



*Capacity Strengthening on Access to  
HIV Services Efficiency for State HIV/AIDS  
Partners in the North-Central, North-East & North-  
West States and Federal Capital Territory of  
Nigeria*



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*DATE: 10TH -11TH MARCH, 2021*

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## LIST OF ACRONYMS

ART-	Anti-Retroviral Therapy
CBO-	Community Based Organization
FMWA-	Federal Ministry of Women Affairs
FBO-	Faith Based Organization
HTS-	HIV Testing Services
IP-	Implementing Partners
MDAs-	Ministry, Departments and Agencies
MHA-	Ministry of Humanitarian Affairs
MSM-	Men having Sex with Men
NAC-	National AIDS Council
NACA-	National Agency for the Control of AIDS
NEPWHAN-	Network of People Living with HIV and AIDS in Nigeria
NHRC -	National Human Rights Commission
KP-	Key populations
PATT-	Performance Management Activity Tracking Tool
PLHIV-	People living with HIV
PMTCT-	Prevention of Mother to Child Transmission
RCF-	Rich Care Foundation
SACA-	State Agency for the Control of AIDS
SASCP-	State AIDS and STD Control Programme
SDG-	Sustainable Development Goals
SEMA-	State Emergency Management Agency
SFH-	Society for Family Health
SMOH-	State Ministry of Health
TB-	Tuberculosis

## TABLE OF CONTENTS

List of Acronyms.....	iii
1.0 Executive Summary.....	1
2.0 Background Information.....	2
2.1 Core Mandate of Reach Care Foundation.....	2
2.2 Core Mandate of NACA.....	2
2.3 Workshop Objectives.....	3
2.4 Workshop Mode of Delivery.....	3
2.5 Workshop Venue and Time frame.....	3
2.6 Workshop Agenda.....	3
2.7 Training Participants.....	3
3.0 Workshop Proceeding	
3.1 Day 1: 10 <sup>TH</sup> March, 2021.....	4
3.1.1 National Prayer.....	4
3.1.2 Opening Remark by the Representative of the D.G. Pharm. Alex Ogundipe.	4
3.1.3 Overview: Dr. Yinka Falola-Anoemuah.....	4
3.1.4 Update on the status of HIV in Nigeria: Dr. Tolu Oladele.....	4
3.1.5 Gender Related Concepts and Gender Based Violence and Basic Human Rights Principles: Dr Yinka.....	7
3.1.6 Gender and HIV/AIDS issues among PLHIV, KPs and other Vulnerable Population... including Stigma and Discrimination and Laws. Dr Yinka.....	8
3.1.7 HIV/AIDS Community Care and Support: The New Guidelines: Mrs. Favour Iyamu.	8
3.1.8: Access to Justice Guidelines in the HIV/AIDS response: Mrs. Favour Iyamu....	9
3.1.9: Community Prevention Interventions: Ms. Ajiboye Oluwatosin.....	10

3.2: HIV Targeted Testing and Linkage to Care: Dr Tolu.....	11
3.2.1 Day 2: 11 <sup>th</sup> March, 2021.....	12
3.2.2 Recap of Day1.....	12
3.2.3 Monitoring and Evaluation of Non-Health Sector Component of HIV Services Dr Greg (DRM&E) .....	13
3.2.4 Resourcing & Performance Management for HIV Service Delivery.....	14
3.2.5: Improving Effectiveness of the Response using the SSPs: Mr. Seun Osagbami.....	15
3.2.6: Feedback from the Capacity Strengthening of PLHIV & KP.....	16
3.2.7: Administration of NACA & Zonal Office Related Matter: Mrs. Janet Ezenekwe....	17
3.2.8: Finance and Account Related Matter: Mr Nsikak Ebong.....	18
3.2.9 Challenges.....	19
3.2.10 Recommendations.....	20
3.3.0 Conclusion.....	20
3.3.1: Vote of Thanks from NACA Coordinator- Dr Yinka Falola.....	20
3.3.2 : Vote of Thanks from RCF Program Coordinator- Mr. Kayode Emmanuel...	21

## Appendix

1) Workshop Agenda.....	22
2) Attendees.....	24
3) Photographs.....	35

## **1.0 EXECUTIVE SUMMARY**

Poor social and environmental conditions, coupled with high rates of HIV among specific populations continue to persist- and in some cases, grow- HIV related disparities. These disparities include high rates of HIV infections, lower rates of access to HIV care, lower HIV viral suppression rates.

Consequently, a training workshop on capacity strengthening and Access to HIV Services Efficiency was organized for partners from State Agency for the Control of AID (SACAs) State AIDS and STD Control Programme (SASCP), Federal Ministry of Women Affairs (FMWA), State Ministry of Women Affairs (SMWA), Ministry of Ministry of Humanitarian Affairs(MHA), National Human Rights Commission (NHRC) by NACA in collaboration with Reach Care Foundation to facilitate Capacity Strengthening on Access to HIV/AIDS Service Efficiency for State HIV Partners in North Central, North East, North West and Federal Capital Territory of Nigeria.

The objectives of the training were fivefold: Improving and targeting HIV testing and linkage to care for efficiency, Identifying and mitigating HIV stigma and discrimination issues, Adherence and retention in care, Recognizing and addressing Human Right violations and access to justice matters, HIV technical and support services for efficiency.

A total of 94 individuals were involved in the 2days training. Consisting 33 Women and 61 Men.

The expected number of participants for the training were 68 individuals from the north east, north west north central states and the FCT. A total of 56 participants were trained across the 19states and the FCT.

The 2 days training consisted of 10(ten) sessions. 4(four) sessions on the first day and six (six) sessions on the second day. A total of 18 staff from NACA were present at the training. They consisted of 8 facilitators and 10 technical staff.

The workshop covered a number of issues including the following: Gender related concept and basic Human Right principles, Vulnerability to HIV infection, Equality and non-discrimination, HIV/AIDS community care and support, update on the status on HIV/AIDS in Nigeria, Access to Justice guideline in HIV/AIDS response, Community care and support issues for Key populations (KPs), HIV targeted and index testing , Monitoring and Evaluation of non-Health sector components of HIV, Improving effectiveness of HIV response, Feedback from capacity strengthening People living with HIV(PLHIV) and KPs, service delivery.

Participants were guided on practical steps of strengthening capacity and management of HIV service delivery. Opportunities were given to participants to contribute to different topics taught.

From the post training evaluation and objective set, it is evident that the training was very successful. This was summarized ably by one of the participants Mr. Oyedeji who said “I learnt a lot from this workshop, thank God I got this opportunity of knowing more about access to HIV service efficiency”.

## **2.0 BACKGROUND**

Reach Care Foundation (RCF) in collaboration with National Agency for the Control of AIDS(NACA) organized a workshop on Capacity Strengthening and Access to HIV services efficiency for state HIV/AIDS partners. The training was a two-day event, participants were drawn from North-East, North-Central and North-West states and they include: Benue, Kogi, Kwara, Nasarawa, Kebbi, Sokoto, Zamfara, Niger, Bauchi, Borno, Gombe, Taraba, Yobe, Jigawa, Kaduna, Kano, Katsina and FCT. The training commenced on the 10<sup>th</sup> of March through the 11<sup>th</sup> March, 2021.

### **2.1 CORE MANDATE OF REACH CARE FOUNDATION**

Reach Care Foundation for more than a decade now, has been at the forefront implementing and delivering services of public health concern particularly reduction of HIV/AIDS, Tuberculosis and Malaria incidences and mitigation of the impact of these diseases through her unique strategy. HIV prevention, treatment, care and support services among Key pops and other Hard-to-Reach population has been our area of core competence. Similarly, Reach Care Foundation has activated an HIV workplace program called One-Stop-Shop which ensures that Key population access HIV Testing Services (HTS) at the same facility by the same provider. As such, our model is an important strategy which contributes to achieving treatment and epidemic control targets. RCF signed an agreement with NACA in a collaborative agreement to train participants on emerging issues on Access to HIV efficiency. The project was funded by the Government of Nigeria through the National Agency for the Control of AIDS (NACA).

### **2.2 CORE MANDATE OF NATIONAL AGENCY FOR THE CONTROL OF AID**

The National Agency for the Control of AIDS coordinates and sustain advocacy by all sectors at all levels for HIV/AIDS response in Nigeria. As part of her mandate in coordinating and facilitating the mobilization of resources for an effective and sustainable response to HIV/AIDS in Nigeria.

### **2.3: OBJECTIVES**

1. Improving and targeting HIV testing and linkage to care for efficiency.
2. Identifying and mitigating HIV stigma and discrimination issues.
3. Adherence and retention in care
4. Recognizing and addressing Human Right violations and access to justice matters.
5. HIV technical and support services for efficiency

### **2.4: MODE OF DELIVERY**

To achieve the above objective workshop, participants from various organizations shared their information on access to HIV services. Facilitators from NACA employed the use of slides using powerpoint presentations. Participants shared their experiences and knowledge through participatory group discussions, questions and answers, storytelling etc. This strategy was meant to understand individual participant level of knowledge and the need to implement new strategies, information and concepts which may lead to proper access to HIV services for all.

### **2.5: VENUE AND TIME FRAME**

The training was held at 3Js Hotel limited Jabi , Abuja from the 10<sup>th</sup> – 11<sup>th</sup> March, 2021.

### **2.6: AGENDA**

The first day of the workshop focused on the historical background and prevalence of HIV/AIDS in Nigeria. Efforts so far, Gender Based Violence and Basic Human Right Principles, Equality and Discrimination, HIV targeted testing and linkage to care.

The second day focused on Monitoring and Evaluation of Non-Health Sector Components of HIV services, performance management related matters, policy and planning related matters, feedback from capacity strengthening of PLHIV and KPs. Details of the agenda are provided in annex one.

### **2.7: TRAINING PARTICIPANTS**

Participants for the training came from State Agency for the Control of AID (SACAs), State AIDS and STD Control Programme (SASCP), Federal Ministry of Women Affairs (FMWA), State Ministry of Women

Affairs (SMWA), Ministry of Ministry of Humanitarian Affairs(MHA), National Human Rights Commission (NHRC), State Emergency Management Agency (SEMA), Society for Family Health (SFH), State Ministry of Health (SMOH), Heartland Alliance, Network of People Living with HIV and AIDS in Nigeria (NEPWHAN). Details of the participants are included in annex two.

### **3.0: WORKSHOP PROCEEDING**

On the first and second day, the workshop ran from 9:45am through 4pm. The section below contains details of what was covered.

#### **3.1 Day 1: 10<sup>TH</sup> March, 2021**

##### **3.1.1 Prayer**

The first day of the program was opened with the second stanza of the National Anthem.

##### **3.1.2 OPENING REMARK BY THE REPRESENTATIVE OF THE D.G. MR. ALEX OGUNDIPE (Director, Community Prevention and Care Services, NACA)**

The Director General representative welcomed all participants to the workshop. He recognized specially participants from partner organizations and implementing partners of this workshop. Finally, he wished all participants effective participation so as to meet their expectation at the end of the workshop.

##### **3.1.3 Overview/Objectives:**

Dr Yinka Falola- Anoemuah, the lead-facilitator acknowledged the presence and participation of all participants with their respective organization. She said her expectation was for everyone to learn and share information from different organizations so that at the end, we will all achieve a common objective. With this remark, she gave an overview and objective for the workshop.

##### **3.1.4 Update on the status of HIV in Nigeria: Dr. Tolu Oladele (Ass. Director, NACA) Health Sector Team NACA**

In her presentation, the facilitator went through a historical background of HIV/AIDS. And that the first two AIDS cases in Nigeria were diagnosed in 1985 and reported in 1986 in Lagos. Statistics in the form of charts were shown to the participants highlighting the HIV by year, the growth we have had in treatment sites, growth in key populations and how resilient Nigeria's HIV program has been. She also stated that as at last



year June 2020, the number of people living with HIV include: (Women 15 + : 811,288), (Men 15+ : 362,188), (Young people 15-24: 108,963), (Children 0-14; 54,624).

Similarly, she gave a summary on strategy which has improved Nigeria's resilience in curbing the virus. And they include multi sectoral and multi-agency coordinating platforms, which are

1. National Prevention Technical working group,
2. Gender Technical and Human Rights Working group
3. National task team on HIV Testing Services, Antiretroviral therapy, community care and prevention of mother to child transmission of HIV
4. KP programming
5. Mainstreaming interventions across critical Ministries, Department and Agencies
6. TB/HIV collaborative services

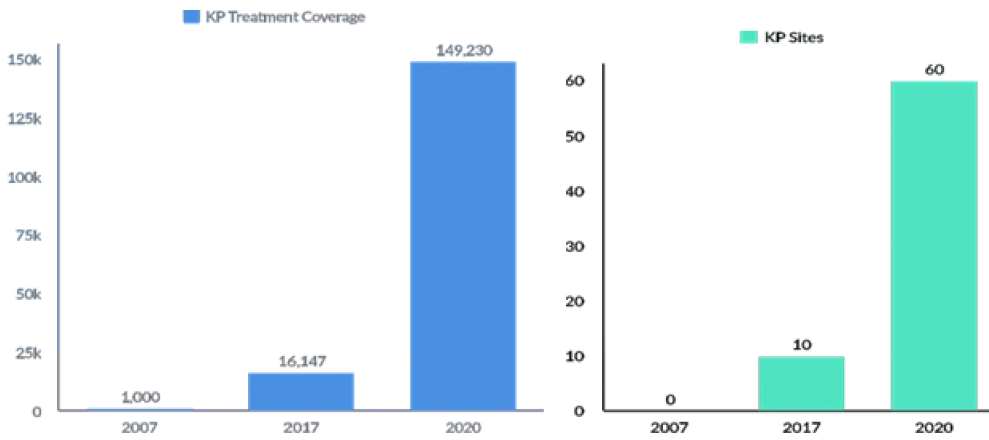
Challenges like real time data for decision making, lack of non-health sector data, paucity of financial resources, lack of state ownership, low PMTCT and ART uptake and weak community care and support system are issues being experienced and therefore may inhibit achieving zero new HIV infections. They facilitator dwelled on the need to establish HIV trust funds, integration of HIV into State Health Insurance, Alignment of all programs into one.

In conclusion, she stated that since HIV is not static, rather it gradually evolves and as such, there is a need to keep track of the updates in order to develop effective responses.

## HIV Prevalence by Year



## Growth in Key Population Programming



# NUMBER OF PEOPLE LIVING WITH HIV AS OF JUNE 2020



**Tea Break--30 minutes**

### **3.1.5 Gender Related Concepts and Gender Based Violence and Basic Human Rights Principles:**

Facilitator: Dr Yinka Falola- Anoemuah (Deputy Director and Head GHRCSC, NACA)

Although there is an increasing number of HIV-related stigma in Nigeria, very little studies have focused on how power differences based on gender perpetuate the stigmatization of people living with HIV/AIDS and how these gender differences affect the care that PLWHA receive in health care institutions.

It is for this reason the facilitator presented and lectured the participants on the concept 'gender', the link between gender and HIV, issues of vulnerability to HIV infection for women and men, Gender Based violence, Basic Human Rights principles.

On the issue of gender, she defined it to mean roles that men and women play and the expectation placed upon them by the society. Furthermore, she said the meaning of gender varies among society and changes overtime. For instance, a woman not being able to inherit property in some culture while men can, and the believe that women are in-charge of raising children are issues of Gender and not sex.

The facilitator noted that HIV/AIDS is inherently a gender-based issue that needs to be addressed effectively. HIV/AIDS will only be conquered when the effort to achieve gender equality is addressed.

Understanding socially constructed aspects of male-female relations, individual behaviour as well as the gender-based rules, norms and laws governing the broader social context creates an environment in which women and men can protect themselves and each other. She noted that gender stereotyping reinforces gender inequality.

On the issue of Human Rights, she stated that everyone deserves the right of core values which include Dignity, Fairness, Equality, Respect and Independence. Everyone born with and possessed the rights, regardless of location, gender, race, religion, cultural or ethnic background. No one should be left out or excluded from human rights.

In conclusion, the facilitator said realizing goals and objectives of the National response to HIV require consistent and systematic integration of Key human right principles. Hence, it will require “wearing of Human Rights advocates cap” at all times with special focus on rights of key populations and vulnerable groups (Women, young people, persons living with disability, women in conflict zones, people in difficult circumstances).

### **3.1.6 Gender and HIV/AIDS issues among PLHIV, KPs and other Vulnerable Population including Stigma and Discrimination and Laws.**

Facilitator: Dr Yinka Falola- Anoemuah (Deputy Director and Head GHRCS, NACA)

The facilitator said HIV- related stigma and discrimination refers to prejudice, negative attitudes and abuse directed at people living with HIV and AIDS. Stigma and discrimination also make people vulnerable to HIV. Stigma and discrimination manifest itself in many ways. She mentioned that discrimination and other human right violations may occur in health care setting, barring people from accessing health services or enjoying quality health care.

The facilitator highlighted an effective response to HIV, how the root cause of stigma can be tackled in order to ensure services are inclusive and accessible.

In closing, Discussion-suggested Issues like;

- ❖ Issue of arrest/harassment of community members
- ❖ Raping sex workers upon arrest by some police
- ❖ Low reporting of violation from Law enforcement agents
- ❖ Low reporting and documenting violation cases as well as access to Justice for human rights violation were discussed

### **3.1.7: HIV/AIDS Community Care and Support: The New Guidelines:**

Facilitator: Mrs. Favour Iyamu (SPO, NACA).

The Facilitator introduced participants to the ‘The National HIV and AIDS Community Care and Support Guidelines 2020-2023’.

In the guideline, there are Nine chapters in all, with conceptual frameworks which jealously support continuum of care in HIV and AIDS community care and support services.

- I. Chapter 3 which provides HIV and AIDS community care and support service guide.
- II. Chapter 4 which identifies provision and retention in care of PLHIV across life courses.
- III. Chapter 5 speaks on Positive Health Dignity and Prevention
- IV. Chapter 6 Nutrition for PLHIV
- V. Chapter 7 Management of Mental Health Conditions/Disorders in HIV and AIDS.
- VI. Chapter 8 Institutional architecture, systems, coordination and resourcing for HIV and AIDS care and support.
- VII. Chapter 9 Monitoring and Evaluation of Care and Support Services.

In the guideline, the role of religious Leaders in care and support was also outlined as follows:

- I. Encouraging members to undergo screening and to accept treatment and care when infected.
- II. Provision of Psychosocial and spiritual support amongst others.
- III. Furthermore, Linkage, Adherence and Retention in care among Children, Adolescents, Aged people and key and vulnerable populations were spelt out.

On Monitoring and Evaluation of Care and Support Service; responsibility for monitoring and evaluation activities should include:

- I. Data management
- II. Data collection and Reporting tools.

- III. Supportive supervision
- IV. Data Quality Assurance

Equally, the guideline recommends that coordinating institution should periodically hold review meetings with implementing partners at the state and national level.

### **3.1.8 : Access to Justice Guidelines in the HIV/AIDS response:**

Facilitator: Mrs. Favour Iyamu ( NACA)

The objective of this session was to enable the participants:

1. To understand the overall meaning of Access to Justice in the National HIV/AIDS response
2. To understand access to justice issues/ human rights violations
3. To share efforts and information towards a more human rights responsive national HIV/AIDS response.

The facilitator highlighted a number of Human Rights Violations and access to Justice issues affecting the HIV/AIDS response in Nigeria.

1. HIV related stigmatization and discrimination.
2. Lack of inadequate knowledge and identification of rights and laws by survivors, victims, perpetrators and implementers.
3. Gender inequality
4. Gender based violence
5. Poverty
6. Low level of engagement by relevant parties
7. Weak mechanism for monitoring the implementation of existing laws.
8. Abuse/Violation of Human Rights

Recommendations which were made by the facilitator as a way of ensuring everyone has access to Justice include:

1. Capacity building for Judicial Institution and human rights administrators on HIV, Key and vulnerable populations.
2. Compilation of compendium of cases on abuse and human rights violations.
3. Promotion of contact between those discriminated against and those discriminating.
4. Provision of access to legal services [including financing].

In conclusion, she said a strengthened and functional justice system in the national HIV and AIDS response is essential for the achievement of the 2030 Agenda and the Sustainable Development Goals, especially the SDG3.

**Lunch----40 minutes**

### **3.1.9: Community Prevention Interventions**

Facilitator: Ms. Ajiboye Oluwatosin (NACA)

Community Prevention Mandate provides leadership and establishes mechanisms technically supporting the coordination and prevention programs at different levels of the response.

An overview of what is being done includes:

1. Coordination and Leadership
2. Mentoring
3. Technical Support
4. Supportive Supervision
5. Development of Documents
6. Reporting

Community Prevention Engagement with stakeholders like; MDA, SACCA, IP, Networks, CBO and FBO includes;

- i. Capacity Building on resources mobilization and sustainability strategy
- ii. Annual work-plan
- iii. Technical support and monitoring
- iv. Program monitoring and evaluation
- v. Sensitization on workplace policies
- vi. Reports

Area of Focus: Population

1. Key populations
2. Adolescent and young people
3. General population at risk

Key achievements of community prevention intervention so far has been;

1. Adolescent and Young Population learning collaboration
2. GPC score card
3. Key Population guideline development
4. National Document Dissemination

### **3.2 : HIV Targeted Testing and Linkage to Care:**

Facilitator: Dr Tolu Oladele (Ass. Director,NACA)

The objective of this session was to enable participants to understand:

1. Targeted testing and its benefits
2. The different approaches for targeted testing
3. The services and intervention that people with HIV and those who test HIV-negative should be linked to the interventions to improve linkage to care.

The facilitator mentioned that linkage to care is a crucial early step in successful HIV treatment and is typically defined as the completion of a first medical clinic visit after HIV diagnosis. Linkage to care plays a key role in the HIV care continuum. It is a necessary precursor to antiretroviral therapy initiation and viral suppression. She also noted that Key populations and vulnerable groups are appropriate for targeted testing because they are: (i) at high risk for HIV infection;(ii) at high risk of onward transmission if they are HIV-positive; and/or (iii) unlikely to access routinely-offered HTS

#### **Benefits of targeted HIV testing services**

- It yields a higher positivity rate than routine HTS
- It maximizes the use of testing resources
- It improves equity to HIV services

In closing she reiterated that interventions in improving linkage to care include:

- ✓ Enhanced linkage with case management
- ✓ Support for HIV disclosure



- ✓ Patient tracking for those who failed to engage in care
- ✓ Training staff to provide multiple services
- ✓ Streamlined services to accelerate time to initiation
- ✓ Peer support and navigation approaches for linkage
- ✓ Quality improvement approaches using data to improve linkage

### **3.2.1 DAY 2, 11<sup>TH</sup> MARCH 2021**

The second day started at 9:45am with a prayer from the second stanza of the Nigeria Anthem. Mr. Kayode Emmanuel re-welcomed all the workshop participants. Announcements were made with regards to documentation and signing in for day 2.

### **3.2.2 Recap of Day 1**

A recap of day 1 was made by Mr. Ade Yusuf Taiwo (Zonal Coordinator, NACA)

### **3.2.3 Monitoring and Evaluation of Non-Health Sector Component of HIV Services**

Facilitator: Dr Greg (Director Monitoring & Evaluation, NACA.)

The Facilitator mentioned that the national response for the control of HIV & AIDS is multisectoral. Also, the Non-Health Sector response is coordinated by NACA & SACA at the State and National level. Participants were told that Non health sector response is designed to provide intervention at the community level covering prevention, care and support.

This programme area has nationally harmonized and regularly revised data collection and reporting tools. The national response remains untapped. However, he stated that there was a need to capture intervention at community level.

The following gaps were identified as issues faced by the Non-Health Sector Response at:

#### National Level Issues

- Lack of harmonised reporting platform
- Unavailability of harmonised reporting tool
- Inconsistency in data validation

#### State Level issues

- Need for states to map the CBOs & IPs working at the state
- Inconsistency in data validation
- Lack of fund to carry out NHS activity
- Capacity issues. -attrition and training

In conclusion, the Facilitator itemized strategies to strengthen the process and this include:

- Review tools to align with new guidelines in Prevention, OVC, Care and Support and FLHE.
- Database for Non- Health Sector
- Mapping of all IPs implementing Non-Health sector intervention in each state by SACAs
- Strengthen capacity for revised tools and the State monthly M&E meetings at all levels

**Tea Break---30 minutes**

### **3.2.4 : RESOURCING & PERFORMANCE MANAGEMENT FOR HIV SERVICE DELIVERY**

Facilitator: Dr Uduak, (*DPMRM*, NACA)

#### **Mandate of Resource Mobilisation**

To fulfill a key mandate of NACA to mobilize resources for the HIV/AIDS response (local and foreign) and to coordinate their equitable application

#### **Key Approaches**

- Update database of all current and potential resource providers
- Analyse resource gaps.
- Prioritise resource providers and develop a plan to engage with them strategically
- Generate evidence to show why resources are needed to bridge the gaps
- Provide political benefits

#### **Challenges**

- Ownership of the response at State and LGA levels still at infancy in many of the States
- Poor releases of approved budget from the three tiers of government.

- Dwindling donor funding
- Shift in donor preferences and priorities
- Non-disclosure of HIV investment information by Organized Private Sector (OPS)

#### **What has been done**

- ✓ Ongoing Annual reviews and periodic reviews (quarterly)
- ✓ PMM to performance mgt. in the implementation of HIV programs
- ✓ Feedback meetings with IPs & SACAs
- ✓ Periodic reporting
- ✓ Engagement with MDAs, CS platforms & organisations
- ✓ Paper based PM tools transited to electronic mode
- ✓ Performance Management Activity Tracking Tool (PATT)

#### **Lesson Learnt**

- ✓ Reiterate the ‘improvement’ goal of performance management
- ✓ The need to hold stakeholders accountable is important to reaching the goal of the National response.
- ✓ Sometimes quality is compromised for numbers—no sufficient basis for this assertion yet
- ✓ Certain obstacles impede compliance to National guidelines
- ✓ Need for expanded multi stakeholder engagement

### **3.2.5 : Improving Effectiveness of the Response using the State Strategic Plans (SSP)**

Facilitator: Mr. Seun Osagbami ,(ACPO, NACA)

Coordination of the State HIV Response:

- **Policy Frameworks:** National HIV/AIDS Policy, National Strategic Framework, **State Strategic Plans**, Agency Act and the Anti-discrimination Act.

- **Sub National Mechanisms:** SACA and SASCP Review Meetings, Partners Coordination Meeting; Joint Monitoring Visits, Regular M&E Meetings, Meeting with State Planning Board/Ministry of Planning; etc.
- **National Mechanisms:** NACA-SACA Forum, SACA Executive Secretaries and Director General’s Meeting, National AIDS Council (NCA), and Other Engagements



### Effectiveness of the Response at the State Level—Core Effectiveness Ideas

- **Ownership:** States must own the HIV response and all stakeholders are to support the achievement of this important milestone towards ending AIDS by 2030.
- Increase domestic resourcing of the state response
- **Result Management:** States must step up to be counted. It is not enough to collect data; states must invest in data analytics and data science in ensuring that their data translate to state level policies.

### **3.2.6 : Feedback from the Capacity Strengthening of PLHIV & KP**

Facilitator: Mrs. Edith Otalike (NEPWHAN, M&E)

The facilitator identified Thematic area in Gender and human rights faced by members of people living with HIV and Key Populations and they include

- Violence against women & men in the case of discordant couples
- Sexual harassment
- Less access to education and health care by women & girls.
- Law against MSM & drugs users
- Denial of job opportunities due to HIV status
- Stigma and discrimination based on gender identity
- Unemployment among KPs
- Denial of KPs' of right to health & freedom of speech

Her Recommendations were;

- ❖ Ministry of Women Affairs should assist on gender and human right
- ❖ More education and awareness creation by government on human rights
- ❖ Review of law against MSM to encourage adherence.
- ❖ Meaningful involvement and engagement of KVPs by the government
- ❖ Increase HIV sensitization/awareness creation
- ❖ Domestication of the law and policies that promote human rights and stand against gender-based violence in states.
- ❖ Repealing of discriminatory law targeting KP.

### **3.2.7 : Administration of NACA & Zonal Office Related Matter**

Facilitator: Janet Ezenekwe (Deputy Director, Staff Training & Welfare)

The participants were enlightened on the Act which establishes NACA's and empowers the Agency to operate its principal office in the Federal capital for the proper discharge or performance of its functions

Similarly, the Functions of the Agency which is beautifully captured in its mission which states: - NACA shall *“To provide an enabling policy environment and stable ongoing facilitation of proactive multi sectoral **planning, coordinated implementation, monitoring and evaluation of all HIV/AIDS prevention and impact mitigation activities in Nigeria**”*

### ***BACKGROUND TO THE ESTABLISHMENT OF ZONAL OFFICES***

- ✓ In 2018, NACA led the Nigeria HIV /AIDS Indicator and Impact Survey (NAIIS). This was a national household-based survey that assessed the prevalence of human immunodeficiency virus (HIV) and related health indicators. The time frame for execution/recorded successes of that survey has been rated as best to none in the world.
- ✓ The success of NAIIS, partly was due to the functionality of a decentralized structure. This became the stimulus for the Agency to evoke provisions of Part II, section 6 (I) (h) of the Act, to convert the six regional offices (established to monitor the survey) into Agency’s zonal offices, thus bringing the Agency’s activities closer to the communities it serves.
- ✓ And so the six zonal offices were born as follows :-(i) North-East (Kano) ii. North-West (Gombe) iii. North Central (Lafia) iv. South-East (Umuahia) v. South-South (Uyo) vi. South-West (Lagos)

In conclusion, she stated that the successes and effectiveness of the operations of the zonal offices is our collective responsibility. NACA has done its part what remains is for stakeholders to take advantage of the existence of these hubs and make the system work

### **3.2.8: Finance and Account Related Matter**

Facilitator: Mr. Nsikak Ebong, Director Finance and Account (NACA)

The facilitator stated that no business can operate without an efficient supply of finance. It is the lifeblood of all organizations and the most common denominator by which most business performance is measured both internally and externally. The accounting and finance department is at the center of any organization and is responsible for ensuring the efficient financial management and financial controls necessary to support any organization.

The facilitator also mentioned that the role of finance in programme success to facilitate easy and timely implementation of programmes and projects. And in achieving this, the FM team must ensure that they meet all requirements of donors and fund providers i.e.

- ✓ Follow financial plans and budgets
- ✓ Pay to only entitled beneficiaries
- ✓ Use internationally accepted documentation, etc.

In closing, the facilitator stated that Finance Managers need Trust/confidence, support, commitment to Finance Management rules and regulations, involvement in programmes planning and implementation invest in the finance management team and support their capacity building and strengthening from Project managers and Accounting officers/CEOs

### **Lunch---40 minutes**

#### **3.2.9: Challenges**

- 1) Many are unaware of their rights.
- 2) Poverty among young people hinders them from seeking justice when violated.
- 3) Illegal arrest of KPs by law enforcement agents.
- 4) Reluctant behaviour to take up KP cases of violation
- 5) Low Reporting
- 6) Difficult access to legal aids
- 7) Extortion from KPs by state and non-state actors
- 8) No effort for rehabilitation of KPs
- 9) Sexual exploitation of KPs
- 10) Real time data for decision making
- 11) Lack of non-health sector data
- 12) Plateauing financial resources

- 13) Lack of state ownership
- 14) Low PMTCT uptake
- 15) Weak community care and support system

### **3.2.10 Recommendations**

- 1) Community sensitization programs targeting community leaders, religious leaders and the general public on comprehensive human sexuality education
- 2) Continue sensitization of the law enforcement agents.
- 3) Enlightenment of youths on human rights and GBV.
- 4) Training of paralegal and gender focal persons
- 5) Ownership: States must own the HIV response and all stakeholders are to support the achievement of this important milestone towards ending AIDS by 2030.
  - a. Increase domestic resourcing of the state response
- 6) Result Management: States must step up to be counted. It is not enough to collect data; states must invest in data analytics and data science in ensuring that their data translate to state level policies

### **3.3.0: Conclusion**

As a society undergoing economic, social, population migration and structural change, the Nigerian Federation is very vulnerable to HIV epidemic manifesting itself and faces rapid increase in new HIV infections. Although, many see it as a problem associated with certain risk-groups. This view may not only have contributed to underestimation of the epidemiological potential of HIV to spread into all layers of society, but it has also externalized people who already have the virus and as such fueled the notion of “we and them”

Gender awareness would improve the overall understanding of users of health services, equally a more open and vibrant dialogue on HIV/AIDS related issues between National and State key actors should be unrelenting.



## **Financial Management**

The sum of twenty-five million naira (N 25,000,000) was disbursed to Reach Care Foundation for the training workshop. Below is a list of program activities for which some of the funds were used for:

Hall rentage, Participant's accommodation, Feeding, DTA, Traveling, Procurement of materials, Photography, Logistics, Security cover, Miscellaneous expenses.

### **3.1: Vote of Thanks from NACA Coordinator- Dr Yinka Falola-Anoemuah**

She hoped that the skills on Strengthening Access to HIV Services Efficiency have been acquired. She said she was very grateful for the good cooperation shown by all partners and participants.

### **3.2: Vote of Thanks from RCF Program Coordinator- Mr. Kayode Emmanuel**

He said RCF was so grateful and appreciated the work done by the facilitators, team members of NACA and RCF Secretariat and the donor for their support. He also commended that the workshop was very successful and helpful. He was grateful to all participants for attending the workshop.

## **Appendix**

### **I. Workshop Agenda**

#### **AGENDA**

**Capacity Strengthening on Access to HIV Services Efficiency for State HIV/AIDS Partners in the North-Central, North- East and North-West States and Federal Capital Territory of Nigeria**

**Date: March 10-11, 2021**

**Venue: 3Js Hotel Limited, Jabi, Abuja**

**Objectives**

To develop capacity of state partners (SACAs, SASCAP, FMWA, Ministry of Humanitarian Affairs, National Human Rights Commission, implementing partners and others) in all the North-Central, North-East and North-West states including Benue, Kogi, Kwara, Nasarawa, Niger, Plateau, Adamawa, Bauchi, Borno, Gombe, Taraba, Yobe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Zamfara States and FCT in the following areas:

- a. Improving and targeting HIV testing and linkage to care for efficiency
- b. Identifying and mitigating HIV stigma and discrimination issues
- c. Adherence and retention in care
- d. Recognizing and addressing human rights violations and access to justice matters
- e. HIV technical and support services for efficiency

<b>Time</b>	<b>Activity</b>	<b>Method</b>	<b>Responsible</b>
<b>Day 1:</b>			
9.45am-10.00am	Arrival & registration	Documentation	Secretariat
10.00am – 10.10am	Opening/Prayer/ Introductions	Plenary Session	All
10.10am– 10.30am	Welcome Remarks and Objectives of the Workshop	Plenary Session	Facilitator
	Tea-break		
10.30am-11.00pm	Update on the Status of HIV/AIDS in Nigeria	Plenary Session	NACA-Health Sector Support Team
11.00pm - 11.30pm	Gender Related Concepts & Gender Based Violence & Basic Human Rights Principles	Plenary Session	NACA-GHRCS Team
11.30pm-12.00pm	Gender & HIV/AIDS issues among PLHIV, KPs and other Vulnerable Populations including Stigma & Discrimination & Laws		
12.00-12.30pm	HIV/AIDS Community Care and Support: The new Guidelines - HIV/AIDS & Mental Health Issues in Care Services		
12.30-1.00pm	Access to Justice Guidelines in the HIV/AIDS response		
1.00-1.30pm	Community Care and Support Issues for KPs		

<b>Time</b>	<b>Activity</b>	<b>Method</b>	<b>Responsible</b>
1.30-2.00pm	Community Prevention Interventions	Plenary Session	NACA-CP
2.00pm-2.30pm	Lunch		All
2.30pm-3.30pm	HIV Targeted and Index Testing and linkage to Care	Group Discussion	NACA-Health Sector Support Team
3.30pm-4.00pm	Recap and closing	Plenary	All
<b>Day 2:</b>			
9.45am-10.00am	Arrival & registration	Documentation	Secretariat
10.00am-10.15pm	Opening prayer, Recap & Tea break	Plenary Session	Facilitator
10.15am – 11.00am	Monitoring & Evaluation of Non-health Sector component of HIV services	Presentation	DRM&E
11.00pm-11.30pm	Resourcing and Performance Management for HIV Service Delivery	Plenary Session	DPMRM
11.30-12.00pm	Improving the Effectiveness of HIV/AIDS Response Using the SSP	Plenary Session	Head of DPPC
12.00-1.00pm	Feedback from the capacity strengthening of PLHIV & KPs	Plenary Session	Representative of Community Groups
1.00pm-2.00pm	Lunch		All
2.00pm-2.30pm	Updates on Admin & Zonal Office related matter	Plenary Session	DA
2.30pm-3.00pm	Update on Finance and Account Related Matters	Plenary Session	DFA
3.00pm-3.30pm	Next Steps and Key Issues for HIV Services Efficiency in States	Plenary Session	NACA CPCS
3.30pm-4.00pm	Closing		
<b>Day 3: Departure &amp; Travels</b>			

## II. Attendees

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### III. Photographs



Group photograph with trained participants at the opening ceremony of Capacity strengthening on Access to HIV Services Efficiency held at Abuja from the 10<sup>th</sup> – 11<sup>th</sup> March, 2021.



Group photograph with trained participants at the Closing Ceremony of Capacity strengthening on Access to HIV Services Efficiency held at Abuja from the 10<sup>th</sup> – 11<sup>th</sup> March, 2021.



