

Data Sheet

USAID Mission:	Nigeria
Program Title:	HIV/AIDS and Tuberculosis
Pillar:	Global Health
Strategic Objective:	620-014
Proposed FY 2004 Obligation:	\$20,550,000 CSH
Prior Year Unobligated:	\$700,000 CSH; \$500,000 ESF
Proposed FY 2005 Obligation:	\$20,550,000 CSH
Year of Initial Obligation:	FY 2004
Year of Final Obligation:	FY 2009

Summary: In support of the President's Emergency Plan for AIDS Relief (PEPFAR), USAID's new HIV/AIDS and tuberculosis program will implement HIV/AIDS treatment, prevention, and care activities in partnership with other USG agencies. The program will seek to prevent HIV transmission and alleviate the suffering caused by HIV/AIDS in selected Nigerian states, with reduced transmission of tuberculosis as an additional program element. Activities will address key issues of demand for services and interventions; access to quality services; and an improved enabling environment at national, state and community levels. The program will create demand and promote behavior change for risk reduction among most-at-risk populations; use of voluntary counseling and testing services for HIV/AIDS and directly observable treatment of tuberculosis (DOTS); and provision of quality services for people living with HIV/AIDS, orphans and vulnerable children, and pregnant women in high-risk situations. USAID will support faith-based organizations (FBOs) and the private sector and foster the development of public-private and private-private partnerships, within the context of the PEPFAR country operational plan.

Inputs, Outputs, Activities:

FY 2004 Program:

Demand for HIV/AIDS & TB services and interventions (\$4,810,000 CSH; \$500,000 prior year ESF; \$700,000 prior year CSH). A primary objective of the program is to increase the demand for preventive interventions, including ABC (abstinence, be faithful, and consistent use of condoms); voluntary counseling and testing; and prevention of mother-to-child transmission (PMTCT) of HIV. Comprehensive and balanced ABC behavior change strategies will be developed to respond to crucial differences between target groups, including most-at-risk groups and young people. USAID, with its USG partners, will also seek to improve the detection and treatment of active tuberculosis cases through the DOTS approach, building on community structures to increase awareness and demand for services. The development of new community norms and standards, providing alternatives to such behaviors as multiple partners, sexual violence and discrimination arising from stigma, will also stimulate demand, particularly for care and support services. Principal contractors and grantees: Population Services International (PSI), others to be determined.

Access to quality HIV/AIDS & TB services and interventions: (\$14,600,000 CSH). As part of the USG PEPFAR country team, USAID/Nigeria will initiate access to anti-retroviral (ARV) therapy and treatment of opportunistic infections and expand existing care and support efforts. Under PEPFAR, USAID and partners have targeted 350,000 HIV infected individuals for ARV treatment by 2008. The program will build on community structures and FBOs to further meet the psychological and material needs of people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC) within family and community settings. Tuberculosis prevention and control measures and prevention and treatment of sexually-transmitted infections will be improved through adequate treatment of infected persons and targeted promotion of behavior change in high-risk groups. Other activities will include scaling-up of voluntary counseling and testing by increasing the number of counselors and screening and counseling centers. Principal contractors, grantees, and agencies include: Centers for Disease Control and Prevention (CDC), Safe Blood for Africa, others to be determined.

Enabling environment (\$1,140,000 CSH). In support of PEPFAR goals, the program will focus on developing national political and financial support for HIV/AIDS interventions; strengthening state and local government capacity to plan, monitor and evaluate interventions; strengthening health systems to provide adequate services; broadening multi-sectoral collaboration with other sectors and partners for enhanced response to HIV/AIDS, and improving surveillance, monitoring and evaluation. USAID will assist FBOs with nation-wide reach and broad-based membership to develop policy and guidelines for the implementation of HIV prevention and care activities. Principal contractors, grantees, and agencies: CDC, others to be determined.

FY 2005 Program:

Nigeria is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

Demand for HIV/AIDS & TB services and interventions (\$4,810,000 CSH). Programming will continue to focus on raising awareness and demand for HIV/AIDS and tuberculosis services through adoption of new behaviors and creating new community norms, as well as targeting high-risk groups and addressing stigma. Same implementers as FY 2004.

Access to quality HIV/AIDS & TB services and interventions: (\$14,600,000 CSH). Building upon investments to assist the GON and consistent with the PEPFAR operational plan for Nigeria, planned activities will continue to improve and expand appropriate and effective care of PLWHA, including those who are also infected with TB; scale up voluntary counseling and testing programs by increasing the number of counselors and of screening and counseling centers; and expand access to ARV treatment for PLWHA and for pregnant women. Same implementers as FY 2004.

Enabling environment (\$1,140,000 CSH). As part of the USG PEPFAR country team in Nigeria, USAID will continue assistance to the GON to develop national political and financial support for HIV/AIDS interventions; state and local governments to improve their capacity to plan, monitor and evaluate interventions; and will engage the private sector in expanding the reach of government services. Same implementers as FY 2004.

Performance and Results: FY 2004 is the first year of implementation for the HIV/AIDS and tuberculosis program. By 2009, the program in support of PEPFAR targets for Nigeria will result in increased knowledge of HIV/AIDS transmission and prevention, reduction in high risk sexual behavior and stabilization of the seroprevalence rate among the high-risk groups in focus states. Fifty thousand pregnant women receiving antenatal care will have access to PMTCT services at 24 centers of excellence and 350,000 HIV infected individuals will have received ARV treatment. Twenty-five percent of the estimated population of PLWHA and 25% of orphans and vulnerable children in targeted states will have access to care and support services, and there will be a 70% treatment success rate among smear positive tuberculosis patients.

US Financing in Thousands of Dollars

Nigeria

	CSH	ESF
620-014 HIV/AIDS and Tuberculosis		
Through September 30, 2002		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Fiscal Year 2003		
Obligations	0	0
Expenditures	0	0
Through September 30, 2003		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Prior Year Unobligated Funds		
Obligations	700	500
Planned Fiscal Year 2004 NOA		
Obligations	20,550	0
Total Planned Fiscal Year 2004		
Obligations	21,250	500
Proposed Fiscal Year 2005 NOA		
Obligations	20,550	0
Future Obligations	0	0
Est. Total Cost	41,800	500