders	250,000	2dailiesx5	10	2500000
		Opening of bids, shortlisting and award	15000	x1x5yrs	5	75000
		contract				
		Supply of equipments to all centres	6,000,000	CD4 countx1x5yrs	5	30000000
			15000	PCR machinex1x5yrs	5	75000
			4,200,000	chem automated x5	5	21000000
			3,800,000	heam analyserx5	5	19000000
4.2	procure and distribute medical commodities- reagents, lancet, ,clearing solution,elbow gloves methylated spirit, buffer, cotton wool plaster, HCT kits					4679000
		Advertise for Bidders	250,000	dalilies,2x5	10	2500000
		Opening of bids , shortlisting and awar	15000	x1x5	5	75000
		Supply of commodities to all centres	420,800	commoditiesx5	5	2104000
	1.5 Provision and upgrade of physical infrastructure					14035000
.5.1	Assessment of exsiting physical strutures in 5 ART centres	set up committee for the assessment				35000
		develop / adapt a questionnaire for ass	500	copies, 5 centres	50	25000
		ment				
		transportation	2000	transport,5 centres	5	10000
.5.2	Upgrading of existing structures in the three senatorial distrcicts					14000000
		Renovation of existing structures (cha	500,000	2centresx2	4	2000000
		tables, air conditioner, generator etc)				
		Expanding existing structures (providin	2,000,000	3 centresx2	6	12000000

		water and sanitary facilities, building etc)				
Strategic Intervention 1.6 : Public Private Partnership						1254000
1.6.1	Collaborate with existing private Health Institutions, CSOs, Donor agencies, corporate institutions	logistics (Mapping of the private facilitie	3000	4 personsx5	20	60000
		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				
		write& distribute letters of invitation	100	persons x150	150	15000
		rent meeting venue	10000	meeting roomx5	5	50000
		refreshment	500	person x150	150	75000
		transport allowance	1000	person x150	150	150000
		develop and print materials for the me	5000	materialsx150	150	750000
		Announcement on the radio	2500	slot	2	5000
		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 Intervention 1.7: Laboratory quality system management network						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	5	75000
		collate and write report	10000	report	1	10000
		procurement of laboratory equipment				
		advertise for bidders	250000	dalilies, 2 x5	10	2500000
		Open bids , shortlisting and award	15000	meeting x5	5	75000
		supply the lab equipments	3,800,000	equipmentx5yrs	5	19000000

	technologist and scientist)					
		identify lab personnel to be trained(10/yr)				1533000
		develop and print training materials	500	materialx6yrs	60	30000
		print and send out invitation letters	250	lettersx1yrx 6yrs	60	15000
		rent training venue	20000	hall, 3 days x6yrs	18	360000
		stationaries	300	10personsx6yrs	60	18000
		tea break	500	personsx10x6	60	30000
		lunch	1000	personsx10x6	60	60000
		DSA (transportation & accomondation)	6000	personsx10x6	60	360000
		facilitator honorarium	55000	personsx2x6	12	660000
1.7.3	Create imprest for maintainance and repair of equipments					100000
		develop proposal				
		imprest for maintenance and repair of equipment	100,000	imprest	1	100000
Strategic Intervention 1.8: Q|A/QI						
1.8.1	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	60	38000
		distribute SOP and guidelines to the lat	2000	persons x2x2days	4	30000
.8.2	Supportive supervisory visit to the ART centres					8000
		transport	3000	2person x 6trips	12	114000
		lunch allowance	1500	2personsx6trips	12	36000
		print copies of monitoring tools	200	10 copies x30	300	18000
trategic Intervention 1.9 Clinical Pharmacovigilance for ARVs						60000
9.1	Create awareness on side effects of ARVs(jingles, flyers, billboards and posters)					43530000
		develop 50 pamphlets ,25 poster & 25 reading materials.	6000	copiesx100x5	500	3060000
		distribute to the centres(100/ART centr	3000	4personsx5	20	3000000
9.2	Active surveillance and reporting of adverse drug reaction to ARV drugs .					60000
		print the forms for reporting adverse re	700	copiesx100x5	500	410000
		visit to the facilities(logistics)	3000	4personsx5	20	350000
						60000

	drug reaction					40060000
		documentation of adverse drug reactions				
		investigate the adverse reactions(trans	3000	4persons x5	20	60000
		treat the adverse reactions(lab inv &dr	5000	1000 reactionsx5	5000	25000000
		referral (transport)	3000	1000 reactionsx5	5000	15000000
Startegic Intervention 1.10 : Local manufacture of ARVs and other commodities						123000
1.10.1	Identify herbs for local ARV					58000
		map out traditional healers in the state	3000	2 personsx4 trips	8	24000
		send out letter of visitation to them	500	letter x20	20	10000
		visit the traditional healers	3000	2personsx4trips	8	24000
1.10.2	Map out local ARV manufacturers					35000
		list the local ARV manufacturers registered in the state and LGAs				
		send out letter of visitation	500	letterx10	10	5000
		visit to the registered local ARV manufa	3000	2 perosnsx5trips	10	30000
1.10.3	Provision of space for herbs plantation					3500
		develop a proposal to the state and LG/	1000	1 event	1	1000
		send the proposal	2500	I event	1	2500
1.10.4	Advocate for duty free importation of ARV materials					8500
		develop a proposal	1000	1 event	1	1000
		send the proposal	2500	1 event	1	2500
		pay advocacy visit to Government, NAF	5000	1event	1	5000
1.10.5	Linking up with research institute					18000
		Map out research institute in the state	3000	2 personsx 2yrs	4	12000
		develop proposals	1000	1 eventx6yrs	6	6000
		create a budget line for research				
Objective 2 : At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015						
Strategic Intervention 2.1 : Training						
2.1.1	Training of 600 personnel on OIs					
	management(link with activity1.2.1 &1.2.2)					
Strategic Intervention 2.2: Upgrade laboratory infrastructure for OI management						
2.2.1	Renovation and standardization of existing infrastructure for the management of Ois(link up with 1.5.1 &1.5.2)					

Strategic Intervention 2.3: Provision of medical commodities, equipments and drugs for OI management						60000
2.3.3	procure and distribute adequate doses of OIs drugs	take a stock of the drugs in the central store				
		Quantity of drugs needed		4000 doses		
		distribute to centres (transport)	3000	4 persons x5	20	60000
Strategic Intervention 2.4 : Implementation of QA/QI for OI management						160000
						106000
2.4.1	procure and disseminate 100 coipes of SOP and guidelines on QA to laboratory facilities (2/ART centres)	print treatment guidelines	700	copiesx100	100	70000
		logistics for distribution (transport)	3000	2 personsx6	12	36000
2.4.2	supportive supervision	logistics for supervisory visit (transport and lunch allowance	4500	2personsx6	12	54000
OBJECTIVE # 3						
Strategic Intervention: 3.1. Coordinating Bodies /						
No	**Activity**	**Sub- Activity and Items**	**Unit Cost N**	**Unit type**	**No of Units**	**Total (6 years)**
3.1.	. Coordinating Bodies					**16,128,000**
						7,920,000
3.1.1	Monthly review meeting of HIV/AIDS /TB Working Group at state level	1. Allowance to 20 TB/HIV TWGmembers	5,000	State /20person/12meetngs/6yrs	1,440	7,200,000
		2. stationaries	500	20 persons/12meetngs/6yrs	1,440	720,000
						2,190,000
3.1.2	Formation meeting of HIV/TB working Group at local level in all 18 LGAs	1. Venue (1 day)	25,000	venue/1day/6yrs	6	150,000
		3. Refreshments - Lunch/Tea breaks	2,000	40 persons/1day/6yrs	240	480,000
		3. Transport allowances	5,000	40 persons/1day/6yrs	240	1,200,000
		4. Facilators honorarium	10,000	4 person/1 day/6yrs	24	240,000
		5. Materials - file jackets, Biros, Notebooks etc	500	40 person/1day/6yrs	240	120,000
						6,480,000
3.1.3	Quarterly rotatry review meeting of HIV/TB working group at 18 LGAs	1.transport allowance	5,000	36 persons/4 mtgs/6yrs	864	4,320,000
		2. logsitics(feeding , stationaries)	2,500	36 persons/4 mtgs/6yrs	864	2,160,000

3.1.4	Formation meeting of HIV/TB working Group at service delivery level	1.refreshments	500	6persons/1day/6yrs	36	**18,000**
strategic Intervention :3.3 Communities, PLWHIV and PATB involvement						80,616,000
						45,840,000
3.3.1	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	1item/18LGA/6yrs	108	32,400,000
						34,776,000
3.3.2	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
Strategic Intervention :3.4 Linkages/Integration of Pharmacy and DOTS services						22,570,000
						3,700,000
3.4.1	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
3.4.2	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	90,000
		3.facilitator	20,000	4perons/2days/24 trainings	192	3,840,000
						11,340,000
3.4.4	Referral (Provision and Distribution of Referral forms)	1.print copies	200	500copies/18LGA/6yrs	54000	*10,800,000*
		2. distribute copies (transport)	5,000	1 event/18LGA/6yrs	108	540,000

3.5.1	Provision of monitoring and evaluation forms	2. transport (distribute forms)	5,000	1 event/18LGA/6yrs	108	540,000
3.5.2	Quarterly review of data analysis and feed backs	1.venue	25,000	1 hall/4days/6yrs	24	600,000
		2.transport, lunch	6,000	40 persons/4days/6yrs	960	5,760,000
Objective# 4:						211,332,000
	Strategic Intervention 4.1 : HCT of TB patients					**2,520,000.00**
4.1.1	Training of 360 cousellors on TB/HIV infection and prevention	1. Venue (3days)	20,000	3 days/1yr/6yrs	18	360,000
		2. Refreshements	2000	60persons/3days/6yrs	1080	2,160,000
						198,000,000
4.1.2	Provision of HIV couseling and screening services for TB patients	1. procure testing kits,	30000	1000kits/1yr/6yrs	6,000	180,000,000
		2. commodities (cotton wool, gloves,spirit, jik etc)	3000	70,000 items/40facilites/yr/6yrs	6000	18000000
	Strategic Intervention 4.2 :	Cotrimoxazole Preventive therapy for PLWHIV with TB				720,090,000
						720,090,000
4.2.1	Procurement and distribution of adequate supply of contrimoxazole for preventive therapy of PLWHA	1. procure tablets of Co-triomoxale	50	60000tab/40 faci/1yr/6yrs	14400000	720,000,000
		2. transport (distribute to facilities)	5000	4persons/5days/1yr/6yrs	120	90,000
						0
	Strategic Intervention 4.4 : ARVs for PLWHIV with active TB					1,260,720,000
4.4.1	Ensure provision of adequate ARV drugs for PLWHA with active TB	1.Quantity needed	52500	4000 doses of triple therapy/1yr/6yrs	24000	1,260,000,000
		2. logistics	30000	4items /1yr/6yrs	24	720,000
OBJECTIVE # 5 -To ensure all PLHIV have access to quality and comprehensive TB services by 2015						
Strategic Intervention 5.1 : Intensify case finding of TB						3,600,000
5.1.1	Create awareness on TB infection through radio slot [jingles](link up with 3.1.1)					

	the market , churches, mosques	1.identify focal persons - markets, church,	5,000	36persons/5days	180	900,000
		mosques.(transport)				
		2. biennal meeting	15000	2meetings/15 persons/6yrs	180	2,700,000
Strategic Intervention 5.2 : Laboratory support for TB and MDR-TB diagnosis in HIV infection						3,700,000
5.2.1	Upgrade at least 2 laboratories with equipment to provide standard laboratory services in each senetorial district	1. baseline assessment of laboratory facilities	5,000	4 persons/2 days/	8	40000
		2. advertisement for bidding	250,000	2 dalilies	2	500000
5.2.2	Maintaining and standardisation of laboratory equipments	1. assessment of laboratory equipment	5,000	2 persons/2 vsits/5yrs	20	100000
		2. transport allowance for maintenance	10,000	3persons/1 visit/6yrs	18	180000
5.2.3	Training laboratory personnel including personnel in private laboratory					2,880,000
		1.print and distribute (letters) logsitics	20,000	2persons/6LGA/2 days	24	480,000
		2. Allowances(transport and accomodation, refreshment)	15,000	30 persons/4 days	120	1,800,000
		3.logsitics	1,000	30 persons/4 days	120	120,000
		4. facilitators	30,000	2 persons/4days	16	480,000
Strategic Intervention 5.3 : Isoniazid Preventive therapy for PLHIV						24072000
		1.Quality needed	1000	4000 doses/1yr/6yrs	24000	24000000
		2. logistics	3000	4 trips/1yr/6yrs	24	72000
Strategic Intervention 5.5 : Pharmacovigilance for anti-TB drugs						720000
5.5.1	sensitisation of health personnel and public on anti TB side effects					
5.5.2	Produce documents on anti- TB drugs side effects, drug interaction and resistance	1. print copies	200	500 copies/1yr/6yrs	3000	600000
		2. transport to facilities	5000	4persons/1yr/6yrs	24	120000
Strategic Intervention 5.6 : TB infection control in HIV health care delivery sites.						3444000
5.6.1	Create awareness amongst care providers on control of TB infection	1. create awareness - seminar refreshment, transport, logsistics	3000	100 persons/1yr/6yrs	600	1800000
5.6.2	Provision of materials on UP	1.print 500 copies of UP materials	500	500 copies/1yr/6yrs	3000	1500000
		2. logsitics to distribute UP mater	3000	4 trips/1yr/6yrs	24	72000
5.5.3	Provision of drugs for PEP	1.Quantities of drugs (PEP)		4000 doses /1yr/6yrs		
		2. logistics	3000	4trips/1yr/6yrs	24	72000

Strategic Intervention: 1.1.						
No	Activity	Sub- Activity and Items	Unit Cost N	Unit type	No of Units	Total (6 years)
1.1.1	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/person	3 ppl x 18LGA X 2 visitsx6yrs =648	648,000
						3,720,000
	1 day Stakeholders' Forum on state level for 5 people per 18 LGA on care and support	1. Venue (1 day)	N50,000	day	venue x1dayx6yrs	300,000
		3. Refreshments - Lunch/Tea breaks	N3,000	persons	90ppl x 6 yrs = 540	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
rategic Intervention: 1.2 Review/develop and disseminate national policies, standards and protocols for care and support services						
1.1.2	Strategic Intervention: 1.2 Review/develop and disseminate national policies , standards and protocols for care and support.					14,585,000.00
	2 DAY Review meetings with stakeholders (50 participants) media, CiSHAN,NEPWAH, MOJ,CSO,Private org., LACA,Line ministries, Community leaders,	1. Venue (2 days)	N50,000	day	1	585,000.00
		2. Refreshemnts	N3,000	persons/day	50ppl x 2 days	50,000.00
		3. Transport allowances	N2,500	persons	50 ppl	300,000.00
		4. Stationery	N1,000	person	50ppl x 2 days	125,000.00
		5. Facilitators (2)	N10,000	persons/day	2ppl x 2 days	50,000
		6. Accomodation for facilitators	N5,000	person/day	2 ppl x 2 days	40,000
	Production and dissemination of reviewed policies 20,000 copies	Printing	N700	copies	20,000	20,000
						14,000,000
1.1.3						0
	Strategic Intervention: 1.3 Institutional and human capacity building for MDAs and CSOs providing care and support services					3,240,000
	Conduct mapping of relevant stakeholders and assess capacity of care and support services	1. Consultants fee	N15,000	person/day	2 ppl x 5 days x3	540,000
		2. Accomodation for Consultants	N5,000	person/day	2 ppl x 3 days x 3	450,000
						90,000
	3 day Training of MDAs and CSOs (350)to initiate and provide quality support services	1. Accomodation for 100 ppl	N5,000	persons/days	3days x 6 yrs	1,800,000
		2. Lunch/Tea Break	N3,000	person/day	350pplx5day	900,000
		3. Venue	N50,000	days/venue	3 days x 3 yrs	180,000
		4. Facilictators	N10,000	person/day	2 pplx3 days x 3	450,000
		3. Training materials	N1,000	persons	2ppl x3 yrs	270,000
						900,000

1.1.4						0
Strategic Intervention: 1.4 Provision of integrated care and support services to PLWHIV						
	Carry out survey to Map PLWHIV through the Existing support groups	1. Consultancy services	N25,000	person/days	2pplx5days	24490000
						250,000
	Identify and Train 5 Care givers per LGA to carry out Home based care services	1. Refreshments	N2,000	persons/days	5 days/90ppl/6yr	8,040,000
		2. Training Mterials	N1,000	person	90ppl x6yrs	5,400,000
		3. Facilitators	N110,000	person/days	2pplx5daysx6yrs	540,000
		4. venue	N50,000	days	5daysx6yrs	600,000
						1,500,000
	Train Peer Educators on Positive Living for PLWHIV (10 per annum from each senatorial zone)	1. Training materials	N1,000	persons	10pplx3zonesx6 yrs	4,080,000
		2. Facilitators	N10,000	persons/days/z	2pplx5dayx2zone	180,000
		3. Refreshments	N3,000	persons/days/z	30pplx5daysx6yrs	1,200,000
						2,700,000
OBJECTIVE # 2 -50% of PLWHIV/PABA especially women, marginalized and people with special need are linked to IGAs and poverty alleviation programs						
Strategic Intervention : 2.1						
2.1.1	Advocacy to relevant stakeholders					
	Identify and visit stakeholders 2 teams- 1) visit to the 18LGAs & Out	Transport to LGAs (Team1)	N3,000	persons/LGA	2ppl/3zones/2visits/6yrs	735,000
		Allowance	N2,000	persons/days/zone	6ppl/2days/6yrs	216,000
		Fuel for transport out of State (Team2)	N5,000	days	5days/3 yrs	144,000
		Daily Allowance (DSA)	N5,000	days/persons	5days/4ppl/3yrs	75,000
2.2	**capacity building on IGA programs targeted at PLWHIV/ PABA**					300,000
2.2.1	Identify and train PLWHIV/ PABA					28,200,000
2.2.2		Trainers fees	N10, 000	person	450 persons	22500000
		Training materials	10, 000	person	450 persons	4500000
		Allowance (T ransportation)	N15, 000	person	450 persons	4500000
		Feeding allowance	N15, 000	person	450 persons	6750000
						6750000
2.2.3	Equipping and Empowering of Trained persons	Sewing Machine	N15, 000	Person	120 persons	5000000
		Soap making	N10, 000	person	80 persons	1800000
		Shoe making	N10, 000	person	70 persons	800,000
		Capentry tools	N20, 000	person	60 persons	700, 000
		clothe making (Tie and Dye)	N10, 000	persons	120 persons	1,200,000
						1,200,000
2.3	**Resource Mobilization and Fund allocation**					
						3,498,000
2.3.1	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

2.3.2	Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fund allocation and follow up action	Develop invitation letters (20 ppl)	N100	person/ zzone	20 pppl/3 times	6,000
		Identify and disseminate letters	N5, 000	person/zone	20ppl/ 3 times	300,000
		Inuguration/meeting	N15,000	Person/ zone	20ppl/ 3 times	900,000
		Refreshment/ Transportation allowance	N6, 000	person	20ppl/ 3 times	360000
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					1716000
	Training of committee members	training venue	N15, 000	Person	20ppl/3 times	900000
		Trianing materials	N500	person	20ppl/3 times	30000
		Tea break	N500 x 2	Person	20ppl/3 times	60000
		Lunch break	1, 500	Person	20ppl/3 times	90000
		Accomodation	N4, 000	Person	20ppl/3 times	240000
		Facilitators (2)	N15, 000	facilitator	2ppl/3	90000
		Logistics	N2,000	person	3ppl	6000
		Transport allowance	N5,000	person	20ppl/3 times	300000
2..3.4		jingles	N6, 000	Slot/day/qua rter		
3.1	Behaviour change communication					69570000
3.1.1	Development and Production of 50,000 printed IEC materials on Stigma reduction in local languages	printing of copies of IEC materials	700	copies	50,000	35000000
3.1.2	Dissemination of SBC Materials to communities in LGAs - PHC centers, Public buildings, Palace, State hospitals etc	transportation	3000	6persons/Sda	30	90000
3.1.3	Production of jingles on radio and TV in local dialects	jingles on radio	2500	slots/day/qua	2184	5460000
	Community sensitization& awareness through jingles	jingles on TV	6000		2730	16380000
3.1.4	Produce culturally appropriate gender sensitive billboards (50) in indigenous languages in major roads and strategic locations in rural and urban areas	Billboards	250000	50 items	50	12500000
3.1.5	Conduct sensitization meetings and workshops for print and electronic media personnel (150)on stigma reduction.	meetings- stationaries, logistics	1000	persons,7 me	140	140000
		(refreshments)				
3.2	Caapcity building of care providers and PLWHA					133317000
3.2.1	Planning meeting for Training of care providers at Health facilities - logistics etc	logistics		10% of activity cost		2667000
						111450000
3.2.2	5 day Training of 90 Health service providers (Doctors, Nurses, Counselors) on interpersonal skillsand referral systems in sites providing HIV/AIDS treatment sites in the 3 Senatorial districts.	venue	25000	hall, 5 days,	30	750000
		transport	5000	persons,Sday	2700	13500000

		training materials	1000	persons, 3day	2700	2700000
		Allowance(feeding& accomondation)	10000	persons,3 day	2700	27000000
		facilitators	25000	person, 3days	2700	67500000
3.2.3	Training of 500 PLWHA on stigma reduction and human rights					19200000
		venue	50000	hall, 3 daysx6	18	900000
		transport	5000	persons,3 day	1500	7500000
		training materials	1000	persons,3 day	1500	1500000
		Allowance(feeding& accomondation)	5000	persons,3 day	1500	7500000
		facilitators	25000	persons,3 day	72	1800000
3.3	Policy enforcement					23629800
						39800
3.3.1	Review meeting on exisiting national HIV policies	venue	25000	hall,1 day	1	25000
		refreshments	3000	4 persons,	4	12000
		logsitics	2800		1	2800
3.3.2	Mass production and dissemination of existing policies - Workplace, Child right law, HIV/AIDS policies etc	printing of copies of policies	700	copies	10000	7000000
		transport	3000	persons,5day	30	90000
						16500000
3.3.3	Training of Law enforcement agents on implementation	venue	25000	hall,2daysx6	12	300000
		transport	5000	persons,2day	1000	5000000
		Allowance(feeding& accomondation)	10000	persons,2day	1000	10000000
		facilitators	25000	persons,2day	48	1200000
4.1	Advocacy					
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	persons,7day	168	504000
4.1.3	Conduct Advocacy visits to the facilities and service points in the 18 LGAs /2 per LGA	develop letters of visitation	100	persons,x6	216	21600
		transport for 4 persons in team	3000	persons,x6	24	72000
4.2	Networking and collaboration					74076000
4.2.1	Develop and distribute Directory (5,000) to	print copies of delivery	700	copies	5000	3500000
	service delivery points	transport for 4 persons to distribute	3000	persons,3day	72	216000
4.2.2	Produce referral forms to be used at the service points (100,000 booklets)	print copies of refferal forms	700	copies	100,000	70000000
		transport for 4 persons to distribute	3000	persons,5day	120	360000
4.3	Institutional and human capacity building					1134000
4.3.1	formative meeting for TWG of service providers,CSOs, laboratory personnels, counsellors and public/private establishments	logsitics(refreshment, stationaries)	1500	persons,1 day	36	54000
						1080000
4.3.2	Hold regular quarterly coordinating meetings at 3 senatorial zones to involve representatives of the service delivery points - CBOs, HCT, Treatment, Laboratory, ART,	transport	3000	persons,1yrx6	216	648000
		refreshment	1500	persons,1yrx6	216	324000
	ovc	logsitics(printing, stationaries)	500	persons,1yrx6	216	108000

1.1.1	**Conduct advocacy to key socio-economic institutions such as NAPEP, NDE, SMOWA, SUBEB, APAA, OSOPADEC on support services for OVC**	transport for a team of 4 to visit 200	3000	persons,10 inst	800	2400000
		institutions		,20 visits		
1.1.2	**Conduct advocacy for the legal protection of OVC MOJ,House**					2400000
	of assembly , MOA.(link up with activity 1.1.1)					
1.2	**Community mobilization and participation**					3498000
1.2.1	**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' forum.**	constitute 22 member committee				
		meetings - refreshments,stationaries	3000	persons,22	22	66000
						3432000
1.2.2	**Conduct monthly meeting of community OVC care and support team at the 18 LGAs**	transport of 4 persons in state to LGAs	3000	persons,4x88	352	1056000
		logistics-refreshment, stationaries	2000	persons,	1188	2376000
1.3	**Development, revision and implementation of existing legislation and policy for OVC**					20000
1.3.1	**Prepare and adopt memorandum of understanding and Policy guideline between ODSACA, MOE, UBE, and other sectoral players to prioritize and create enabling environment to provide access to basic education of OVC**	printing , stationaries & other logistics	2000	persons	10	20000
2.1	**Capacity building of service providers and OVC**					7509000
2.1.2	**Identify and Train 5 service providers in the 18 LGAs-link up with activity 3.2.2 in PLWHA/PABA**					
2.1.3	**Train Care givers at 2 per 203 wards every 2 years**	training venue	25000	hall, 1 dayx 3	3	**6834000**
		training materials	500	persons	1218	75000
		refreshments	2000	person, 1dayx3	1218	609000
		transport	3000	person, 1dayx3	1218	2436000
		facilitators	10000	person, 1dayx3	6	3654000
						60000
2.1.4	**Conduct training for the OVC community care teams (1 team/LGA) to coordinate and monitoring OVC activities at LGA level.**	training venue	10000	hall, 1 dayx 6	6	**675000**
		training materials	500	persons	18	60000
		refreshments	1500	persons,1day x	108	9000
		transport	3000	persons,1day x	108	162000
		facilitators	10000	persons,1day x	12	324000
						120000
2.2	**Resource mobilization**					1404000
2.2.1	**Facilitate public/private partnership - Map out Government Agencies/Ministries, Philanthropists, Donor agencies and Corporate organizations that can provide Resources**	transport for advocacy team of 4 to	3000	persons,5daysx	60	180000
		map out the groups ,every 2 years				
2.2.2	**Advocacy visits by Advocacy Committee to sensitize the identified groups for Resource mobilization and fund allocation and follow up action every two years**	send letter of visitation (printing)	200	persons,x3	90	18000
		transportation (visit)	3000	personsx 3	12	36000

2.2.3	Form Committee on budget tracking for the state made of relevant stakeholders(20) and conduct 3 day training	form committee of 20 member				
		training materials				1170000
		allowance(feeding and accomondation	500	persons,3days×	180	90000
		transport	5000	persons,3days×	180	900000
2.3	Provision of quality essential services (Education, Health, Shelter, Legal protection, Nutritional,) OVC.		3000	persons,x3	60	180000
2.3.1	Conduct Advocacy to relevant agencies for free Health , Clothing and shelter for OVC - MOH,MWAN &SD,philantropist, agencies etc	transport for advocacy team of 4 to				888882000
		relevant stakeholders identified.	3000	persons,3days,	144	432000
				12 visits		
2.3.2	Establish scholarship schemes and grants for 10,000 pupils at primary and secondary levels in the 18 LGAs to cover fees, books, uniforms, school meals, exam fees, registration	scholarship for 10,000 in 18 LGA	15000	persons,18LGA	57200	858000000
2.3.3	Provision of Nutritional support to 10 Households per ward per annum in 18 LGAs	Nutritional support for 10 household	15000	persons	2030	30450000
		per ward in 18LGA				
2.4	Provision of Peadiatrics Care and support					
2.4.1	Provision of Nutritional supplements(baby food) and Health care services to HIV sero-positive OVC	purchase of nutritional supplement	10000	items	1340	13400000
		(baby food) for 1340				13400000
2.5	BCC					
2.5.1	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)					111216000
						5460000
2.5.2	Produce and disseminate printed IEC materials (60,000 posters& 90,000 handbills) in indigenous languages to mobilize community support on OVC	print IEC materials(60,000 posters)	1000	copies	60,000	60000000
		print IEC materials(90,000 handbills)	500	copies	90000	45000000
3.1	Capacity building	transport for 6 persons to distribute	3000	persons,7days×	252	756000
3.1.1	Identify and Train Household care givers, community and religious leaders on OVC support services	identify household care givers				8910000
		training materials				
		transport	500	persons,1day	270	135000
		allowance	3000	persons	270	810000
		facilitators	5000	persons	270	1350000
3.1.2	Train older OVC on Family Life Education skills e.g Negotiation skills etc	training materials	15000	persons	18	270000
		transport	500	persons,1day	270	135000
		allowance	3000	persons	270	810000
		facilitator	5000	persons	270	1350000
			15000	persons	270	4050000

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

No	Activity	Sub- Activity and Items	Unit Cost	Unit type	No of Units	Total
1.1.1	Enactment of the laws protecting the rights of PLWHIV					30,000
		1-day advocacy visit to members of House of Assembly by 10 people				
		Transportation for 10 people	1500	1 day	10	15,000
		Steady daily allowance for 10 people	1500	1 day	10	15,000
1.1.2	Sensitization and awareness campaign 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	10	50000
		2 slots on radio per day for 5 days	2000	2 slots	10	20000
		Quarter page of advertisement in print media.	100,000.00	1day	1	100000
1.1.3	Advocacy visit to law makers,policy makers and other relevant stakeholders to elicit their					90,000.00
		Planning meeting for 10 members of visitation team to 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				
		Transportation allowance for 10 participants	1500	1	10	15,000
		DSA for 10 participants	1500	1	10	15,000
		Advocacy visit to judges,magistrates by 10 member team				
		Transportation allowance 10 member	1500	1	10	15,000
		DSA for 10 members	1500	1	10	15,000
1.1.4	Training workshop for law enforcement agents on the need to enforce the anti-stigma					190000
		Training venue for 1 day.	30,000.00	1	1	30000
		Training materials for 30 participants.	1500	1	30	45000

		Transportation allowance for 30 participants	1500	1	30	45000
		Facilitator fees	10,000	1	1	10000
		Tea break for 30 participants	500	1	30	15000
		Lunch break for 30 participants	1500	1	30	45000
1.1.5	Training workshop for judicial officers and officials of the office of public defender on the					245,000.00
		Training venue for 1 day	35,000	1	1	35000
		Training materials for 40 participants.	1500	1	40	60000
		Facilitator fees	10,000	1	1	10000
		Transportation allowance for 40 participants	1500	1	40	60,000
		Tea break for 40 participants	500	1	40	20000
		Lunch break for 40 participants	1500	1	40	60000
1.2.	**Capacity building for NHRC,Legal Aid Council and Human Rights CSOs on human rights and HIV and AIDS.**					0
1.2.1	Training of NHRC personnel on human rights and HIV and AIDS.					145,000.00
		Training venue for a day.	35,000	1	1	35,000.00
		Training materials for 20 participants	1500	1	20	30000
		Transportation allowance for 20 participants	1500	1	20	30000
		Facilitator fees	10,000.00	1	1	10000
		Tea break for 20 participants	500	1	20	10000
		Lunch break for 20 participants	1500	1	20	30000
1.2.2	Training workshop for legal Aid personnel on human rights on HIV and AIDS					90000
		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	500	1	10	5000
		Lunch break for 10 participant	1500	1	10	15000
1.2.3	Training of CSOs on Human rights and HIV and AIDS.					195000
		Training venue for 1 day	35,000	1	1	35000
		Training materials for 30 participant	1500	1	30	45000
		Transportation allowance for 30 participants	1500	1	30	45000
		Facilitation fees	10000	1	1	10000

1.3	**Public education on human rights,rights based programming and channels to access justice,seek redress in instance of violation.**					
1.3.1	Development of SBC and BCC materials on Human rights					1250000
		Printing of 10,000 copies of Handbill	10		10,000	100000
		Printing 10,000 copies of stickers	15		10,000	150000
		Printing 10,000 copies of posters	100		10,000	1000000
1.3.2	Radio,TV and Print Media programmes on human rights on HIV and AIDS related issues.					
		2 slots Radio jingle for a day	5000			0
		2 slots of Radio adverts	2000			0
		2 Slots of TV jingle	15,000			0
		2 Slots of TV adverts	2500			0
		Print Media adverts	50,000			0
1.3.3	Promote linkages between OPD and PLWHIV through quarterly meetings to be					
		Meeting venue per day	50,000	1	4	800000
		Stationaries for 30 participants	1000	30 by 4	4	200000
		Lunch for 30 participants	1000	30 by 4	4	120,000.00
		Transportation allowance for 30 participants.	3000	30/4	4	120,000
					4	360,000
1.4	**Strengthen linkages between NACA, SACA,LACA, NEPWHAN and NHRC, Human rights CSOs etc to provide free legal services to PLWHIV**					
						0
						0
1.4.1	Foster Bi-annual meeting of stakeholders with various outfit providing free lgal services to					3,100,000
		Meeting venue for 2 period	150,000	1	2	300,000
		Stationeries 200 participants	1000/2	200	2	400,000
		Lunch for 200 participants	1000/2	200	2	400,000
		Transportation allowance for 200 participants/2	5000	400	2	2,000,000

1.5	**Establish and strengthen linkages/refferals between PLWHIV, support groups,NEPWHAN etc and NDE, NAPEP for economic empowerment for PLWHIV**					
1.5.1	Foster monthly meetings between PLWHIV support groups and all stakeholders on					6600000
		Meeting venue for 12 months	100,000	1	12	1200000
		Stationeries for 100 participants	500	1	1200	600,000
		Transportation 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 evaluate progress made by beneficiaries					740000
		Meeting venue	50,000	4	4	200000
		Transportation allowance for 30 participants	3000	30	4	360000
		Lunch for 30 participants	1000	30	4	120,000
		Stationaries	500	4	120	60,000
1.6	**Public education on human rights for specific settings i.e Health,Education,Religious places,Workplace,etc.**					
1.6.1	Develop SBC and BCC materials for specific settings					50000
		Print 2500 fliers on health	5		2500	12500
		Print 2500 fliers on education	5		2500	12500
		Print 2500 fliers on christian and muslim religion	5		2500	12500
		Print 2500 fliers on workplace.	5		2500	12500
1.6.2	Design media advert programmes through Radio and TVs					540000
		Produce 36 jingles for a quarter on Radio.	5000	per jingle	36 slots	180,000
		Produce 2 adverts per week for a quarter on TV	15000	per advert	24 slots	360,000
1.6.3	Painting of building,shops,vehicles with HIV messages.					230000

		I0 shops workmanship	2000	per labour	10	20000
		Painting of 10 buildings	4000	per paint	10	40000
		10 building workmanship	3000	per labour	10	30000
		Writing of HIV messages on vehicles	5000	per writing	20	100000
1.7	**Advocacy for the passage of Anti-discrimination Bill**					
1.7.1	Sensitiazation on anti-discrimination bills at all LGAs					337,000,00
		Meeting venue for a day	30,000	1 day	1	30000
		Training materials	1500	participant	20	30000
		Transportation for LG Chairman	10,000	participant	18	180000
		Lunch break for 18 Chairmen	3000	1	18	54000
		Lunch break for 10 others	1000	pparticipar	10	10000
		Transportation for 10 others	1000	participant	10	10000
		2 Facilitators	10000	facilitator f	2	20000
		Lunch for 2 Facilitators	1500	2	2	3000
1.7.2	Sensitization on Anti-discrimination Bill at State level					475000
		Rally ground	20000	1 day	1	20000
		1000 chairs	50	1 day	1000	50000
		4 canopies	5000	1 day	4	20000
		decorations				20000
		3slots of Radio jingles	5000	per jingle	3	15000
		3 Tv adverts	15000	per adverts	3	45000
		1/2 page print advert	150,000	per advert	1	150000
		Meeting venue for stakeholders	30,000	1 day	1	30000
		Lunch break for 30 participants	1500	participant	30	45000
		Transportation allowance for participant	2000	participant	30	60000

		Logistics				20,000
1.8	**Sensitisation of Judiciary and law enforcement agencies on the rights of PLWHIV**					
1.8.1	Organise training workshop for members of the Judiciarysuch as Judges,magistrates and law officers, and law enforcement agencies such as Police ,Army,etc.					380,000
		Venue for 2 day	35,000	per day	2	70,000
		Workshop materials for 25 participants	1000	per day	25	25,000
		2 Facilitators	10,000	per day	4	40,000
		Tea break for 40 participants	500	per day	80	40,000
		Lunch break for 40 participants	1500	per day	80	120,000
		Transportation allowance for25 people	5000		25	125,000
		Logistics	15,000	per day	2	30,000
1.9	**Advocacy to relevant Government Agencies for gender responsive economic empowerment for PLWHIV**					
1.9.1	Conduct advocacy to WECA,Micro-credit Agency,Ministry of women Affairs of the need to Promote gender equality in their economic empowerment policy programme for PLWHIV					117,000
		Pre-visit meeting				
		Meeting venue	50,000	1 day	1	50,000
		Lunch break for 10 participants	1000	participant	10	10,000
		Tea break for 10 participants	700	participant	10	7,000
		Transportation allowance for 10 participants	3500	participant	10	35,000
		1 Facilitator	5000	Facilitator	1	5,000
		Meeting materials	1000	materials	10	10,000
1.9.2	Advocacy visits to 3 ministies					167,000,00
		Transportation allowance for 10 participants	3500	30	30	105,000
		Media coverage (video mobilisation)	50,000	media	1	50,000
		Refreshment for 10 participant	1000	participant	10	10,000

1.10.0	**Advocate for the inclusion of HIV of HIV in Health Insurance Scheme**					
1.10.1	Planning meeting of advocates					97,000,00
		Meeting venue	40,000	1 day	1	40,000
		Tea break for 10	700	participant	10	7,000
		Lunch break for 10	1000	participant	10	10,000
		Writing materials for 10	500	participant	10	5,000
		Transportation allowance	3500	participant	10	35,000
.10.2	Advocacy visit to the Governor					90,000,00
		Transportation allowance for 10	3500	participant	10	35,000
		Refreshment for 10 participant	500	participant	10	5,000
		Media coverage (video mobilisation)	50,000	media	1	50,000
.10.3	Sensitisation and Awareness campaign by various groupsin Akure and Ondo on the need to include HIV and AIDS in the Health Insurance Scheme					366,000,00
		Printing of 2 large banners	15,000	banner	4	60,000
		Rentage of Public Address System	10,000	PAS	2	20,000
		Hiring of 2 long Trucks	20,000	2	2	40,000
		Production of Radio jingles	10,000		1	10,000
		1 week Airing of prepared radio jingles to create awareness	2,000	days	7	14,000
		Allowance for M.C	3,000	2 towns	4	12,000
		Refreshment for 50 participants	500	participant	100	50,000
		Transport allowance for participant	1,500	participant	100	150,000
		Contigency	5,000	towns	2	10,000

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						
2.1.1	**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 related policies to address gender human rights issues.**					**315,000,00**
		Constitute 10 member reviewing committee				
		Transportation allowance for 10 members	3000	partcipants	30	90,000
		Lunch allowance for 3 days for 10 members for 3 yrs	1500	participant	90	135,000
		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	90	45,000
2.2 Inclusion of PLWHIV in AIDS ACTION COMMITTEE in the LGAs						
2.2.1	**One day sensitisation workshop for 18 LACA officers,18 PLWHIV and 14 officres from CSOs in the state**					**584,000**
		Workshop venue	50,000	venue	1	50,000
		Training/workshop materials	1200	participant	50	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	50	75,000
		Daily Sustainance Allowance (DSA)	6000	participant	50	300,000
		Contigencies	5,000		1	5,000

2.3 Promote affirmative action for economic empowerment and othr opportunities for PLWHIV

2.3.1	**A day Stakeholders meeting**					666,500,000
		Printing of Invitation letters	40	participant	100	4,000
		Meeting venue	50,000	venue	1	50,000
		Training materials	1200	participant	100	120,000
		2 Facilitators fee	10,000	facilitators	2	20,000
		Tea break for 100 participants	500	participant	100	50,000
		One week radio announcement	2,500	days	7	17,500
		Lunchbeak for 100 participants	1000	participant	100	100,000
		Transportation allowance	3,000	participant	100	300,000
		Contigencies	5000		1	5,000
2.3.2	**Weekly Radio and TV Discussion Programmes**					2,595,000
		Airtime for radio discussion propram for 1 quarter	100,000	Quarterly	4	400,000
		Presenters fee	10,000	weekly,pre	52	520,000
		2 Discussant appearance fees	5000	weekly,Dis	104	520,000
		Radio jingles production	20,000	jingle	1	20,000
		TV jingles produnction	35,000	jingle	1	35,000
		Airtime for TV for 1 quarter	250,000	Quarterly	4	1,000,000

2.4	**Strengthen capacity of PLWHIV networks and support groups to enhance their participation in decision making process**					
2.4.1	**Conduct training workshop for PLWHIV networks and Support groups in decision making**					9,000,000
		Training venue for 1 day annually for 6yrs	35,000	participant	6	210,000
		Training materials for 30 participants annually for 6yrs	1500	participant	180	270,000
		Facilitator fee annually for 6yrs	10,000	facilitator/(	6	60,000
		Lunch break for participants annually for 6yrs	500	participant	180	90,000
		Transportation allowance for 30 participants annually for 6yrs	1,500	participant	180	270,000
Objective 3: Protect women, children and other socially vulnerable and marginalised groups from HIV Infections						
3.1	**Strategies :Promote the removal of cultural and traditional barriers/practices that impede access to reproductive health information and services.**					
3.1.1	Advocacy visit to media to discourage harmful cultural and traditional practices					54,000
		Planning meeting by visitation team				
		Transportation allowance for 3 members for 6yrs	2000	visitation t(	18	36,000
		DSA for 3 visitation team for 6yrs	1000	visitation t(	18	18,000
3.1.2	Advocacy visit to Traditional rulers and Religious leaders in Ondo State.					10,000
		Planning meeting by visitation team				
		Transportation allowance for 5 members	1000	1 day	5	5,000
		DSA allowance for 5 members	1000	1 day	5	5,000
3.2	**Advocacy for the domestication of the protocol of African Charter on the rights of Women in Africa and CEDAW Bill to protect the rights of women/Pass The Child's Right Act at all levels**					

3.2.1	Advocacy visit to					
		Planning meeting by visitation team				
		Transportation allowance for 5 members	1000	1 day	5	5,000
		DSA allowance for 5 members	1000	1 day	5	5,000
3.2.2	Advocacy visit to the Governor and cabinet on the domestication of the Protocol of					10,000
		Planning meeting by visiation team				
		Transportation allowance for 5 members	1000	1 day	5	5,000
		DSA for 5 members	1000	1 day	5	5,000
3.2.3	Advocacy visit to House of Assembly for the domestication of the Protocol of African					10,000
		Planning meeting by visitation team				0
		Transportation allowance for 5 members	1000	1 day	5	5,000
		DSA for 5 members	1000	1 day	5	5,000
3.2.4	Sensitization on the Chids' Rights law, Eradication of harmful and dangerous practices					267,500
		Planning meeting by visitation team				
		3 slots of Radio jingles	5000	per jingle	3	15,000
		3 slots of TV Adverts	15,000	per Advert	3	45,000
		1/2 page print Adverts in National Daliy Newspaper	150,000	per advert	1	150,000
		1/2 page print advert in local Newspaper	50,000	per Advert	1	50,000
		Transportation allowance for 3 members	1,500	1 day	3	4,500
		DSA for 3 members	1,000	1 day	3	3,000
3.2.5	Advocacy visit by pressure groups to National Assembly on the quick passage of the					55,000
		Planning meeting by viitation team				
		Transportation allowance for 5 members	10,000	1 day	5	50,000
		DSA allowance for 5 members	1000	1 day	5	5,000

3.3.	**Improved services for the protection of people who are vulnerable and marginalised (People living wth disabilty,out-of-school youth,OVC and MARPS) from HIV**				
3.3.1	Advocacy to Law makers to enact Laws to protect people who are vulnerable and				60,000
	Planning meeting of 10 member advocacy team to visit the house of Assembly members				0
	Transportation allowance for 10 members	1500	2	20	30,000
	DSA for 10 members	1500	2	20	30,000
					0
3.3.2	Organise training workshop for selected schools,Physically challenged,out of school				2,280,000,00
	Training materials for 400 participants	2000	1	400	800,000
	Training venue.	30000	1	2	60,000
	Tea break for 400 participant	500	1	400	200,000
	Lunch break for 400 participants	1500	1	400	600,000
	Transportation allowance for 400 participants	1500	1	400	600,000
	Facilitators fees	10000	1	2	20,000
3.3.3	Vocational training for vulnerable and marginalized in 18 LGAs.				6,040,000,00
	Training venue	30000	1	2	60,000
	Training materials for 540 participants	2000	Participant	1080	2,160,000
	Transport allowance for 540 participants	1500	Participant	1080	1,620,000
	Tea break for 540 participant	500	Participant	1080	540,000
	Lunch break for 540 participants	1500	Participant	1080	1,620,000
	Facilitators fees	10000	Facilitator f	4	40,000
					0
					0
3.3.4	Promote grassroot education of vulnerable and marginalized persons				1,228,000,00
	Airtime Radio programme for 2 quarters	100,000	Quarterly	2	200,000
	Presenter fees	10000	Weekly pre	26	260,000
	Airtime for TV discussion for 2 quarters	250,000	Quarterly	2	500,000
	Transportation for 2 facillitators	2000	Quarterly	2	4,000
	TV Presenter fee	10,000	Weekly pre	26	260,000
	DSA for 2 facillitators	1000	Quarterly	4	4,000
3.4	**Support family life and HIV education among youths in and out of school in urban,rural and hard to reach places**				
					0

3.4.1		Planning meeting by team				0
		Tranportation allowance for 10 members x 2	10000	Participant	20	200,000
		DSA for 10 members x 2	1500	Participant	20	30,000
3.4.2	Advocacy meeting with students in schools in other LGAs.					90,000,00
		Planning metting				0
		Transportation allowance for 10 members x 2	3000	Participant	20	60,000
		DSA for 10 members x 2	1500	Participant	20	30,000
3.4.3	Promotion of sexuality and reproductive health education in schools.					1,932,000,00
		Planning meeting				0
		Airtime for Radio discussion programme for 1 quarter.	100,000.00	Quarterly	4	400,000
		Presenter fees	10000	Weekly pre	52	520,000
		Airtime for TV for 1 quarter	250,000	Quarterly	4	1,000,000
		Transportation fee for 2 members	2000	Quarterly	4	8,000
		DSA for 2 members	1000	Quarterly	4	4,000
3.4.4	Promote sensitiazation of proper sexuality education by parents and guidance					1,932,000,00
		Planning meeting				0
		Airtime Radio discussion for 1 quarter	100,000	Quarterly	4	400,000
		Presenter fee	10000	Weekly pre	52	520,000
		Airtime for TV for 1 quarter	250,000	Quarterly	4	1,000,000
		Transportation for 2 members	2000	Quarterly	4	8,000
		DSA for 2 members	1000	Quarterly	4	4,000
3.4.5	Training workshop of CSOs/Pressure groups on HIV/AIDS in hard-to-reach areas. E.g Riverrine location					200,000,00
		Training venue for 1 day	30,000	1 day	1	30,000
		Training materials for 30 participant	1500	participant	30	45,000
		Tea break for 30 participants	500	participant	30	15,000
		Transportation allowance for 30 participants	1000	participant	30	30,000

		Lunch break for 30 participants	1000	participant	30	30,000
		Transportation fee for 5 facilitators	10,000	facilitator f	5	50,000
Objectives 4: Progressive funding for HIV/AIDS response through political commitment at all levels						
4.1 Strategies: Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.						
						0
4.1.1	One day sensitisation workshop for 100 stakeholders drawn from relevant ministries, Depts and CSOs, SACA and LACA on the transformation of State Action Committee on HIV					758,000
		Workshop venue	50,000	1 day	1	50,000
		Invitation letters	50	participant	100	5,000
		2 Large banners	10,000	Banners	2	20,000
		Tea break for 100 participants	500	participant	100	50,000
		Lunch break for 100 participants	1,000	participant	100	100,000
		Transpotation allowance for 100 participants	3500	participant	100	350,000
		TV announcement for 7 days	4,000	days	7	28,000
		Workshop materials for 100 participants	1200	participant	100	120,000
		2 Facilitators	15,000	facilitators	2	30,000
		Contigencies	5,000		1	5,000
4.1.2	Advocacy visit by 20 ODSACA Board members to Governor and Executive members to make budgetary allocation for SACA,LACA and prompt release of funds.					123,000,00
		2 Large banners	20,000	Banner	2	40,000
		Transportationallowance for 20 participants	1500	participant	20	30,000
		Refreshment for 20 participants	1000	participant	20	20,000
		TV announcement for 7 days	4000	days	7	28,000
		Contigencies	5000		1	5,000
4.1.3	Advocacy visit by 20 ODSACA Board members to members of House of Assembly					123,000,00
		2 Large banners	20,000	Banner	2	40,000
		Transportation allowance for 20 participants	1500	Participant	20	30,000
		Refreshment for 20 participants	1000	Participant	20	20,000
		TV announments for 7 days	4000	Days	7	28,000
		Contigencies	5000	contigencie	1	5,000
4.2	**Advocacy for sustained political leadership and support at all level**					

	Printing of Invitation letters	40	Participant	20	800
	Meeting Material	100	Participant	20	2,000
	Refreshment	500	Participant	20	10,000
	Transportation allowance	1500	Participant	20	30,000
	Meeting venue	40,000	day	1	40,000
4.2.2	**Advocacy visit by 20 ODSACA Board members to Chairmen and Counsellors of 18 LGAs in Ondo State to cover 2 LGAs per day.**				1,171,000,00
	2 Large Banners	20,000	banners/vi	18	360,000
	Fuel of 2 buses	4000	buses/LGA	4	16,000
	Tv announcement for 1 month	4000	days	30	120,000
	Refreshment for participants	1000	visit,participant for 9 visitations	180	180,000
	Media coverage and mobilisation	50,000	day / visits	9	450,000
	Contigencies	5000	day,visit	9	45,000
4.2.3	**Leadership training fornPolitical office holder**				535,000,00
	Venue for 2 days	35,000	per day	2	70,000
	Workshop material for 25	1000	per day	25	25,000
	Facilitators fee for 2	10,000	per day	4	40,000
	Tea break for 30 participants	500	per day	60	30,000
	Lunchbreak for 30 participants	1,500	per day	60	90,000
	Transportation fee for 25 allowance	5000	2 day	25	125,000
	Accomodation for 25 participants	5,000	per day	25	125,000
	Logistics	15,000	2 days	2	30,000
4.2.4	**Training workshop for Private sector,media,PLWHIV,CSOs**				205,000,00
	Venue for 1 day	35,000	1 day	1	35,000

		Workshop materials for 25	1000	1 day	25	25,000
		2 Facilitators	10,000	1 day	2	20,000
		Teabreak for 30 participants	500	1 day	30	15,000
		Lunch break for 30 participants	1,500	1 day	30	45,000
		Transportation allowance for 25	2000	1 day	25	50,000
		Logistics	15,000	1 day	1	15,000
4.3	Strenghten capacity for transparency and accountability in HIV response in partnershi with the private sector,media, PLWHV and CSOs					
4.3.1	Training workshop for Private and Public Stakeholders					500,000
		Training venue for 2 day	30,000	per day	2	60,000
		Training materials for 20 participant	1000	per day	20	20,000
		2 Facilitators	10,000	per day	4	40,000
		Tea break for 25 participants	500	2 days	50	25,000
		Lunch break for 30 participants	1,500	2 days	60	
		Transportation for 25 participants	4000	2 days	50	200,000
		Accomodation for 25 participants	5,000	1 day	25	125,000
		Logistics	15,000	2 days		30,000
Objective 5: Compliance with existing guidelines on ethical						0
5.1 Strategies: strengthening of national and state research						0
						0
5.1.1	Promote Operational Research on HIVand AIDS at Local and State Level					1,191,000,000
						0
		Training workshop 40 people training venue 2 days	50,000	day x	2	100,000
		Tea break for 42 participants and facilitators	500	participate	84	42,000

	facilitators	2500	participant	42	105,000
	Lunch break for 42 participants and facilitators	1000	participants and 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
	Accommodation for 40 participants and 2 facilitators	5,000	participant and facilitators	84	420,000
					0
					0
5.1.2	**Training Workshop Support Production of Annoted Biographic of HIV and AIDS in Ondo State**				619,000
	Workshop venue for 2 days	50,000	day	2	0
	Tea break for 20 participants and facilitators	500	Participants and facilitators x 2 days	46	100,000
	Workshop materials for 20 participants and 3 facilitators	2,500	participants and facilitators	46	23,000
	Lunch break for 20 participant and 3 facilitators	1000	participants and facilitators	46	115,000
					46,000

		Transportation allowance for 20 participants	5,000	participants	20	100,000
		Facilitation fees	20,000	facilitate fees	6	120,000
		Accommodation of 20 participants and 3 facilitators	5,000	participants and facilitators	23	115,000
						0
						0
	Facilitate the Hosting of a Three Day Bi-annual Stakeholders Confrence in Ondo					2,997,500
						0
		Conference venue for 3 days	50,000	day	3	150,000
		onference marterials for 100 participants x5 facilitators-(bags face caps, Stationaries)etc	5,000	participants and facilitators	105	525,000
		Tea break for 100 participants and 5 facilitators	500	participants and facilitators	315	157,500
		Lunch break for 100 participants and 5 facilitators	1,000	participants and facilitators day	315	315,000
		Transport allowance for 100 participants	5,000	participants	100	500,000
		Facilitators fees for 5 facilitators for 3 days	20,000	facilitators	15	300,000
		Accommodation for 100 participants x 5 facilitators for 2 nights	5,000		210	1,050,000
						0
						0

5.2 : Strengthing compliance with human rights guidelines with regards						0
						0
5.2.1	**Adopt 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		5,000
	Advocacy visit to law makers	1,000	5	1		5,000
	Advocacy visit to the executive council	1,000	5	1		5,000
	Training workshop for 50 participants training venue for 1 day	50,000	day	1		50,000
	tea break for 50 participant and 2 facilitators	500	participants and days	52		26,000
	Workshop materials for 50 participants and 2 facilitators	2,500	participants and facilitators	52		130,000
	Lunch break for 52 people	1,000	participants and facilitators day	52		52,000
	Transport allowance for 50 paticipants	5,000	participants day	50		250,000
	Facilitators fees for 1 day for 2 facilitators	20,000	facilitators fees	2		40,000
						0
						0
5.2.2	**Organise Training Workshops for Various Stakeholders for Strengthening Compliance with**					508,000
	Training venue for 1 day	50,000	day	1		50,000
	Tea break for 50 participants and 2 facilitators	500	participants and facilitators	52		26,000

		Workshop materials for 50 participants and 2 facilitators	2,500	participants and facilitators	52	130,000
		Lunch break for 52 participants	1,000	participants and facilitators day	52	52,000
		Transportation for 50 participants	5,000	participant day	50	250,000
		Facilitators fee for 2 facilators	10,000	facilitators fees		0
						0
						0
						0
Objective 6: Compliance with existing guidelines on ethical standards on HIV/AIDS						0
6.1 STRATEGIES : Strengthen respones and build capscity of assembly men on new laws and quicklines on anti-discrimination laws.						
6.1.1	Training Workshop for Dissemination of Ethical and Research Standards Policies to					2,990,000,000
		Training venue 1 day	50,000	1	1	50,000
		Training materials 350	1,000	1 day	350	350,000
		Facilitators 3	30,000	1 day	3	90,000
		Tea break 350	500	1 day	350	175,000
		Lunch break 350	1,500	1 day	350	525,000
		Transport allowance 350	5,000	1 day	350	1,750,000
		Logistics	50,000	1 day		50,000
						0
						0
6.1.2	Training Workshops for Existing Research Institute at State and LGAs					710,000,000
		Training venue 3 days	30,000	Per day	3	90,000
		Training materials 30	1,000	Per day	30	30,000
		Facilitators 2	30,000	Per day	2	60,000
		Tea break 40	500	Per day	40	20,000

	Transport allowance 30	5,000	3 days	30	150,000
	Accommodation	5,000	2 nights	30	150,000
	Logistics	10,000	3 days	3	30,000
					0
					0
					0
Objective 7: Compliance with existing guidelines on ethical standards on HIV/AIDS					0
7.1 Strategies: 3-days workshops for health labour,employers legislators,educational institutions, media and FBOs bodies on HIV/AIDS related issues					
					0
7.1.1	**Training Workshop for Dissemination of Ethical and Research Standards Policies to**				2,240,000
	Training venue 3 days	50,000	per day	3	150,000
	Training materials 150	1,000	3	150	150,000
	Facilitators 3	30,000	3	3	90,000
	Tea break 160	500	3	160	80,000
	Lunch break 160	1,500	3	160	240,000
	Transport allowance 150	5,000	1	150	750,000
	Accommodation 150	5,000	2	150	750,000
	Logistics	10,000	3	3	30,000
					0

Strategic Intervention: 1.1. Build the capacity of health workers						
No	Activity	Sub- Activity and Items	Unit Cost	Unit type	No of Units	Total
1.1 Assessing the existing organisational, infractural, personel, and equipment audit of SACAs and LACAs						#REF!
	1 DAY planing meeting for 2 consultants					
		mobilization	5000			0
		materials for 2 participants	500	participants	2	5,000
		DSA for 2 participants	20000	participants	2	1,000
		refreshment for 2 participants	500	participants	2	40,000
	visit to sites					1,000
		transportation to 18 LGA	5000	LGA	18	90,000
		DSA for 2 field consultants x 18LGA	20000	workers,LGA	36	720,000
		compilation and submission of report	50000	number consultant	2	100,000
		Subtotal				957,000
1.2 Development of Capacity building plan						
	1.2 Development of Capacity building frame work for Ondo State					#NAME?
	5 days stakeholders forum	venue for 5-day	50,000	day	5	250,000
		tea break @500 x 60participants x 5days	500	participants,days	300	150,000
		lunch @1000 x 60participants x 5days	1000	participants,days	300	300,000
		training materials for 60 participants	1500	participants	60	90,000
		DSA for 60 particpants x 5days	5000	participants,days	300	1,500,000
		accomodation for 50% participant x 5days	10,000	participants,days	150	1,500,000
		facilitators fee for 3persons x 5days	20000	facilitators,days	15	300,000
		mobilization and logistics				110,000
		Subtotal				4,200,000
1.3 Establish and strengthen all LACAs						
	conduct 3 days capacity building and 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 3days	500	participants,days	330	165,000

		training materials for 110 participants	1500	participants	110	165,000
		DSA for 110particpants x 3days	1000	participants,days	330	330,000
		accomodation for participant 100 x 3days	10,000	participants,days	300	3,000,000
		facilitators fee for 3persons x 3days	20000	facilitators,days	9	180,000
		mobilization and logistics				110,000
		Subtotal				4,430,000
4 Advocacy to policy makers to upgrade SACAs agencies						
	1.4.1 conduct advocacy visit to the Executive and Legislative arms of Government on neccesity to upgrade SACA to an Agency					
		write executive & legislators				
		transportation to executive	2000	fueling	2	4,000
		transportation to legislators	2000	fueling	2	4,000
		mobilization and logistics	50000	memoirs	1	50,000
		subtotal				**58,000**
	1.4.2 Organise sensitisation for all stake holders on the importance of upgrading SACA to an Agency					
		venue for 1-day	50,000	day	1	50000
		tea break @500 x 100participants	500	participants	100	50,000
		lunch @1000 x 100participants	1000	participants	100	100,000
		materials for 100 participants	500	participants	100	50,000
		transport allowance for 100particpants	2000	participants	100	200,000
		facilitators fee for 3persons	20000	facilitators	3	60,000
		mobilization and logistics				110,000
		subtotal				**620,000**
5 Capacity building in program management and coordination of SACA LACA						
	1.5.1 conduct 3 days capacity building and training programmes for SACA and LACAs on programme coordination and management					
		venue for 3-day	50,000	day	3	150,000
		tea break @500 x 30participants x 3days	500	participants,days	90	45,000
		lunch @1000 x 30participants x 3days	1000	participants,days	90	90,000

		training materials for 30 participants	500	participants	30	15,000
		DSA for 30particpants x 3days	5000	participants,days	90	450,000
		accomodation for participant 30 x 3days	10,000	participants,days	90	900,000
		facilitators fee for 3persons x 3days	20000	facilitators,days	9	180,000
		mobilization and logistics				110,000
		subtotal				**1,940,000**
	1.5.2 & 3 organise 5 days refresher course and annual retreat for SACA and LACA to identify gaps in implementation during the year					
		venue for 5-day	50,000	day	5	250,000
		tea break @500 x 30participants x 5days	500	participants,days	150	75,000
		lunch @1000 x 30participants x 5days	1000	participants,days	150	150,000
		training materials for 30 participants	500	participants	30	15,000
		DSA for 30particpants x 5days	5000	participants,days	150	750,000
		accomodation for 30participant x 5days	10,000	participants,days	150	1,500,000
		facilitators fee for 3persons x 5days	20000	facilitators,days	15	300,000
		mobilization and logistics				110,000
		subtotal				**3,150,000**
1.6 Convene regular coordination meeting of SACA LACA						
	convene regular qualterly meeting of SACA and LACA					
		venue for 1-day	25,000	day	1	25,000
		tea break @500 x 50participants	500	participants	50	25,000
		lunch @1000 x 50 participants	1000	participants	50	50,000
		materials for 50 participants	500	participants	50	25,000
		transport allowance for 50 particpants	2000	participants	50	100,000
		mobilization and logistics				20,000
		subtotal				**245,000**
1.7 Establish gender-management system at all levels						
	1.7.1 Advocacy to policy makers for minimum of 50% participation of women in HIV/AIDS programs					
		fueling to house of assembly	2000	days	3	**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	5	10,000
	Review meeting with all involve					
		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
		facilitators fee for 2 persons	20000	facilitators	3	60,000
		subtotal				**181,000**
1 Create Partnership forum	establish partnership forum with development partners					
		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
		subtotal				**105,000**
2 Conduct meetings with development partners	Conduct regular annual meetings with development partners					
		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
		subtotal				**105,000**
3 Conduct quarterly ETG meetings	conduct regular quarterly ETG meetings					
		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**
3.1 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	6	24,000
	3.1.2 organise SACA-CSOs meeting					
		venue for 1-day	50,000	day	1	50,000
		tea break @500 x 70participants	500	participants	70	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
		subtotal				**369,000**
	3.1.3 convene a quaterly meeting of SACA, LACA, and CSOs at state level					
		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 HIV with SACA and LACA					
		linked with 3.1.2				
3.3 Mobilise funding for collaborative activities of CSOs						
	identify and liase with donor agencies and philanthropist					
		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						

	plan					
		refer to M & E				
	3.5.2 Instituting a functional M & E officers by all CSOs and creation of budgetary allocation for M&E activities					
		refer to M & E				
4.1 Establish public-private forum						
	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	50,000
	one day meeting of private/public organisations					
		venue for 1-day	50,000	day	1	50,000
		tea break @500 x 100participants	500	participants	100	50,000
		lunch @1000 x 100participants	1000	participants	100	100,000
		materials for 100participants	500	participants	100	50,000
		transport allowance for 100particpants	2000	participants	100	200,000
		logistics				15,000
		subtotal				**515,000**
	4.1.2 establish a bi-annual discussion forum with public-private sectoctor					
		venue for 1-day x 2times a year	50,000	day,number of time per year,number of years	2	100,000
		tea break @500 x 100participants	500	participants,number of times per year,number of years	200	100,000
		lunch @1000 x 100participants	1000	participants,number of times per year,number of years	200	200,000
		materials for 100participants	500	participants,number of times per year,number of years	200	100,000

		transport allowance for 100particpants	2000	participants,number of times per year,number of years	200	400,000
		logistics	15000	number of time per year,number of years	2	30,000
		subtotal				930,000
4.2 Convene regular meeting of the forun						
	convene regular bi-annual meetings of representatives of the public and private organisation					
		venue for 1-day x 2times a year	25,000	day,number of time per year,number of years	2	50,000
		tea break @500 x 15particpants	500	participants,number of times per year,number of years	30	15,000
		lunch @1000 x 15 participants	1000	participants,number of times per year,number of years	30	30,000
		materials for 15 participants	500	participants,number of times per year,number of years	30	15,000
		transport allowance for 15 particpants	2000	participants,number of times per year,number of years	30	60,000
		logistics	5000	number of time per year,number of years	2	10,000
		subtotal				180,000
4.3 mobilise funding for public-private partnership activities						
	4.3.1 meet with donor agencies and philanthropist					
		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				10,000
		subtotal				115,000

	public/private activity at state level					
	advocacy to min. of finance	fueling @2000 x 5days		2000 days	5	10,000
4.4 Strengthen mechanism for integrating private sector enterprises into state programmes						
	Advocacy to private sector enterprises to intimate them with the state programmes					
		merge with activity 4.2				
4.5 Institute mechanism for monitoring private sector activities						
		Request for report on activities; link with activity 4.2 and 4.4				
Objective: 5 To ENSURE THAT AT LEAST 80 % OF HIV/AIDS PROGRAM HAVE ADEQUATE MEMBERS OF APPROPRIATELY SKILLED AND GENDER						
Strategic Intervention: 5.1 Standardize and harmonise training curricula						
No	**Activity**	**Sub- Activity and Items**	**Unit Cost**	**Unit type**	**No of Units**	**Total**
5.1.1 Situation Analysis	conduct and update gender sensitive HIV situation analysis of state and LGAs					#REF!
		Contract a Consultant	30,000	Working days	10	300,000
5.1.2	1 day workshop on gender equity					
	link to 3.1 on meeting between LACA,SACA and CSO					
		facilitator	20,000	facilitator	1	20,000
Strategic Intervention: 5.2 Develop sustainable system for training and retraining						
5.2.1	provide bi annual training and retraining system for staff					0
		training venue x 5days	25,000	day	5	0
		materials	500	participant	20	125,000
		tea break@500 for 20 staff	500	participant	100	10,000
		lunch	1000	participant	100	50,000
		transportation	2000	participant	20	100,000
		facilitator x2	20,000	facilitator	10	40,000
		subtotal				200,000
5.2.2	create state resource center for easy acces to information					525,000
	creation of ICT center	provision of computer	150,000	computers	20	0
		Installation of internet and networking of offices	1,500,000	networking	1	3,000,000
						1,500,000

		Furnishing of ICT centre	200,000	furniture	1	200,000
		subtotal				4,700,000
5.2.3	create enabling environment for seminars;workshop within the department					
Strategic Intervention: 5.3 Conduct Training						
5.3.1	set up an education committee to effectively implement training plan					0
		appoint committee members				
		monitoring of training				
		link to 5.1/ 5.2				
5.4	advocacy to min of Estab and Head of Parastatalls on staff deployment					0
		Transportation	2,000	day	5	10,000
5.5	training of workers for easy delegation of duty					0
	link with 5.1					
5.6	advocacy for review of preservice training to include HIV/AIDS curiclum					0
	link with 5.4					
5.7	create a harmonised capacity building framework for the health sector					0
	3 day development and harmonization meeting	venue	25,000	day	3	75,000
		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	60,000
		facilitators x2	20000	facilitator	6	120,000
		subtotal				315,000
5.8	conduct training and retraining of personel on leadership and mgt					0
		link with 5.1				
6.3 Rehabilitate existing state medical warehouses.						
	rehabilition of state warehouse					
		contract consultant	20,000	working days	5	100,000
		use report for advocacy on rehabilitation				

all levels						
	set up a logistics management committee at all level					
		inauguration of committee				
		venue for 1-day	25,000	day	1	25,000
		refreshment @ 1000 x20	1000	participants	20	20,000
		materials for 20participants	500	participants	20	10,000
		transport allowance for 20particpants	2000	participants	20	40,000
		subtotal				95,000
Objective: 7 INCREASE IN FINANCIAL CONTRIBUTION OF GOVT AT ALL LEVEL AT LEAST 30% OF FIN RESOURCES TO FUND HIV/AIDS						
7.1	Advocacy visit to the State Executive to increase funding					0
	1 day visit	SSG and SACA officials				
		transportation (fuelling)	10,000	vehicle	1	10,000
7.2	Advocacy visit to the State Legislature (House) to incresae funding					0
	1 day visit	SSG and SACA officials				
		transportation (fuelling)	10,000	vehicle	1	10,000
7.3	sensitization workshop with chairmen LGA & SACA to start funding LACA					0
	1 day	venue	50,000			50,000
		lunch @ 2000 x 30	2,000	participant	1	60,000
		mobilization and logistics	10,000		30	10,000
		subtotal				120,000
7.4	intergration of HIV to Budgetary process					0
	link to 7.1/7.2					
Objective: 8 TO MOBILISE ADEQUATE FINANCIAL RESOURCES IN SUPOPORT OF THE IMPLEMENTATION THE NATIONAL HIV/AIDS RESPONSE						
Strategic Intervention: 8.1 patnership building						
8.1.1	identifying potential patner and networking					0
	collate list of patner from SACA and SMOH					
	write letters of invitation					
	stake holders meeting	venue for 1 day	25,000	day	1	25,000
		lunch	1000	participant	30	30,000
		materials	500	material	30	15,000
		subtotal				70,000

8.1.2	meeting with SACA LACA CSO and line ministries					
	link to activity 3.1					0
9.1 Capacity building on resource management						
	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 3days	500	participants,days	90	45,000
		lunch @1000 x 30participants x 3days	1000	participants,days	90	90,000
		training materials for 30 participants	500	participants	30	15,000
		DSA for 30participants x 3days	2000	participants,days	90	180,000
		accomodation for participant 30 x 3days	10,000	participants,days	90	900,000
		facilitators fee for 3persons x 3days	20000	facilitators,days	9	180,000
		mobilization and logistics				110,000
		subtotal				1,670,000
9.2 Establishment of pro-active budget tracking methods						
	intregration of budget tracking into M&E activity					
		develop SASA				
		contract consultant	30000	working days	30	900,000
9.3 Documentation and dissemination of resource tracking results						
	provide quaterly reports in both print and electornic format and make reports accessible to all stakeholders					

No	Activity					
1.1.1	Identify the officers, SDP and other stakeholders for M&E programs (18 LGAS)					243,000
		A team of 6 officers (SACA MOH)				0
		Transportation allowance	3,000	Officers,days	54	162,000
		Lunch allowance	1,500	Officers,days	54	81,000
						0
	Organize training for the identified M&E officers					832,000
		Training Venue for 5 days	50,000	day	5	250,000
		Lunch break for 18 particiapnts x 5 days	1,500	Participants, days	90	135,000
		Training materials for 18 participants	4,000	Participants	18	72,000
		Transportation allowance for 18 participants x 5 days	2,500	Participants, days	90	225,000
		Facillitator fees for 3 facillitators x 5 days	10,000	Facilitators,days	15	150,000
						0
	Production of NNRIMS materials					77,500,000
		100,000 booklets (differrent forms)	750	Booklet	100,000	75,000,000
		25,000 ART cards	100	Card	25,000	2,500,000
						0
	Provision of laptops for M&E officers at State and LGAs					3,240,000
		3 Officers at state&18 at LGAs	150,000	Laptop	21	3,150,000
		provision computer hard drives 18 pieces	5,000	piece	18	90,000
						0
	Advocacy visit to approving authorities on the recommended 10% budgetary allocation of HIV activities to M&E.					32,000
		4 SACA team,2 CISHAN,2 NEPWAN				0
		Transportation Allowance	2,500	Persons	8	20,000
		Lunch allowance	1,500	Persons	8	12,000

	One-day sensitization work shop of LGA chairmen.					0
						362,000
		18 LGAs Chairmen				0
		Workshop venue	50,000	day	1	50,000
		Transportation Allowance	10,000	participants, day	18	180,000
		Lunch Allowance	1,500	particpants,day	18	27,000
		Workshop Materials	2,500	Participants, day	30	75,000
		Facilllitator fees for 3	10,000	Facilitators,days	3	30,000
						0
	Deployment of two more records staff to SACA and LACA to strenghten the M&E department.					0
		x	x	x	x	x
	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.					0
						3,588,000
		70 Participantsx12				0
		Transportation allowance	2,500	Participants,day	840	2,100,000
		Lunch allowance	1000	Participants, day	840	840,000
		Hall rental	50000	Per use, meeting	12	600,000
		Stationaries	4000	Stationaries, day	12	48,000
	Annual workplan meeting with Implementing partners in the state.					65,000
		10 Participants				0
		Transporattion Allowance	5000	Participants, day	10	50,000
		Lunch allowance	1500	Participants, day	10	15,000

						0
	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	5	250,000
		Wokshop Materials for 36 Paticipants	1500	participants, day	36	54,000
		Transport Allowance for 36 Participants x 5days	2500	Participants ,day	180	450,000
		Lunch Allowance 36 Participants x 5days	1500	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 his/her skills will be relevant.					0
		No funds required	0	Paper works only	0	0
						0
	Trained staff to continously mentor and step-down training to other officers at the sdp level.					0
		0	0	0		0
2	**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				
	Strenghten existing M&E TWGs at the state level comprising of representatives of the 18 LGA, SACA M&E officer, NACA representative , CISHAN,NEPWHAN and NYNETHA to meet 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, days	138	345,000
		Lunch Allowance for 46 Participants x 3	1500	Participants, day	138	207,000

		Venue x3	50,000	day	3	150,000
	Regular sensitisation of facility M&E officers on new innovations and best practices.					702,000
		46 M/E Officers across the state				0
		Venue x 3 (quarterly)	50,000	days	3	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
						0
	Conduct mid-term review seminar on state strategic plan and highlight documented best practices.					538,000
		46 M&E Officers in Ondo State x2				0
		x2 (bi-annual)				0
		Venue x2	50,000	day	2	100,000
		Transportation Allowance 46 Participants x2	2500	Participants ,day	96	240,000
		Lunch Allowance 46 Participants x 2	1500	Participants, day	96	144,000
		Workshop Materials	1500	Participants, day	36	54,000
						0
	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 mentioned.	5,000		1	5,000
						0
	Establish effective feedback mechanism at both LGA and State level through the media for data utilization, planning,decision making and program implementation.					0
		SACA to utilize the proposed TV & Radio forum to achieve this.				0
						0

	makers such as the Permanent Sec, SSG, Chairman Committee on Health Matters and PS Hospital Management Board.					
		SACA PM to submit graphic data report to these officers monthly.	5,000		1	5,000
						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 adopted data management software and harmoinized data flow in 2 batches.					1,435,500
		60 officers to be trained for 5 days				
		60 X N2000/pers x 5 days	7500	Lunch	65	487,500
		N50000/day x 5days x2	250000	Hall,days	2	500,000
		Cost of stationaries @ N1000 x 65pers x 2batches.	65000	participants. Stationeries	2	130,000
		N20,000	20000	photocoping ,batches	2	40,000
		N12,500 DSA x 6 nites x 65 persons.				0
		Honorarium for 2 consultants x N20,000 x 10days	40000	Consultants, days	2	80,000
		2-way airfare for 2 consultants @ N45,000 x2	90000	consultants, airfare	2	180,000
		Cost of production of certificates for 60 trainees @ N300 each	300	certificates	60	18,000
	One day meeting with facility M&E officers to harmonize patient unique identifier system.					
		SACA to harmonize patient unique identification number using the M&E monthly meeting fora.	0			0
						0
OBJECTIVE # 3	To periodically determine the drivers incidence and prevalent rate of the epidermic at State level at evidence-based interval and use the information to continously enhance National response.					
	5 Consultants to conduct extensive Behaviour Change survey among MARPS in the 18 LGAs in the statefor 10days.					2,565,000

		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 assistants,days	10	625,000
		Cost of producing 25,000 questionnnaires.	10000	questionnaire	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	Airfaire	2	90,000
		Dissemination meeting				
		Lunch for 50 pers @ N2,000 each	1500	Lunch	50	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	0	0
	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				0
		25 X 1,5000/pers x 5 days	37500	Lunch	5	187,500
		Cost of stationaries @ N1000 x 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	DSA,days	25	1,875,000
		Honorarium for 2 consultants x N20,000 x 5days	40000	Honorarium, days	5	200,000
						0
	Bi-annual publication of reserarch findings from the state to be published internally and externally.					

	To use the monthly M&E meetings as a fora to disc... flow process and timelines for data submission from facility to the National level.					
						0
	OBJECTIVE # 4	To continuously improve data quality and supportive supervision at all levels by 2015				
	Distribution of National guidelines and Standard Operating Procedures on data quality to all levels of M&E officers in the state.					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 National Data Quality Assurance (DQA) tools.					485,000
		training venue for a day	50000	day	1	50,000
		tea break for 100participants	500	day	100	50, 000
		lunch break for 100 participants	1200	participants	100	120,000
		training materials for 100 participants	500	participants	100	50,000
		transportation allowance and DSA for 100 participants	2500	participants	100	250,000
		honourarium for 3 facilitators	5000	facilitators	3	15,000
	All M&E officers to conduct monthly internal DQA using the National DQA tools.					750,000
		printing and distribution of DQA forms.75,000 copies	10	copy	75,000	750,000
						0
	SACA M&E officers to conduct quarterly DQA for the facilities using the same National DQA tools.					172,800
		transportation to 18 LGAs	2000	journey,quarter	54	108,000

		launch	1200	journey,quarter	54	64,800
						0
	All M&E officers to submit monthly service data and DQA reports to SACA by first week of the following month.					
						0
	SACA M&E 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	To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach				
	Use of NNRIMS reporting format in submitting quarterly report to SACA by all implementing agencies and all other					
		link to item 1.1				
	Regular supervisory visit to implementing agencies using the National indicators checklist to evaluate their activities.					0
		printing and distribution of national indicator checklist	10	copy	10,000	100,000
		link to item 4.3				100,000
	Make available documented copies of the national data collection and information flow structure to all facilities and partners in the state					0
		printing and distribution of the national data collection and informatio flow chat.100 copies	50	copy	100	5,000
	SACA M&E officer to conduct quarterly supervisory visits to facilities and partners to ensure compliance with the harmonised national data collection and information flow structure.					5,000
		refer to item 4.4				0
						0

	To hold annual meeting of M&E officers of SACA, LACA, ministries and NGOs to review state HIV/AIDS data base					420,000
		training venue for a day	50 000	day	1	50,000
		tea break for 100participants	300	participant	100	30,000
		launch break for 100 participants	1200	participant	100	120,000
		materials for meeting	200	pack	100	20,000
		transportation allowance for 100 particupants	2000	participant	100	200,000
						0
	Creation of hard-copy files for all LACA M&E data at SACA office					175,000
		purchase and printing of file jackets. 50 copies	50	copy	500	25,000
		purchase of steel office cabinet	150,000	cabinet	1	150,000
						0
	Create and maintain monthly electronic back-up of database at the state SACA office.					59,167
		purchase of hard disc. 20	5000	disc	20	100,000
						0
	SACA M&E officer to ensure that accurate entry of monthly service data into the state database is sustained.					710,000
		repair of internet facility at SACA office	250,000	internet installation	1	250,000
		annual subscription	90,000	subscription,quarter	4	360,000
		maintainance	25,000	quarter	4	100,000

Objective: 1. To xxxxxx by 50% xxxxxxxxxxxxxxxxxxxx						
1.1. Strategic Intervention: Build the capacity of health workers						
No	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	5 persons and 1 day	5	5,000
		Training Venue for 6 days	50,000	day	6	300,000
		Training materials for 270 participants	500	participants	150	75,000
		Lunch Break	1000	participants, days	900	900,000
		Transportation allowance for 270 participants x 6 days	1000	participants, days	900	900,000
		Facillitator fees for 2 facilitators x 6 days	5,000	facillitators, days	12	60,000
	Train 270 persons from NGOs on Peer Education	Training Venue for 18 days	50,000	Day	18	900,000
		Training materials for 270 participants	500	participants	270	135,000
		Lunch Break for 270 x 6 days	1,000	participants, days	1,620	1,620,000
		Transportation allowance for 270 participants x 6 days	1,000	participants, days	16,20	1,620,000
		Facillitator fees for 3 facilitators x 18 days	5,000	facilitators, days	54	270,000
18.1.2	Intergrate NDLEA seminars on Drug Abuse into quarterly Cluster activities.					0
		facilitator fee for one facilitator x 6 days (once a year)	5,000	facilitator, days	6	30,000
18.1.3	Production of one million SBCC items	200,000 t/shirts	500	T/sirts	200,000	1,000,000,00
		200,000 face-caps	300	Face-caps	200,000	60,000,000

	Weekly Live TV Progarm					
		30mins TV program	402,187.50	quarter	24	9,652,500.00
	Weekly Live Radio Progarm	30mins Radio program	352,481.25	quarter	24	8,459,550.00
	Cost of Production of weekly live TV p	30mins TV program	50,000	weekly	312	15,600,000.00
	Cost of Production of weekly live Radi	30mins Radio program	45,000	weekly	312	14,040,000.00
18.1.4	Advocacy to NDLEA	embedded previously above				
	Sensitize 72 Community Phamacists and Patent Drug Sellers on Drug Abuse					
		Venue for 2 days	50,000	day	2	100,000
		Lunch Break for 72 x 1 day	1,000	participants,day	72	72,000
		Training materials for 72 participants	500	participants,day	72	36,000
		Transportation allowance for 72 particip	1,000	participants,day	72	72,000
		facilitator fee for two facilitators x 2 days	5,000	facilitators, day	4	20,000
19.1.1	Sensitize 28 PLWHIV for 3 days on PHI	Venue for 3 days	3	days	3	950,000
		Lunch Break for 84 participants	1,000	participants,days	84	84,000
		Training materials for 84 participants	500	participants	84	42,000
		Transpor allowance for 28 participants x	1,000	participants,days	84	84,000
		Facilitators' fee for 2 x 3 days	5,000	facilitators,days	6	30,000
	Sensitize 36 HCT Cousellors for 3 dayson PHDP					
		Venue for 3 days	5,000	days	3	150,000
		Lunch Break for 36 participants x 3 days	1,000	participants,days	108	108,000
		Training materials for 108 participants	500	participants	108	54,000
		Transport allowance for 36 participants x	1,000	participants,days	108	108,000
		Facilitators' fee for 2 x 3 days	5,000	facilitators, days	6	36,000
	Train 86 persons on PHDP					
		Venue for 3 days	50,000	days	3	150,000
		Lunch Break for 86 participants	1,000	participants	86	86,000
		Training materials for 86 participants	500	participants	86	43,000
		Transport allowance for 86 participants 1	1,000	participants	86	86,000
		Facilitator fee for 2 3 days	5,000	facilitator	6	30,000
19.1.2	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

S/NO.	NAME	ORGANIZATION	DESIGNATION	PHONE NO	E-MAIL
1	Dr. Jaiyeola Akintoye	Alternative Medical Practitioner	CEO	08033543585	jahtheck@yahoo.com
2	Elder Ige J. O.	NASSI	Focal Officer	08033712225	
3	Mrs. Y. Imam	CiSHAN	PRO	08038170536	exclusivegrace@yahoo.com
4	John Adedeji	Better Living Foundation	Executive Director	08033728701	betterliving_foundation@yahoo.com
5	Rev. D. Abakah	Zoe Foundation	Executive Director	08035629852	zofound@yahoo.com
6	Iluyomade Lumico	Iluyomade Alternative	CEO	08034948001	
7	Mrs. Aladelusi Toyin	Sunshine Support		08064408889	
8	Dr. Akin Akinruntan	PSN Ondo State	Secretary	08034754005	tripodclinicalpharmacy@yahoo.com
9	Buhari, Habeeb Lola	Don Bosco Life Choices -VCT Nigeria	M & E	08068869830	lollybury@yahoo.com
10	Akinnagbe I. O.	NCWS Ondo State	President	08057388378	ncwsods@yahoo.com
11	Oniye Abel Akinwande	The Good Samritans International	President	08035024360	thegoodsamaritans3003@yahoo.com
12	Faruwa Francis A.	Kings and Priests Initiatives	Project Officer	08063053722	faruwa@yahoo.com
13	Fasina V. A. Mrs.	Min. of Women Affairs	Focal Officer	08036793093	
14	Funke Omojola	CiSHAN	Secretary	08033518537	funketuyi@yahoo.com
15	Bose S. Ikhidero	Owo Support	President	08066426001	sweettidenikhidero@yahoo.com
16	Ademiluyi A.	Cares Foundation	President	08039171001	tunbull63@yahoo.com
17	Fatai Balogun	NEPHWAN	Coordinator	08038620058	faithbaloo@yahoo.com
18	Adedeji B. F.	Idanre LGA	AAM	08036621268	
19	Omole Titilope G.	Knowledge & Care Providers	Field Officer	08085218106	omoletitilope@yahoo.com
20	Alhaji Ola Ibrahim	League of Imams & Alfas	Project Manager	08034345859	esinloku@yahoo.com
21	Sokunbi Adenike	NPF	Desk Officer	08033517597	esinloku2@yahoo.com
22	Adejuwon Jumoke	Akure North LGA	AAM	08038141978	akurenorthlaca@yahoo.com
23	Ogunfuyi Benson	SMoH	M&E	08034223027	adeofeayo@yahoo.com
24	Off. J. A. Isewon	FRSC Akure	Chairman ROSACA	08033942449	julie@yahoo.com
25	Barrister Bolade	MANET	Executive Officer	08058389595	manet98@yahoo.com
26	Olomiye Kehinde A.	NANNM	Ag. Secretary	08038267558	olomiyekehinde@yahoo.com
27	Mrs. Monilari O.	SUBEB	Focal Officer	08062485428	
28	Mr. Ebun Oluwagbemi	Ose LGA	AAM	08034481252	ebunoluwagbemi@yahoo.com
29	Mr. J. A. Agbede	The Health Concern	Project Manager	08062275059	jagbede@yahoo.com

S/NO	NAME				
30	Sr. Mary Okeke	St. Catherine's Hospital, Iwaro Oka	Asst. Administrator	[illegible]	[illegible]
31	Mrs. V. B. Joel	Min. of Justice	M & E	08030419049	vbjoel@yahoo.com
32	Bunmi Iyere	Quality Life project	Programm Coordinator	08037215969	iyerepo@yahoo.com
33	Uche Anasoh Anabui	Office of the Public Defender	DDOPD	08033533490	utchnkem4@yahoo.com
34	Moji Akintoye (Mrs.)	Community Health	Project Manager	08067652252	docstanorji@yahoo.com
35	Barr. O. Wole-Ehinmowo (Mrs.)	Kids & Teen Concerns	Legal Adviser	08055427969	efoexcel@yahoo.com
36	kehinde Victoria (Mrs.)	Akoko South West	AAM	08036193214	
37	Tomori O. Felix	NYSC	Project Manager	08035786410	tolafx2000@yahoo.com
38	Bukie Coast-Ufeli	YFC	ND	08033749425	bukiecoast@yahoo.com
39	Chief S. O. Obanibi	PTA Chairman AKSLG	Rep Chairman (State)	08034200834	somobanibi56@yahoo.com
40	Jaiyeola F. Ayomide	ASWHAN	Co-ordinator	08032159242	ebonyroxy4christ@yahoo.com
41	Akinlabi F.	NURTW/WAHOW	Project Manager	08033608873	femmyakinlabi@yahoo.com
42	Adeniyi Y. A.	Ifedore	AAM	08068146375	
43	Mr. M. O. Olasehinde	Akok South East	AAM	08034405778	
44	Cpt Tunde Adeyemi	Nigeria Army	RMO	08033676109	tunde@yahoo.com
45	F. A. Akintomide	PPFN	C/O	08033869494	ppfnondo@yahoo.com
46	Dr. Ogunmosin A. E.	Adeyemi College of Education, Ondo	CMO	08034853580	dayomosin@yahoo.com
47	Ketiku I. A.	WECA	Focal Officer	08065411414	iretiketiku@yahoo.com
48	Pastor J. B. Oyekan	Min. of Economic Planning & Budget	Focal Officer	08035771825	
49	Adaramola S. Emman	EWCF	Executive Director	08033550288	emmanuelfoundation@yahoo.com
50	Alhaja Momoh R.A.	FOMWAN	President	08056168844	ondofomwan@yahoo.com
51	The Ven. S.B.O. Kuti	CAN	Focal Officer	08034742222	
52	Com. Sola Oride	NLC	Focal Officer	08034770899	shollymac@yahoo.com
53	Odionyenma Uche	SHT	DDMLS (Rep. Principal)	08033603504	ucheodionyenma@yahoo.com
54	Bode Akinwumi	Ministry of Information	Focal Officer	08033518455	
55	Ibironke Lawrence	LACA Ondo East	A.A.M	08034047881	Ibironke56@yahoo.com
56	Oke-Adeagbo F. A.	SMoH	RH Coordinator	08033895802	faokeade@yahoo.com
57	Bakare D. A.	Ministry of Education	Desk Officer	08036672414	anikebakar@yahoo.com
58	Adeleke L. O.	LACA Ondo West	A.A,M	08065087575	
59	Oladeji Sola	Ministry of Youth and Sports	Focal Officer	08035780426	olorunalaba@yahoo.com
60	Gbangbalasa V. O.	Min. of Finance	for: PS	08039425785	
61	Ogunlade O. A.	Min. of Agric	Desk Officer	08062754642	funkoguns@yahoo.com
62	Olawoye Prof. T.L.	FUTA	Ch. FUTA AIDS	08033601166	

S/NO.	NAME	ORGANIZATION	DESIGNATION	PHONE NO.	E-MAIL
63	Dr. Faturoti S. O.	FMC Owo	Consultant	8035001069	samokfat@yahoo.com
64	Ojosipe A. A.	Chamagne Foundation	Project Manager	08069806762	bimojosipe@yahoo.com
65	Smart Olugbeko	CHI	Project Manager	08033517641	smartbavic@yahoo.com
66	Adiji A. O. (Dr.)	SSH, Ondo	CMD	08035799522	
67	Dr. Akinboboye V. A.	SSH, Okitipupa	SMO	08034414143	
68	Dr. Ayodele Foluke	General Hospital, Owo	CMO	08033597505	
69	Ogunsusi O. y. (Mrs.)	MOHA	for: PMTCT	08033529162	
70	A. O. Adeyemi Tuki	MOJ	Focal Officer	08033516730	soltuki@yahoo.com
71	Dr. A.N. Ejeheri	Akure South LGA/LGSC	PHC Coordinator	08033961066	napoleonejeheri@yahoo.com
72	Dr. Noel D.O.	NMA	NMA Sec	07032522250	
73	Dr. Aragbaiye F. A.	HMB (Director)	for: PS	08037264882	faaragb@yahoo.couk
74	Mrs. Olipede M. I.	Akure South LGA	LACA AAM	08032099682	
75	Pharm Olonite O.S.	SSH Ondo	Director Pharm Adherence Counsellor	08060694579	oluolonite@yahoo.com
76	Elder Mrs. R.O. Ogundare	CWCD	Ex. Director	08035804338	wcworg2005@yahoo.com
77	Mrs. Adelegan M. A.	Owo LGA	AAM	08062921481	
78	Lawani Martins N.	HANDEF	Project Manager	08033768399	handef2003@yahoo.com
79	Jeph Oluwagbemiga	FHI/GHAIN Benin	SMEO	08034008444	joluwagbemigaghain@yahoo.org
80	Mrs. L.O. Akinkuotu	MOHA	Nutrition Officer	08033542998	
81	Mrs. C.S. Dunapo	LACA Ilaje	AAM	08038154536	
82	Fasawe Taiwo	Okitipupa	AAM	08055265991	
83	Ojoye Kehinde	SFH Akure			
84	Efik Margaret	NYNETHA	PRO	07037737691	mdladymeg@yahoo.com
85	Pharm Olanusi A.S.	SSH, Akure			
86	Olagundoye B.K.	Odigbo	Focal Officer	08060361305	
87	Mr. S.O. Akingboye	Akoko North East	AAM	08059428245	
88	Mr. M.B. Folagbade	Akoko North West	AAM	07032250615	
89	Prince Segun Ogunoye	SSH, Akure	DD(MLS)	08033737736	ogunoyesegun@yahoo.com
90	Ogunmade Segun	NACA	M & E	08065959375	
91	Oladimeji V. A (Mrs.)	Ministry of Health	Procurement Officer	08034408096	
92	Akinyomi O.K	Ministry of Lands, Housing & Env.	Focal Officer	08030708773	
93	Mrs. T.K. Olupona	ODCBUDP	Focal Officer	08035789590	tosinolupona2006@yahoo.com
94	Hon. Akinsibokan C.	Ondo West LG	Sup. Health	08034741995	

S/NO.	NAME	ORGANIZATION	DESIGNATION	PHONE NO.	E-MAIL
95	Bunmi Nuji Arajuwa	Ministry of Justice	Procurement Officer	08033520569	barajuwa@yahoo.com
96	Deacon Adegbite G. A.	Ile-Oluji/Oke-Igbo LACA	AAM	08034433071	
97	Mrs. A. M. Alase	Akure Central ,	DPHCC	08033943750	
98	Dr. A. V. Adelusi	SMoH	SBLO	08035798868	adelusi@yahoo.org.
99	Dr. Omotoso B. A.	FMC, Owo	Consultant Physician	08033526523	toshama@yahoo.com
100	Akinbode A. O.	HMB	Haematologist	08036055316	kunsman02@yahoo.com