NIGERIA UNGASS REPORT 2007

JANUARY 31,2008

ACKNOWLEDGEMENT

I wish to thank the Director-General of the National Agency for the Control of AIDS (NACA), Prof. Babatunde Osotimehin who provided the institutional support for the development of this report. My sincere gratitude also goes to staff of M & E and Strategic Planning unit of NACA for their immense logistical and technical support towards the completion of this assignment.

I appreciate the contributions of all the members of the UNGASS Technical Working Group particularly: Aderemi Azeez (NASCP), Zainab Momodu (FME), Bimbola Adewumi (JAAIDS), Solomon Dogo (CISHAN) Godpower Omoregie (SFH), Henry Damisoni (UNAIDS), Wole Fajemisin (FMOH/NASCP), Kola Oyediran (MEASURE Evaluation), Mukhtar Muhammad (CDC) and Obinna Onyekwena (FHI/GHAIN).

The contributions of FMoH/NASCP, FME, SACAs, NEPWHAN, JAAIDS, CISHAN and Development Partners (Bilateral and Multilateral) towards the development of this report are also appreciated.

Finally, I wish to thank the consultant, Mrs. Uchenna Igwe for her thoroughness, perseverance and ability to work with stakeholders to collate the necessary data for this report.

Thank You All

Dr Michael Kayode Ogungbemi
Director M&E, Strategic Planning and Research.
National Agency for the Control of AIDS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CCE	Country Coordinating Entity
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CRIS	Country Response Information System
CSO	Civil Society Organization
DRG	Debt Relief Gains
FHI	Family Health International
FLHE	Family Life HIV/AIDS Education
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
GDP	Gross Domestic Product
GF	Global Fund
GIPA	Greater Involvement of Persons Living with HIV/AIDS
GTT	Global Task Theme
GoN	Government of Nigeria
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling & Testing
HDR	Human Development Report
HDI	Human Development Index
IBBSS	Integrated Bio-Behavioural Surveillance Survey
ICAP	International Centre for AIDS Care and Treatment Programs
IDUs	Injecting Drug Users
JAAIDS	Journalists Against AIDS Nigeria
JMTR	Joint Midterm Review
LGA	Local Government Area
M&E	Monitoring and Evaluation
MSM	Men Having Sex with Men
MTCT	Mother to Child Transmission
NACA	National Agency for the Control of AIDS
NAPP	National Priority Action Plan
NARHS	National AIDS and Reproductive Health Survey
NARN	National AIDS Research Network
NASA	National AIDS Spending Assessment
NASCP	National AIDS and STI Control Programme
NAWOCA	National Coalition of Women against AIDS
NBTS	National Blood Transfusion Service
NCPI	National Composite Policy Index
NDN	Nigeria Diversity Network
NFACA	National Faith-based Advisory Council on AIDS
NEPWAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization

NIBUCCA	Nigerian Business Coalition against AIDS
NLNG	Nigeria Liquefied Natural Gas Project
NNRIMS	Nigeria National Response Information Management System for HIV/AIDS
NPC	National Population Commission
NSF	National Strategic Framework
NTBLCP	National TB and Leprosy Control Programme
NTWG	National Monitoring and Evaluation Technical Working Group
NYNETHA	Nigerian Youth Network on HIV/AIDS
OVC	Orphans and Vulnerable Children
PA	Project Accountant
PLHIV	People Living with HIV
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PM	Programme Manager
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
SACA	State Action Committee on AIDS
SAPC	State AIDS Programme Coordinator
SFH	Society for Family Health
SPDC	Shell Petroleum Development Company
SSP	State Strategic Plan
STI	Sexually Transmitted Infections
SWAAN	Society for Women Against AIDS in Nigeria
TB	Tuberculosis
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on AIDS

CONTENT

1.0 INTRODUCTION

In June 2001 the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) comprising 189 member countries including Nigeria adopted a Declaration of Commitment on HIV and AIDS. This Declaration reflects global consensus on a comprehensive framework to achieve the Millennium Development Goal of halting the spread of the AIDS epidemic by 2015 in all countries. Under the terms of the Declaration of Commitment (DoC), progress would be monitored by time-bound targets on a number of jointly agreed indicators on which countries make biennial reports. Similarly, at the UN General Assembly High Level Meeting on AIDS in New York in 2006, countries further adopted a Political Declaration primarily aimed at scaling up national responses towards the goal of Universal Access for HIV prevention, treatment, care and support by 2010. The year 2008 marks the mid-term point in assessing and reviewing where the nations stand, collectively and individually in reaching this important goal. As mandated by the 2006 Political Declaration a review meeting is scheduled to take place in New York from 10-11 June 2008.

This report, therefore, presents the progress made by Nigeria towards the achievement of the two Declarations through the globally agreed UNGASS indicators. It includes an overview of the current status of the response to the HIV and AIDS epidemic and the way forward. From the data on the twenty four (24) agreed indicators and the status of the national response it is clear that Nigeria has made appreciable progress towards achieving the Millennium Development Goal.

Preparation of this report was led by the National Agency for the Control of AIDS (NACA). An UNGASS technical sub-committee of the National Monitoring and Evaluation Technical Working Group (NTWG M&E) was constituted and tasked to oversee the development of the report. The entire process was conducted through wide consultation and participation of all stakeholders. A final consensus building workshop was held on 25 January 2008 to discuss and validate the findings presented in the report.

2.0 COUNTRY PROFILE

Nigeria is Africa's most populous country with a population of 140 million (NPC, 2006). She has over 373 ethnic groups (Ajaegbu et al, 2000) spread around the country. The major indigenous languages are Yoruba, Igbo and Hausa/Fulani. However, English is the official language in the country. In addition to the human resource, Nigeria is endowed with a lot of other natural resources, the major ones being crude oil, bitumen and agricultural products.

The country is a Federation, operating a 3-tier governance system at the National, State and Local Government level. It has 36 states including the Federal Capital Territory and 774 local government areas. For ease of administration and accelerated development, the states have been divided broadly into six geopolitical zones namely North East (NE), North Central (NC), North West (NW), South East (SE),

South South (SS) and South West (SW). Interestingly, the HIV and AIDS coordination also takes along the governance structure.

The country lies on Africa's west coast and occupies 923,768 square kilometers of land bordering Niger, Chad, Cameroon and Benin. The country is currently under a democratic government for a third consecutive term of 4 years each after about 30years of military rule. The emerging economic and political reforms arising from the democratic rule since 1999 have made significant impact in the health, financial, transport, environment and agricultural sectors etc.

This is re-affirmed in the 2007/2008 Human Development Report (HDR) which placed Nigeria on number 158 out of 177 countries with a Human Development Index score of 0.47. The score looks at a triple combination of life expectancy index (0.359), education index (0.648) and the GDP index (0.404).

0 STATUS AT A GLANCE

he table below shows a summary of the UNGASS indicator values covering the period January 2006 to December 2007. For more details, ference should be made to the CRIS Indicator calculation sheets in annex 3.

INDICATOR NUMBER	INDICATOR AREA	INDICATOR	INDICATOR VALUE
1.	National AIDS Spending Assessment	Domestic and international AIDS spending by categories and financing sources	N4,861,737,421 (NASA)
2.	National Composite Policy Index	National Composite Policy Index	Refer to CRISS (Annex 3)
3.	Blood Safety	Percentage of donated blood units screened for HIV in a quality assured manner	100% (NBTS)
4.	Anti-Retroviral Therapy	Percentage of adults and children with advanced HIV infection receiving Antiretroviral Therapy	16.67% (NNRIMS Data Base)
5.	Prevention of Mother to Child Transmission	Percentage of HIV-positive pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission	5.25% (NNRIMS Data Base)
6.	TB/HIV Co-infection	Percentage estimated HIV-positive incident cases that received treatment for TB and HIV	55.95% (NTBLCP- Programme Data)
7.	HIV Testing in the General Population	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their status	8.60% (NARHS 2005)
8.	HIV Testing in Most –at-Risk Populations	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results	Sex Workers:38.18% MSM:30.15% IDUs:23.19% (IBBSS 2007)

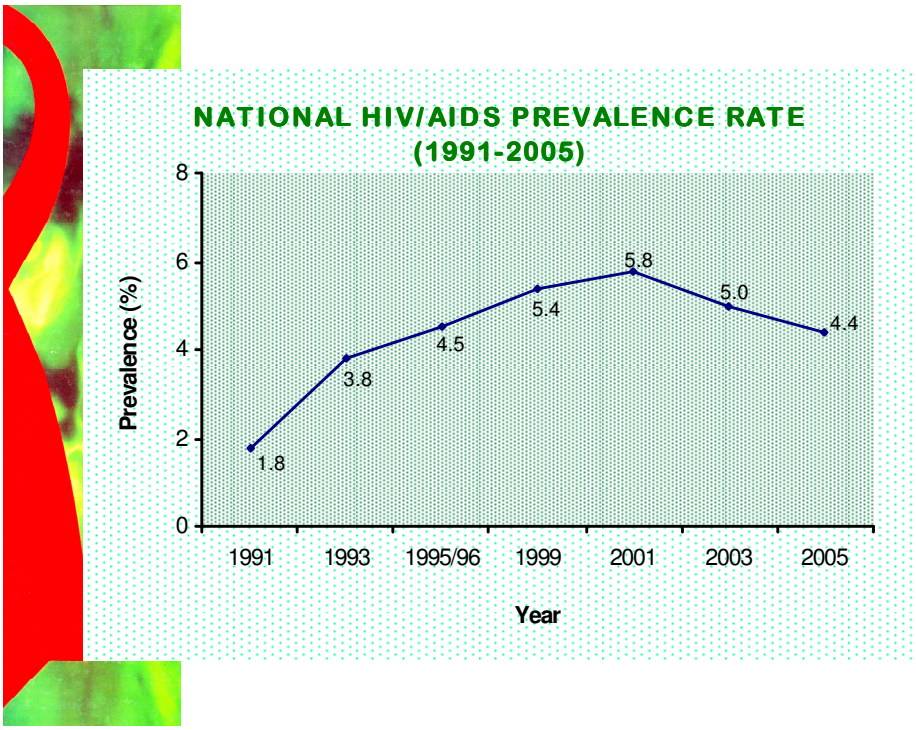
INDICATOR NUMBER	INDICATOR AREA	INDICATOR	INDICATOR VALUE
9.	Most-at-Risk Populations :Prevention Programmes	Percentage of most-at-risk populations reached with HIV prevention programmes	Sex Workers:34.30% MSM:54.38% IDUs:56.67% (IBBSS 2007)
10.	Support for OVC	Percentage of orphaned and vulnerable children aged 0-17 whose households received basic external support in caring for the child	9.69% (CRS, 2006 Draft Report on OVC Situational Analysis)
11.	Life Skills – based HIV Education in Schools	Percentage of schools that provided life skills-based HIV education in the last academic year	33.61% (FME 2006)
12.	Orphans School Attendance	Current School attendance among orphans and non-orphans aged 10-14	Orphans:75%, Non-Orphans:87% (CRS, 2006 OVC Situational Analysis)
13.	Young People : Knowledge about HIV Prevention	Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who know major misconceptions about HIV transmission	22.50% (NARHS 2005)
14.	Most –at-risk Populations: Knowledge about HIV Prevention	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Sex Workers:32.93% MSM: 44.03%, IDUs: 34.01% (IBBSS 2007)
15	Sex Before Age 15	Percentage of young women and men aged 15-24 who have had sexual intercourse before age 15	9.80% (NARHS 2005)
16.	Higher Risk Sex	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	10.41% (NARHS 2005)

INDICATOR NUMBER	INDICATOR AREA	INDICATOR	INDICATOR VALUE
17.	Condom Use During Higher-risk sex	Percentage of women and men aged 15-49 who reported having had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	56.13% (NARHS 2005)
18.	Sex Workers: Condom Use	Percentage of female and male sex workers reporting the use of a condom with their most recent client	91.97% (IBBSS 2007)
19.	Men Who Have Sex With Men: Condom Use	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	52.79% (IBBSS 2007)
20.	Injecting Drug Users: Condom Use	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	66.19% (IBBSS 2007)
21.	Injecting Drug Users: Safe Injecting Practices	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	89.16% (IBBSS 2007)
22.	Reduction in HIV Prevalence	Percentage of young people aged 15-24 who are HIV infected	4.33% (ANC Sentinel Survey FMoH 2005)
23.	Reduction in HIV Prevalence	Percentage of most-at-risk populations who are HIV infected.	Sex Workers:32.69%,MSM:13.46%, IDUs:5.62% (IBBSS 2007)
24.	Survival Indicator	Percentage of adults and children known to be on treatment 12 months after initiation of antiretroviral therapy	94.56% (ICAP Programme Record)

4.0 HIV/AIDS EPIDEMIOLOGY

The first case of AIDS in Nigeria was reported in 1986. Since then, HIV prevalence has steadily increased from 1.8% (1991) to 5.8% (2001) and a slight decline to 4.4% (2005). See Figure 1. Although the prevalence rates appear low, Nigeria ranks third in terms of the actual number of people infected with HIV after India and South Africa.

Figure 1: National HIV Prevalence Trend (1991-2005)

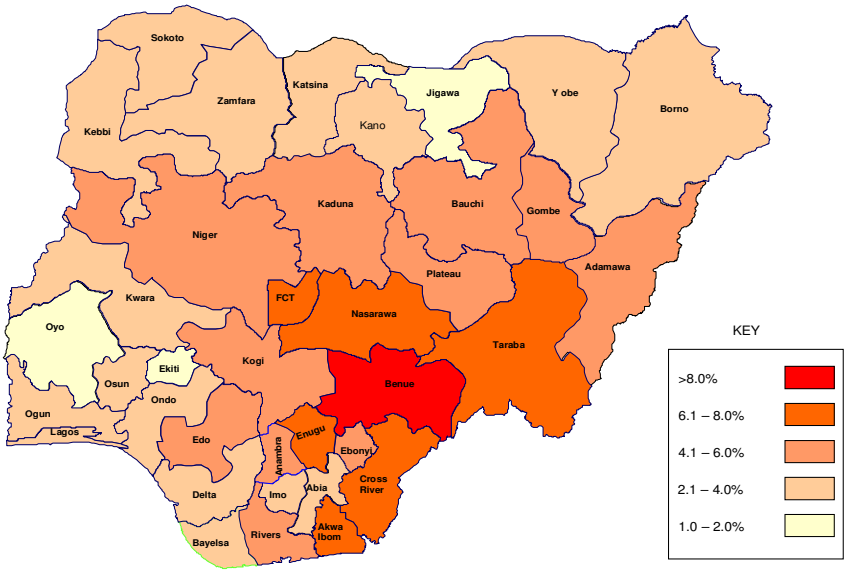


SELECTED IMPACTS

- About 3.86 million PLHIV
- About 221,000 AIDS deaths
- About 1.3 million orphans
- About 370,000 new infections
- About 540,000 in need of ARV treatment

Wide variations in HIV prevalence have been observed across states and rural-urban localities suggesting that there are sub-epidemics within an epidemic. See Figure 2. This calls for detailed analyses to understand the drivers of the epidemic and facilitate evidence informed responses.

Figure 2: HIV Prevalence Rates by State (2005)



4.1 NATIONAL RESPONSE

The response to AIDS during the military administration was characterised by denial. However, the advent of democratic rule in 1999 brought about a significant change in the attitude of government to the epidemic as well as the response to it. In 2000 a Presidential Committee on AIDS (PCA) and NACA were established and tasked to develop the HIV/AIDS Emergency Action Plan (HEAP), a multi-sectoral blueprint, in 2001. The HEAP served as an interim Action Plan to respond to the epidemic through a multi-sectoral approach covering the period 2001 to 2003. The HEAP focused on three major areas: creation of an enabling environment through the removal of socio-cultural, informational and systematic barriers to community-based responses; prevention; care and support. The revised HIV/AIDS Policy which was adopted and launched in 2003 entrenched the multi-sectoral approach and highlighted the need for the formation of a statutory agency to replace NACA which functioned as a committee. The National Action Committee on AIDS (NACA) has been legally transformed into an Agency for the Control of AIDS through an Act of Parliament in 2007.

A review of the national HIV/AIDS response in 2004 pointed to the need for a new and more comprehensive plan that included treatment. Therefore, the National Strategic Framework (2005-09) was developed through a widely consultative and participatory process. The document was officially launched on 11 October 2005 by Secretary to the Government of the Federation. As at now, all states have derived State Strategic Plans (SSPs) from the NSF that take into account their unique peculiarities.

Nigeria developed her roadmap for scaling up towards Universal Access to HIV prevention, treatment, care and support in February 2006. The consultative process identified obstacles and proffered solutions to each of the seven key thematic areas for scale up. National targets for Universal Access were developed and endorsed by all stakeholder constituencies in 2007. Currently, all State Strategic Plans have incorporated the Universal Access roadmap and targets.

Coordination and management are the core for an effective national response to the epidemic. The national response in Nigeria, in line with the country's federal constitution is coordinated through a three-tier system of administration led by the NACA, SACA and LACA. Despite some impressive responses in some states, not all states have effective SACAs and LACAs. Capacity and membership of most of the coordinating entities at state and local government areas still needs strengthening to ensure an effective response.

5.0 PROGRESS REPORT

5.1 POLITICAL COMMITMENT

The National Economic Council in March 2007 approved that each State coordinating mechanism should establish an AIDS agency with appropriate budgetary allocation for HIV/AIDS coordination within the next 6 months such that budgetary provision for running the agency is made in the fiscal year of 2008.

In addition, the Council mandated that State Governments should ensure not less than a minimum of 1 % of their annual budgetary provision to the Ministry of Health, Agriculture, Education, Youth and Women Affairs is dedicated to HIV and AIDS programming in their respective states by June 2008.

Worth mentioning is the inauguration of the National Women Coalition against AIDS (NAWOCA) under the leadership of Her Excellency, the First Lady of Nigeria. NAWOCA seeks to address the vulnerability of women, girls and children through increased access to information and education on prevention, treatment, care and support for HIV and other reproductive health services; women's issues around poverty and access to education for the girl child. As a follow-up to the inauguration of NAWOCA, wives of State Governors have been mandated to inaugurate state chapters. So far, four states (Benue, Oyo, Ondo and Adamawa States) have responded.

5.2. TRANSFORMATION OF AIDS COMMITTEES TO AGENCIES

To ensure ownership and a sustainable response the government has established NACA as an Agency through an Act of Parliament. Currently, eight states Bauchi, Cross-River, Nasarawa, Lagos, Plateau, Anambra, Kaduna and Benue State have transformed into agencies while others are in advanced stages of the transformation process. The new agency status will increase the amount of funds voted for HIV and AIDS in the national and state budgets for more effective coordination of the response.

5.3 RESPONSE FINANCING

AIDS financing in the country is drawn from both internal and external sources. The Internal AIDS financing in the country is primarily from the government and private sector. The government financing is from the National, State and Local Government budget which has also increased as a result of the Debt Relief Gain (DRG) granted to Nigeria by the Paris Club of Creditors. The DRG have been committed to service carefully selected poverty reduction initiatives for the attainment of the MDGs.

The actual expenditure on HIV/AIDS in Nigeria cannot be easily ascertained. However, application of the NASA tool for 2006-2007 shows that a total of N4, 861, 737,421 was spent on HIV and AIDS. For the period under review major sources of AIDS funding in Nigeria include: the government N7, 449,768,596 billion (DRG – N4.238 billion and N3.211 billion – Ministries, Departments and Agencies), Global Fund (N5,871, 306, 012,), PEPFAR, DFID, CIDA Canada, World Bank MAP and the UN System. The expenditures by PEPFAR, DFID, CIDA, World Bank and UN System could not be captured using the NASA tool.

5.4 POLICY ENVIRONMENT

Policies provide guidelines for government and other stakeholders by creating an enabling environment for effective programme management. Prior to 2006, some of the policies that have been in existence include: the National Policy on HIV and AIDS (2003), National Workplace Policy on HIV and AIDS (2005) and the National Reproductive Health Policy. Sectors have elaborated their workplace policies from the national workplace policy.

During the period under review the government announced a free ARV Treatment Policy (2006) at all public institutions as well as free labour/delivery services for HIV positive pregnant women in federal health institutions.

The country also witnessed development of key policy documents and guidelines such as the National Gender Policy that advocates for a greater gender perspective in the national response, the National OVC Policy which will guide OVC activities for the next 5 years, the National Blood Transfusion Policy (2006) to ensure quality of

blood and blood products and the National Policy on Injection Safety and Health Care Waste Management (2007).

As at the time of this report, the bill on stigma and discrimination against PLHIV has been submitted to the National Assembly but hearing is yet to commence.

5.5 MONITORING AND EVALUATION

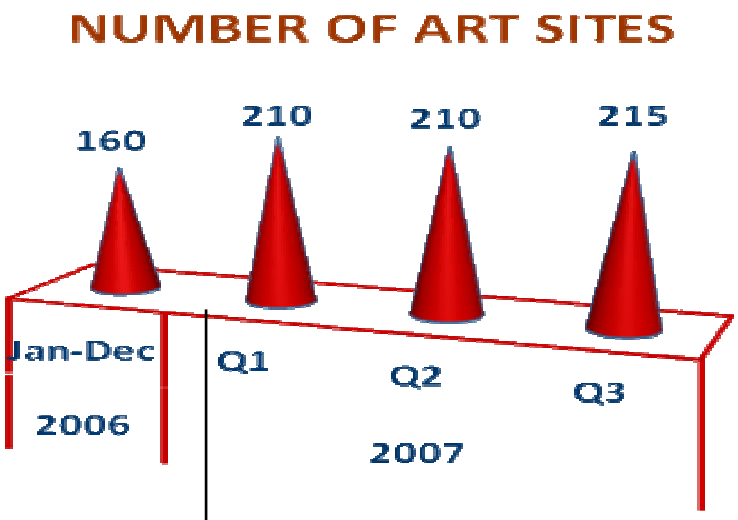
Notable achievements in monitoring and evaluation for the period under review include development of a National M&E Operational Plan (2007-2010), harmonization of tools and indicators, development of national UA targets, joint review of the World Bank MAP I Project and the Joint Mid-term Review (JMTR) of the National Strategic Framework. One key output from the JMTR is the National Priority Action Plan, a tool to facilitate harmonization and alignment of development partner support to national priorities in line with the GTT recommendations.

In 2007, the first Integrated Bio Behavioural Surveillance Survey (IBBSS) was conducted targeting most-at-risk populations (MARPs). Specifically, the survey collected data from female sex workers, MSM, IDUs, transport workers and uniformed services to determine knowledge, sexual behaviours and prevalence of HIV. Similarly, the first national population based sero prevalence survey (NARHS Plus) was conducted in 2007 to provide deeper insight on the behaviours driving the epidemic in the general population.

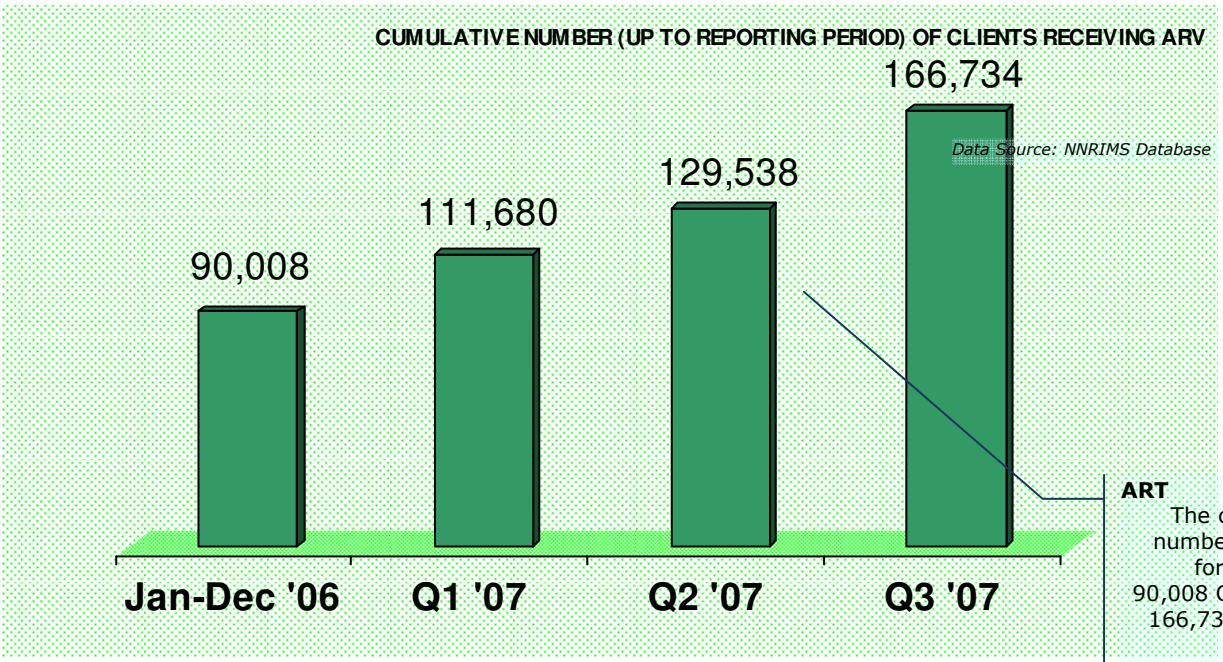
Nigeria organized the first national AIDS Summit in April 2007. The summit provided a platform for sharing of information and best practices among all stakeholders in the country.

5.6 SCALE UP OF NATIONAL PROGRAMMES

Following the launch of the NSF, states and sectors have developed strategic plans that take into account state and sector specific peculiarities to the response. In addition, national Universal Access roadmap and targets have been integrated in the strategic plans to facilitate scale up of HIV prevention, Treatment, Care and Support intervention programs. For example, see expansion of ART services as shown in the graphs below.



ART
There were 160 ART sites in December 2006 and the number increased to 210 by March 2007 and 215 by September 2007.



ART
The cumulative number reported for 2006 was 90,008 Clients and 166,734 by Sept. 2007.

5.7 CIVIL SOCIETY PARTICIPATION

The Civil Society has become increasingly more effective and visible in the national response due to improved coordination. They have been organized into Constituency Coordinating Entities (CCEs) which are an integral component of the national partnership forum. To facilitate coordination among CSOs, all the CCES now operate under the same premises. The CCEs include:

- Civil Society for HIV/AIDS in Nigeria
- Network of People Living with HIV/AIDS in Nigeria
- Society for Women Against AIDS in Nigeria
- Nigeria Youth Network on HIV/AIDS
- National Faith-Based Advisory Council on AIDS (NFACA)
- Media, Arts and Entertainment
- National AIDS Research Network
- Nigeria Diversity Network-representing groups with high risk of infection.

Another notable achievement is that NFACA regularly organise fora where both Christians and Muslims discuss faith-based contributions to the response. The last forum was in September 2007.

5.8 PRIVATE SECTOR PARTICIPATION

Nigeria recognizes the Private Sector as a key stakeholder in the national response. To this end, Nigeria Business Coalition against AIDS (NIBUCCA) was formed to coordinate and facilitate the private sector response. As at now, the majority of the multinational companies (SPDC, Exxon Mobil, NLNG, MTN Foundation, CELTEL and ECO Bank etc) are supporting HIV programmes targeting employees and host communities as part of their corporate social responsibility. In addition, they are employing PLHIV (GIPA Principle) to squarely deal with workplace stigma and discrimination.

6.0 CONCLUSION

Nigeria has made giant strides towards the achievement of the DoC of 2001 and the Political Declaration of 2006. However, a lot more needs to be done to achieve the national Universal Access targets by 2010 and actualise MDG 6 by 2015.Some of the key challenges to be addressed include:

- Full implementation of NASA to track and account for AIDS expenditures.
- Ensure that policies and guidelines that are developed are widely disseminated and mechanisms are put in place to enforce their implementation.
- Harmonization and alignment of development partners support to national priorities to minimize wastage of resources through unnecessary duplication of efforts.
- Fast-tracking the transformation of SACAs to agencies to increase ownership and sustainability of state responses through local financing.
- Strengthening capacity of government, CSOs and private sector to adequately respond to the epidemic at all levels.
- Strengthening of national monitoring and evaluation system to produce high quality data.

REFERENCES

FMOH (2005): Technical Report, National HIV Sero-prevalence 2005 Sentinel Survey

FMOH (2005): Technical Report, National HIV/AIDS and Reproductive Health Survey 2005.

FMOH (2007): Integrated Bio Behavioural Surveillance Survey (Preliminary Report)

NPC(2006): National Report on 2006 National Population Census.

NACA (2005) National Strategic Framework for Action 2005 – 2009.

NACA (2006) Nigeria Roadmap towards Universal Access

ANNEX 1: List of UNGASS Technical Sub-Committee Members

No.	NAME	ORGANIZATION	DESIGNATION	EMAIL
1.	Kayode Ogungbemi	NACA	Director, M & E Unit	o_kayodem@yahoo.com
2.	Aderemi Azeez	HIV/AIDS Division, FMoH	Head, SI	zzaderemi@yahoo.co.uk
3.	Mrs. Zainab Momodu	FME	Assistant Director	zumsmomodu@yahoo.com
4.	Mrs. Bimbola Adewumi	JAAIDS	Policy/Advocacy	bimbo@nigeria-aids.org
5.	Godpower Omoregie	Society for Family Health	Snr. Manager, M & E	gomoregie@sfhnigeria.org
6.	Henry Damisoni	UNAIDS	M & E Advisor	henry.damisoni@undp.org
7.	Obinna Onyekwena	FHI/GHAIN	M & E Officer	oonyekwena@ghain.org
8.	Wole Fajemisin	FMOH/DFID	Technical Advisor	woleafajemisin@yahoo.com
9.	Mukhtar Mohammed	CDC	SPO	mukhtarm@ng.cdc.gov
10.	Peter Edafiogho	IHVN	Ag. Director, M & E	edafioghop@ihvnigeria.org
11.	Kola Oyediran	MEASURE Evaluation	Resident Advisor	bkoyediran@yahoo.com
12.	Solomon Dogo	CiSHAN	Programme Officer	Solomd2002@yahoo.co
13.	Ms. Laura Arnston	USAID	SI Advisor	larnston@usaid.gov
14.	Wale Adeogun	NACA	M & E Consultant	walestatistical@yahoo.com
15.	Chidozie Ezechukwu	NEPWHAN	M & E Officer	eizod3@yahoo.com
16.	Jumai Danuk	CiSNAN	Programme Officer	jumaidanuk@yahoo.com; ciscghan@yahoo.com
17.	Gregory Ashefor	NACA	M&E Manager	gregashefor@naca.ng.gov
18.	Mrs.Uche Igwe	NACA	UNGASS Consultant	uchennaigwe@gmail.com

nnex 2: List of Participants for the UNGASS Report Validation

o.	NAME	DESIGNATION	STATE	EMAIL
	Dr.C.M.Okeh	SACA-Programme Manager	Rivers	cmokeh@yahoo.co.uk
	Dr.I.Anyiom	SACA Director General	Cross-River	anyiomirene@yahoo.com
	Ibrahim Almajiri	SACA-Programme Manager	Jigawa	almajirikwakam@yahoo.co.uk
	Danladi Garba	SACA- PA	Jigawa	daulb_garba@yahoo.com
	Adamu Garba	SAPC	Jigawa	Ada_mu2003@yahoo.co.uk
	Nwogwugwu C.U	SAPC	Abia	Christy220uzo@yahoo.com
	Uchenna Onyebuchi	NACA	Abuja	uchennaonyebuchi@yahoo.com
	Roseline Eigege	SAPC	Nasarawa	Virtues220yeks@yahoo.com
	Anowai N.D	SACA-Procurement Specialist	FCT	dennyanowai@yahoo.com
.	Dr.O.Akintunde	SAPC	Oyo	ooakintunde@yahoo.com
.	Dr.(Mrs.) Dabiri	SACA Chair	Lagos	
.	Dr.S.Ogboye	SACA-Programme Manager	Lagos	
.	Dr.Lajide	SACA M & E Officer	Lagos	
.	Mrs.F.Lediju	SACA Secretary	Lagos	
.	Mr.G.Oizimende	SACA Project Accountant	Lagos	
.	Ike K.I	SACA-Programme Manager	Imo	
.	Umar Adamu	SACA M & E Officer	Kebbi	

o.	NAME	DESIGNATION	STATE	EMAIL
.	Bimbola Adewunmi	JAAIDS-Advocacy Officer	Abuja	bimbo@nigeria-aids.org
.	Obebe Raphael	SACA Secretary	Ekiti	
.	A.A. Adenigba	SACA-PM	Ekiti	ekitihivaids@yahoo.com
.	Umar Kinapa	Project Accountant	Gombe	umkinada@yahoo.com
.	Uduebor,J.I.O	Secretary SACA	Edo	uduebor@yahoo.com
.	Dr.M.T.Olowonyo	Rep. Chairman	Ogun	
.	Alkali Mustapha	Rep. Secretary .SACA	Yobe	mxalkali@ahoo.com
.	Abubakar Sadiq Mohammed	MoH	Borno	
.	Baba Sadiq	Secretary	Borno	
.	Usman Abudullahi	SACA M & E Officer	Sokoto	usmahealth@yahoo.com
.	Aliyu Shehu	SACA - Project Accountant	Sokoto	Usaliyu64@yahoo.com
.	Haruna Dabo	SACA –M & E Officer	Borno	Hydabo62@yahoo.com
.	Oha J.O	PA	Enugu	ohajimokey@yahoo.co.uk
.	Gabriel Undelikwo	Project Manager	Cross River	gundelikwo@yahoo.com
.	Sylvia Nzuruike	Secretary	Anambra	Sylvu2022@yahoo.co.uk
.	Anyasoro Louis	SACA M & E Officer	Anambra	louisanyasoro@yahoo.com
.	Dr.J.A.Bako	Executive Director	Nasarawa	bakoiara@yahoo.com
.	Abdulaziz Mohammed	SACA -M & E Officer	Yobe	mxabdulaziz@yahoo.com
.	Nwokolo Francisca	CMO	Enugu	nwokolofrancisca@yahoo.co.uk
.	M.A.Ganiyu	M & E Officer	Ekiti	ekitihivaids@yahoo.com
.	R.O.Ajayi	CMO	Ekiti	ooluwabamigbe@yahoo.com

o.	NAME	DESIGNATION	STATE	EMAIL
.	S.O.Osunleye	PA	Ekiti	Samjoy2001@yahoo.com
.	Abdylkadiri Abubakar	M & E Officer	Kawara	Abdulkadir.Abubakar@yahoo.com
.	Abubakar Aliyu	PA	Kebbi	Aabunza4me@yahoo.com
.	Dr.Bashir Umar	SAPC	Katsina	drbashiru@yahoo.com
.	Adeniji, G.O	SACA-Secretary	Ogun	gracedinj@yahoo.com
.	Gbadamosi,B.A	PM	Ogun	saca_ogun@yahoo.com
.	Olorunnisola Bilqis	SACA M & E	Ogun	billiegenie@yahoo.com
.	Oluwasola E.O	SAPC	Ekiti	Rinde4mail@yahoo.com
.	Dr.Anowolo	SAPC	Lagos	tolumoji@hotmail.com
.	Kola Oloye	M & E Officer	Ondo	Oloyemike2002@yahoo.com
.	W.G.Ndak	SACA	Kaduna	watergims@yahoo.com
.	Sambo Keyebga	SACA-PM	Taraba	tarabahpdp@yahoo.com
.	Aminu Yusuf	M & E Officer	Adamawa	Elameen405@yahoo.com
.	Okonkwo Paul	PA	Imo	ejimbeokonkwo@yahoo.com
.	Dr.Anyanwu O.E	SAPC	Imo	Alonzo_an@yahoo.com
.	Dr.Rilwanu Moh'd	SACA-Chairman	Bauchi	rilwanuu@yahoo.com
.	Dr.Bello Sade	SACA-PM	Katsina	drsadebello@yahoo.com
.	Alhaji Yusuf	PA	Kwara	yusufanifowoshe@yahoo.com
.	Aliyu A.M	SACA-Secretary	Zamfara	
.	Uche Igwe	UNGASS Consultant	Abuja	uchennaigwe@gmail.com
.	Henry Damisoni	UNAIDS M & E Adviser	Abuja	Henry.damisoni@undp.org
.	Bala M.Rumtong	PM	Plateau	brumtong@yahoo.com
.	Moses Dakas	SAPC	Plateau	mosesdakas@yahoo.com

o.	NAME	DESIGNATION	STATE	EMAIL
.	Dr.Ben Ojemepuaye	Chairman	Delta	deltasaca@yahoo.com
.	Dr.Oguyazi John	PM	Delta	deltasaca@yahoo.com
.	Haliru Yusuf	PM	Sokoto	halimyusuft@yahoo.com
.	Dr.C.O.Okuguni	SAPC	Delta	Odumeokugumi@yahoo.com
.	Dr.A.Bunza	SAPC	Kebbi	aminubz@yahoo.com
.	Mrs.Webster Esho	Rep.PM	Osun	femiwebster@yahoo.com
.	Hon. Patrick Katuka	Rep.Chairman	Kaduna	
.	G.A Wende	SAPC	Benue	ashiwende@yahoo.com
.	N.O.Adedeji	M & E Officer	Osun	
.	Edwin Ukuegbogho	M & E Officer	Delta	deltasaca@yahoo.com
.	Monday Igboke	M & E Officer	Ebonyi	eshinaigboke@yahoo.com
.	Elder U.A.Oleghe	M & E Officer	Ebonyi	eshinaigboke@yahoo.com
.	Dr. Sikiti Bello	M & E Officer	Nasarrawa	Sikiti_59@hotmail.com
.	Amaefule E .E	M & E Officer	Imo	echyamaefule@yahoo.com
.	Fati abbasidi	PM	Yobe	ybsaca@yahoo.com
.	Adebayo K.O	PA	Ondo	kennyaremo@yahoo.com
.	Dr.A.A.Adegbulu	PM	Ondo	Od_saca2005@yahoo.com
.	Dan V. Yakubu	PM	Nasarawa	vintzy@yahoo.com
.	Dr.Temple Iluma	Chairman	Bayelsa	
.	A.M.Liman	PM	Borno	
.	Sambo Keyega	PM	Taraba	tarabahpdp@yahoo.com
.	R.Omotayo	PA	Abuja	
.	Dr.Mark Anthony	PM	Kaduna	gaiyamimo@yahoo.co.uk

nnex 3: CRIS Indicator Calculation Sheets