



# Making the Money Work for the People

An Analysis of 2006 Budgetary Allocations and Debt Relief  
Gains to fund **HIV and AIDS** interventions in Nigeria

A publication of  
Journalists Against AIDS (JAAIDS) Nigeria  
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## Journalists Against AIDS (JAAIDS) Nigeria

is a media-based non-governmental, not-for-profit organization, working to address the public information, communication, policy and advocacy challenges to achieve an effective and results-driven response to the epidemics of HIV, AIDS and Tuberculosis in Nigeria.

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# 1 Acknowledgements

This research analysis on HIV and AIDS sectoral allocations in Nigeria's year 2006 budget aims at addressing one of the most pressing gaps in the national response: that of monitoring the efficient and effective use of resources. The study particularly focuses on allocations of the Debt Relief Gains in the 2006 national budget to address HIV and AIDS.

The bulk of the study was researched and written by Ms. Bimbola Adewumi of the Policy and Advocacy Unit of Journalists Against AIDS (JAAIDS) Nigeria, with assistance from Mr. Kola Ladipo, a research consultant. Mr. Omololu Falobi provided editing inputs and editorial guidance.

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The useful comments made by participants at the Stakeholders Discussion Forum held on June 15 2006 at the Rockview Hotel, Abuja, on the earlier draft of this study are also acknowledged.

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# 4 List of acronyms

BCC	-	Behaviour Change Communication
BOF	-	Budget Office of the Federation
BMPIU	-	Budget Monitoring Price Intelligence Unit
CSO	-	Civil Society Organizations
DMO	-	Debt Management Office
DRG	-	Debt Relief Gains
DfID	-	Department for International Development
EFCC	-	Economic and Financial Crimes Commission
FGN	-	Federal Government of Nigeria
FML&P	-	Federal Ministry of Labour and Productivity
FMOWA	-	Federal Ministry of Women Affairs
FMOE	-	Federal Ministry of Education
FMOA	-	Federal Ministry of Agriculture
FMOH	-	Federal Ministry of Health
FMOWR	-	Federal Ministry of Water Resources
IDP	-	International Development Partners
IEC	-	Information, Education and Communication
ILO	-	International Labour Organization
JAAIDS	-	Journalists Against AIDS
MDA	-	Ministries, Departments and Agencies
MDGs	-	Millennium Development Goals
M & E	-	Monitoring and Evaluation
MOF	-	Ministry of Finance
MTSS	-	Medium Term Sector Strategies
MTEF	-	Mid-Term Expenditure Framework
NACA	-	National Action Committee on AIDS
NASCP	-	National AIDS/STI Control Programme
NEEDS	-	National Economic Empowerment and Development Strategy
NEPWHAN	-	Network of People living With HIV and AIDS in Nigeria
NSF	-	National Strategic Framework
NPC	-	National Planning Commission

## List of acronyms (contd)

NWPP	-	National Workplace Policy
NNRIMS	-	Nigeria National Response Information Management System
OAGF	-	Office of the Accountant General of the Federation
OSSAP-MDGs-	-	Office of the Senior Special Assistant to the President on Millennium Development Goals
OPEN	-	Oversight on Public Expenditure in NEEDS
PEM	-	Public Expenditure Management
PPPF	-	Public Private Partnership Fund
TOR	-	Terms of Reference
TWG	-	Technical Working Group
UNDP	-	United Nations Development Programme
UNAIDS	-	Joint United Nations Programme on HIV/ AIDS

# Chapter One

## Background to the study

Since the 1980s, Nigeria has lived under a growing and debilitating debt burden. By the end of 2005, the country was indebted to the tune of over \$34 billion (1). Servicing these debts has cost Nigerian taxpayers an average of \$2.0 billion annually (2).

This huge debt burden has severely limited the ability of the government to cater for the health of its citizens, and provide life-saving services to combat diseases of public health significance, such as HIV and AIDS, tuberculosis and malaria.

In October 2005, the Paris Club of creditor-countries agreed to cancel \$18 billion (or N3.96 trillion) out of Nigeria's indebtedness of some \$30 billion to the Club (3). As part of the agreement, the Nigerian government pledged to commit the savings (also called Debt Relief Gains or DRGs) to financing pro-poor programmes that will assist the country achieve the Millennium Development Goals (MDGs) (4). The savings equate to N100 billion (or \$757 million) annually and are to be spent on projects in priority sectors such as health, education, power supply, water resources, housing and agriculture. Spendings in these priority sectors account for about 24.9 percent of the 2006 National Budget and 85 percent of the 2006 DRGs.

The epidemic of HIV and AIDS is the single biggest threat to the attainment of the Millennium Development Goals (5). Over one-third of HIV-infected people live in countries classified as 'heavily indebted' - whose repayments to creditors are diverting resources needed to break the links between ill health and poverty.

This research study on HIV and AIDS sectoral allocations in Nigeria's year 2006 budget aims at addressing one of the most pressing gaps in the national response: that of monitoring the efficient and effective use of resources. The study particularly focuses on allocations of the Debt Relief Gains in the 2006 national budget to address HIV and AIDS.

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1. Source: Page 10, Public Debt Report, 3<sup>rd</sup> Quarter, Prepared by Policy, Strategy and Risk Management Department Debt Management Office, Abuja, 31 January, 2006
  2. Source: [www.dmo.gov.ng](http://www.dmo.gov.ng); Nigeria's external debt and the economy, Accessed April 2005
  3. For further reading about the Nigerian debt relief deal, see: [www.dmo.gov.ng](http://www.dmo.gov.ng)
  4. The MDGs are a set of deliverables to achieve sustainable human development globally, committed to by world leaders at a Millennium Summit organized by the United Nations in September 2000. For further details: [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/)
  5. URL: [www.oxfam.org.uk/whatwedo/issue/debt\\_aid](http://www.oxfam.org.uk/whatwedo/issue/debt_aid) - OXFAM Briefing Paper on "Debt Relief and HIV/AIDS crisis in Africa": Date of Original publication: June 2002; Accessed Wednesday, March 01, 2006

The study was instituted by Journalists Against AIDS (JAAIDS) Nigeria, as part of its monitoring role to promote transparency and accountability in public expenditure on and implementation of HIV and AIDS interventions in the country.

The objectives of the study are to:

Examine the actual value of allocations to HIV and AIDS in the 2006 budget, both from regular budget and the DRGs

Examine the relevance of the allocations to the national priorities for addressing the HIV and AIDS pandemic, as articulated in the National Strategic Framework (NSF) on HIV and AIDS 2005-2009 (6)

Make recommendations for efficient utilization of the budgetary allocations within national priorities and international commitments on HIV and AIDS to which Nigeria has committed itself.

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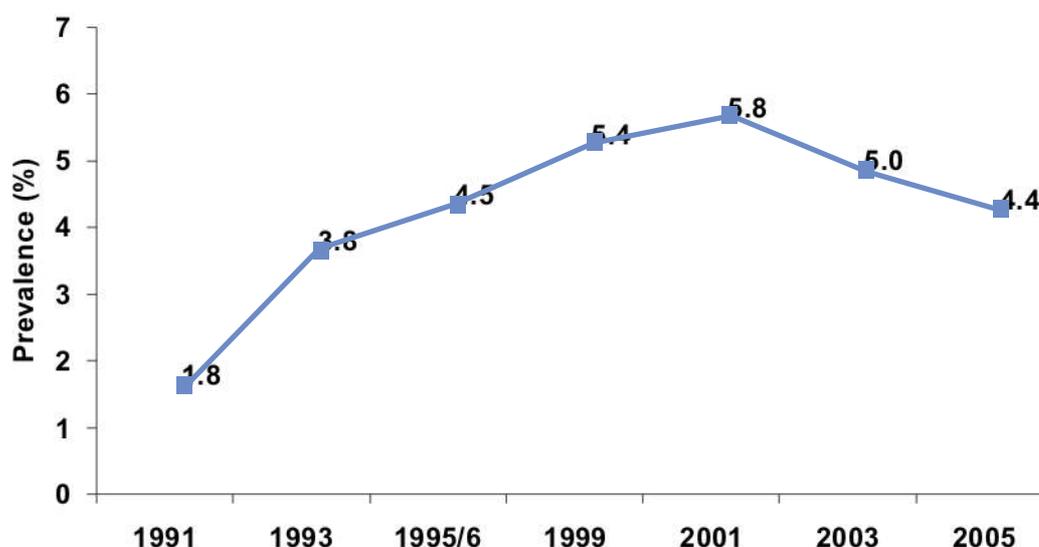
6. The National Strategic Framework on HIV/AIDS (NSF) is a five-year operational plan drawn up by the National Action Committee on AIDS (NACA- Nigeria's lead AIDS response agency) and endorsed by several key stakeholders including state and federal government agencies, civil society, bilateral and multilateral agencies and the private sector. Endorsed by President Olusegun Obasanjo in 2005, the NSF lists priorities for action in the country's response to HIV/AIDS up till the year 2009.

# Chapter Two

## HIV and AIDS and the public health system in Nigeria

Nigeria, with a population estimated at 126 million in 2003<sup>(7)</sup>, is home to more people living with HIV than any other country in the world, except South Africa and India. An estimated 2.86 million Nigerians are living with HIV as at end 2005, the second highest figure in Africa. The federal ministry of health projects that this number will rise to 3.4million by the year 2010. Nigeria's average national HIV prevalence has witnessed a steady rise: from 1.8% in 1991, to 3.8 in 1993, 4.5 in 1995, 5.4 in 1999 and 5.8% in 2001. In recent years, this figure has rather plateaued: 5.0% in 2003 and 4.4 in 2005 <sup>(8)</sup>.

### Trends in national HIV prevalence (1991-2005)<sup>(9)</sup>

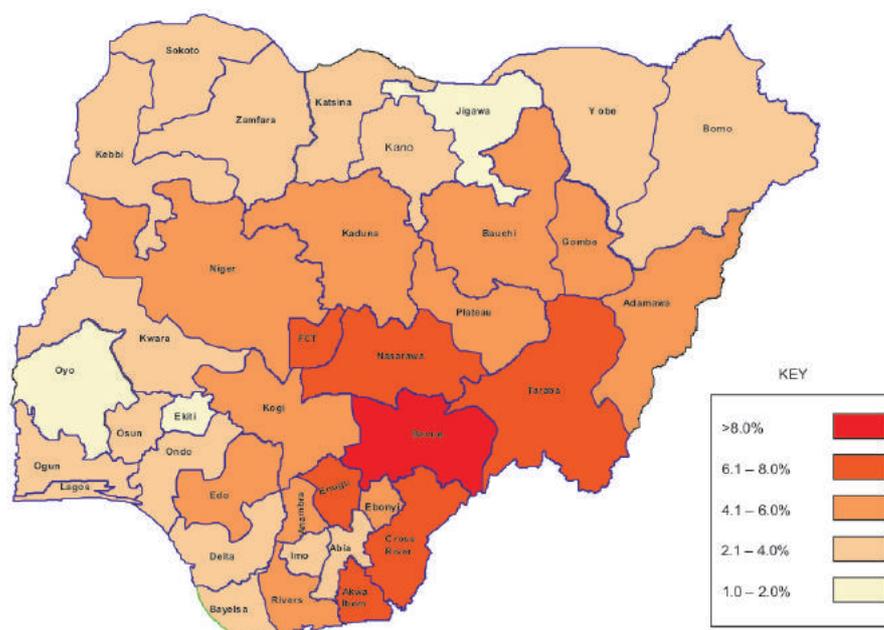


7. National Population Commission: National and State Population Projections - 1991 Population Census Analysis  
 8. Page 3, paragraph 1, National Strategic Framework on HIV/AIDS (2005-2009) Produced by National Action Committee on AIDS (NACA), September 2005  
 9. 2005 National HIV Seroprevalence Sentinel Survey, Federal Ministry of Health, Abuja

### HIV+ population estimates (2005-2010)<sup>(10)</sup>

	2005	2006	2010
No of people infected	2.86 m	2.99m	3.4m
No of new HIV infections:			
▪ Adults	296,320	305,080	346,150
▪ Children (<15 yrs)	73,550	74,520	75,780
No requiring ART:			
▪ Adults	412,450	456,790	538,970
▪ Children (<15yrs)	94,990	98,040	106,840
Annual HIV+ births	73,550	74,520	75,780
Cumulative deaths	1.45 m	1.70m	2.82m

### HIV prevalence by state (2005)<sup>(11)</sup>



10. 2005 National HIV Seroprevalence Sentinel Survey, Federal Ministry of Health, Abuja  
 11. 2005 National HIV Seroprevalence Sentinel Survey, Federal Ministry of Health, Abuja

The human implications of this numbers of infected people is huge. The public health system, already over-burdened by myriads of other epidemics such as malaria, tuberculosis and maternal and child-related diseases, is barely able to cope with the onslaught of HIV and AIDS. With the collapse of the primary care system, insufficient healthcare personnel, and medical infrastructure in dilapidation, massive additional resources are needed to urgently strengthen the healthcare sector.

**Table 1: Situation of Public Health (2000 - 2004)<sup>(12)</sup>**

Description	2000	2001	2002	2003	2004*
<b>Medical Institutions:</b>					
Number of Hospitals	23,596	23,601	23,607	23,618	23,622
Number of Health Centers & Dispensaries	20,273	20,570	20,580	20,610	20,653
Number of Hospital Beds	71,520	71,930	72,600	73,230	73,680
<b>Medical Personnel:</b>					
Number of physicians	33,106	35,215	38,355	40,159	41,935
Number of Nurses & Midwives	125,240	109,790	128,559	136,751	158,920

From this table, we see that, based on Nigeria's 126 million population, public health facilities are shared on a ratio of 5,000 people: one hospital, 500 people: one hospital bed, and 1,000 patients: one medical doctor. The UNDP's Human Development Report 2005 similarly gives Nigeria's doctor - patient ratio as 27 doctors: 100,000 patients <sup>(13)</sup>

Nigeria's huge debt burden had severely limited the country's capability to devote resources into healthcare and other social sectors to enable her respond to the challenges of confronting AIDS. With the October 2005 debt relief agreements with the Paris Club, Nigeria now has a chance to invest more heavily in these human development sectors and improve the quality of life of her peoples. In particular, the debt relief will enable the country to meet the targets for human development as encapsulated in the Millennium Development Goals (MDGs).

12. Source National Bureau of Statistics: Statistics on health and human services. Available at [www.bosng.org](http://www.bosng.org). Accessed on July 18, 2006  
 13. Chapter 6, Human Development Report 2005, produced by the United Nations Development Fund (UNDP)

## Millennium Development Goals (MDGs)

Following the Millennium Declaration adopted by member-states of the United Nations at the Millennium Summit of 2000, Nigeria has committed itself to the realization of the Millennium Development Goals (MDGs) by 2015.

The MDGs are a set of eight Goals and 18 Targets that all countries of the world are supposed to have achieved by the year 2015 (14). They reflect a multi-dimensional understanding of poverty as deprivation, which is measured not only by income but also by various indicators of health, education, gender equality and environmental sustainability. Poor countries have pledged to govern better, and invest in their people through health care and education. Rich countries have pledged to support poor countries, through aid, debt relief, and fairer trade. Goal 6 of the MDGs is 'Combating HIV/AIDS, malaria, and other diseases', and contains two disease-specific targets.

---

14. See Appendix 3

# Chapter Three

## Debt Relief Gains (DRGs) and its impact on FGN spending

Between 1958 and 1977, Nigeria's external debt burden stood at US \$28 million. By 2005, the debt portfolio had grown to US \$34 billion. Nigeria has been servicing these debts with annual obligations of about US \$2.0 billion, up till 2005.

In October 2005, the Federal Government secured a 60% debt cancellation from the Paris Club of creditors. Out of US \$30 billion debt portfolio due to the Club, US \$18 billion was cancelled, on the condition that Nigeria paid the balance of US \$12 billion. This amount was paid by the Nigerian government in April 2006.

In practical terms, by agreeing to the debt deal and paying up the US \$12 billion, Nigeria has effectively written off the Paris Club debts, while making savings of US \$18 billion. These savings translate into what is called the debt relief gains (DRGs), which the Nigerian government has committed to use in funding pro-poor social sectors programmes that will enable it meet the MDG's by 2015. In fulfillment of this commitment, the Nigerian government has begun to pump in an average of US \$1 billion of the savings into MDGs allocations to federal ministries, starting from the 2006 National Budget, until the US \$18 billion savings are exhausted.

The table below shows the impact the DRGs and MDGs spending has on the 2006 national budget (15).

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15. Federal Ministry of Finance, Appropriation Bill 2004 and 2005; Federal Ministry of Finance Publication "Understanding Budget 2006

Table 3: The FGN Budget spending (2004 - 2006)

	2004	2005	2006 without Debt Relief Gains	2006 with Debt Relief Gains
	Nbn	Nbn	Nbn	Nbn
Statutory Transfer <sup>1</sup>	42	79	92	92
Debt Service	398	394	289	289
MDA - Recurrent	570	730	950	950
Overheads	130	203	323	323
Payroll and Pensions	440	527	627	627
MDA Capital <sup>2</sup>	290	555	468	568
	<b>1,300</b>	<b>1,758</b>	<b>1,799</b>	<b>1,899</b>

As seen in the above table, the figures for debt servicing came down from N398 billion in 2004 to N289 billion in 2006, representing a 27% reduction. While capital allocations in year 2004 were 22% of the total budget, it went up to 31% in 2005 but declined in 2006 to 29% (with Debt Relief Gains) or 26% (if the debt exit payment was not factored in). The amount used for debt servicing in year 2004 was more than the allocations for capital (new) projects, although in year 2005 the pattern changed, as there was an increase in capital allocation, which made debt servicing about 70% of the total capital vote and 22% of total budget figure. These show that excessive external debt burden limits government capacity by tying up financial resources that could be used for urgent capital projects.

In all, the debt service savings equate to US \$1 billion or N129billion a year, of which N100 billion is the share of the federal government (17). These savings will be dedicated to and spent on MDG related projects and programs to achieve poverty eradication as articulated in the National Economic Empowerment and Development Strategy (NEEDS), the economic revitalization and reforms strategy being operationalised by the President Olusegun Obasanjo administration.

16. These are mandatory expenditures the Federal Government is required by law to make in respect of (a) the National Judicial Council, (b) the Niger Delta Development Commission and (c) the Universal Basic Education Commission.

17. Page 4, Paragraph 1: Federal Ministry of Finance Publication "Understanding Budget 2006"

According to the Finance Ministry, resources from the DRGs will be targeted at immunization, HIV and AIDS treatment and prevention, teacher supply, rural electrification, youth programmes, gender mainstreaming, rural water supply, road infrastructure, slum upgrading, environmental issues and agriculture (18).

The Appropriation Act 2006 shows a total sum of N1, 899.9 trillion to be issued out of the Consolidated Revenue Fund of the Federation. The breakdown of these figures is shown in the table below.

**Table 4: Percentage Breakdown of 2006 Budget**

	<b>Nbn</b>	<b>Percentage of Total Budget</b>
Statutory Transfer	91.6	4.8
Debt service	289.5	15.2
MDA Expenditure: Recurrent	950.3	50
MDA Expenditure: Capital	568.5	29.9
<b>Total</b>	<b>1.899 trillion</b>	

The table below captures 2006 budgetary allocations to federal ministries, departments and agencies (MDAs) without the addition of debt savings and the significance increase in allocations with the inclusion of debt savings (19).

18. Page 10, Information kit produced by the Office of the Senior Special Assistant to the President on Millennium Development Goals  
19. Source: The Appropriation Bill 2006

Table 5: 2006 Budgetary allocations to MDGs-relevant ministries

MINISTRIES/AGENCIES	Without DRGs (Nbn)	DRGs (Nbn)	TOTAL BUDGET (Nbn)
1. Health	85.6	21.3	106.9
2. Education	148.4	18.2	166.6
3. Water Resources	61.0	19.2	80.2
4. Power and Steel	61.1	17.0	78.1
5. Works	81.1	10.0	91.1
6. Agriculture & Rural Development	21.4	9.4	30.8
7. Environment	4.5	1.5	6.0
8. Women Affairs	1.5	1.0	2.5
9. Youth Development	17.3	1.0	18.3
10. Housing & Urban Development	7.4	0.5	7.9
Open	-	0.9	-
Other MDAs	929.6	-	929.6
<b>Total</b>	<b>1,418.9trillion</b>		<b>1,518.9trillion</b>

The Debt Relief Gains were allocated to 10 identified line ministries as shown in Table 6, who would be the first to receive additional funding to their main budget envelopes for specific MDG spending (20).

These funds will be tracked using the OPEN Initiative (21) - a tool developed by the Office of the Senior Special Assistant to the President on Millennium Development Goals (OSSAP-MDGs). The OSSAP-MDG is an office of the Presidency created to act as Secretariat to the Presidential Committee on the MDGs.

20. Page 9, Information kit produced by Office of the Senior Special Assistant to President Millennium Development Goals

21. OPEN means Oversight of Public Expenditure in NEEDS. It is Nigeria's Virtual Poverty Fund (VPF) mechanism for tagging and tracking the performance of specific poverty-reducing expenditures in the budget

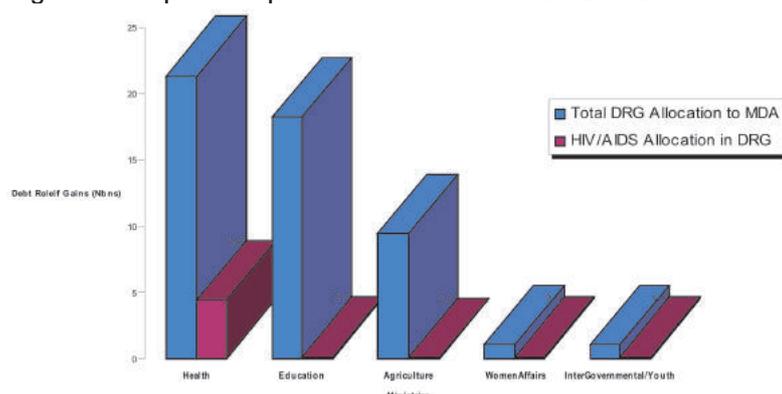
# Chapter Four

## HIV/AIDS Allocations In The DRGs

Of the total DRG allocations, only 4.5 billion naira (or 4.5% of total DGR allocations) was allocated towards funding of HIV and AIDS programmes in 2006 (see Table 7). This is far less than the projection of MDGs office, which gave a mandate to supporting ministries on health care delivery to allocate at least one percent of their DRG funds to HIV and AIDS programmes (22). Only five of the 10 line ministries with DRGs funds have allocations on HIV and AIDS.

MINISTRIES/AGENCIES	DRG Allocation (Nbn)	HIV and AIDS Allocation (Nbn)	% HIV and AIDS Allocations
Health	21.3	4.4billion	19.05
Education	18.2	100million	5.56
Agric & Rural Development	9.4	50million	5.56
Women Affairs	1.0	8.6million	0.0009
Youth Development	1.0	30million	0.003
Other MDAs	49.1	-	-
<b>Total</b>	<b>100billion</b>	<b>4.58billion</b>	<b>4.0</b>

Figure 1: Graphical representation of HIV and AIDS Allocation in total DRG to MDAs



22. Source: OSSAP-MDG "2006 Budget: Publication on "Relating line items to the MDG indicators"; Primary source documents provided during research (April 2006)

In the 2006 budget, a total of N9billion is allocated to HIV and AIDS by 10 line ministries and the National Action Committee on AIDS (NACA). These include allocations from both the main budget and DRGs (23).

From these 10 line ministries only seven had HIV and AIDS allocations drawn from their main budget, while the remaining three ministries received allocated funds to HIV and AIDS from the DRGs. (Table 8).

**Table 8: Total composition of allocation to HIV and AIDS Programmes by MDAs**

Ministries/Agencies	HIV and AIDS Allocation in main budget (Nbn)	HIV and AIDS Allocation from DRGs (Nbn)	Total Allocation to HIV and AIDS by MDAs
Health	3.065	4.400	7bn
Education	0.005	0.100	105 mn
Water Resources	0.08	-	8mn
Agric & Rural Development	-	0.050	50mn
Women Affairs	-	0.0086	8mn
Youth Development	-	0.030	30mn
Housing & Urban	0.005	-	5mn
Communication	0.005	-	5mn
Labour and Productivity	0.018	-	18mn
Science and Technology	0.007	-	7mn
NACA	1.470	-	1.4bn
<b>Total</b>	<b>4.5billion</b>	<b>4.5billion</b>	<b>9bn</b>

23. Source: Appropriation Bill 2006

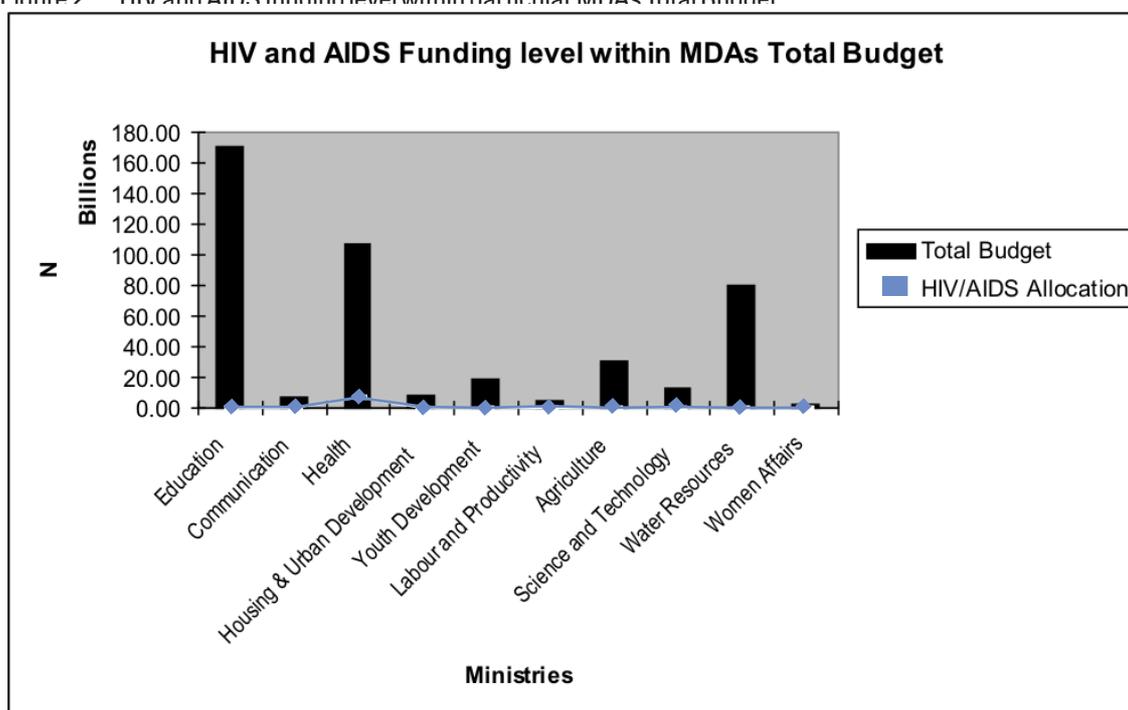
The key observations from this table are that:

NACA is not benefiting from the DRG, yet it is the national co-coordinating body of programmes for the mitigation of HIV and AIDS in Nigeria

Three MDAs have sectoral response activities but failed to budget for them, indicating that they are unlikely to conduct sectoral activities without DRGs

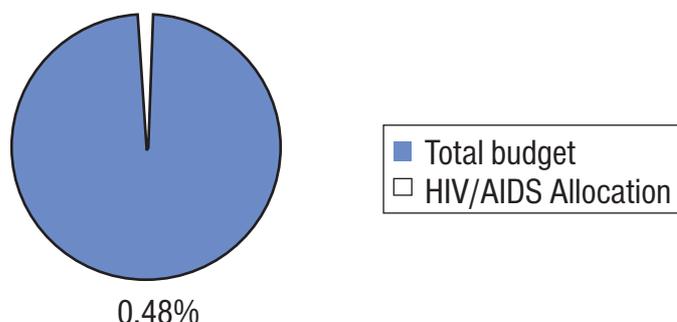
The DRG is a catalytic phenomenon and provides for positive impact where otherwise nothing would have been happening.

Figure 2: HIV and AIDS funding level within particular MDAs Total Budget



This graph also shows clearly that HIV and AIDS is still viewed primarily as a health sector problem, considering the low level of HIV and AIDS allocations by non-health MDAs.

Figure 3: Percentage of HIV/AIDS allocation in 2006 National Budget



Trends in health allocation in national budgets (2004 - 2006)

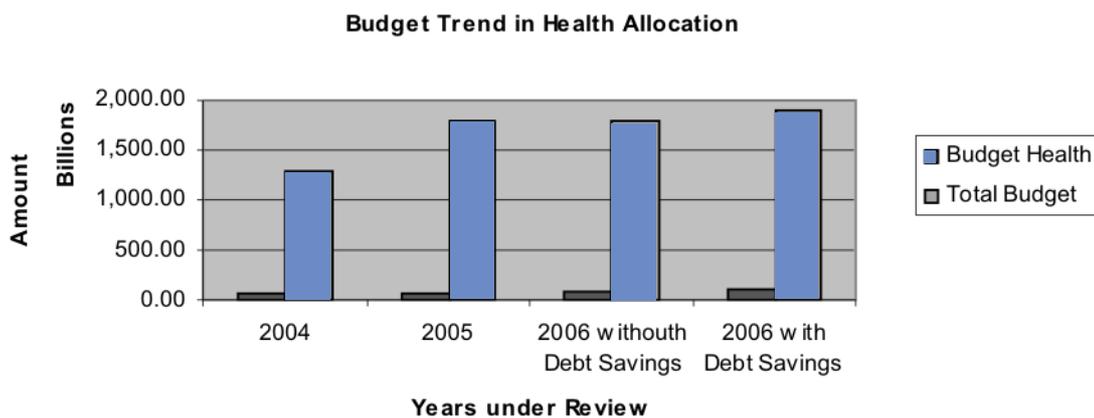
Findings from the study show that, despite increased budgetary allocations, the health sector is still inadequately funded. In April 2001, Nigeria joined other African countries in signing the Abuja Declaration on HIV/AIDS, Malaria and Other Related Infectious Diseases, which commits every country to allocate “at least 15% of our annual budget to the improvement of the health sector” (24). As can be seen in the table below, five years after, Nigeria is yet to fulfill this commitment.

Table 9: Health allocation in Nigeria's national budget (2004 - 2006)

Year	2004	2005	2006 without Debt Savings	2006 with Debt Savings
Total budget	1.3trillion	1.7trillion	1.7trillion	1.8trillion
Health allocations	59billion	71billion	85billion	106billion
% of health allocation in total budget	4.6	3.98	4.76	5.63

24. Paragraph 26, Abuja Declaration on HIV/AIDS, Malaria and Other Related Infectious Diseases, April 2001

Figure 4: Health allocation in Nigeria's national budget (2004 - 2006)



# Chapter Five

## Making the money work: Review of Federal Ministries activities and funding of HIV/AIDS Programmes

The research focused on 6 key line ministries due to the limited funds available, while also visiting key players like the OSSAP-MDGs (overseeing office of DRG in Nigeria) and the National Action Committee on AIDS (NACA) (National control agency in charge of coordinating HIV/AIDS activities and programmes in Nigeria).

The six ministries visited are:

- Federal Ministry of Health
- Federal Ministry of Women Affairs
- Federal Ministry of Labour & Productivity
- Federal Ministry of Agriculture & Rural Development
- Federal Ministry of Education
- Federal Ministry of Water Resources

The Office of the Senior Special Assistant to the President on Millennium Development Goals (OSSAP-MDG) was set up as an office within the Presidency. Its mandate is to act as secretariat to the Presidential Committee on the MDGs, develop a coherent approach for the achievement of the MDGs and facilitate the design of appropriate systems to tag and track debt relief-funded MDG expenditure. The OSSAP-MDGs is not a ministry or agency, but an office to report directly to the President on his vision and mission for attaining the MDGs. It serves as a think-tank to the President on MDGs issues by engaging in continuous review of programmes and strategies in achieving the targets set for each of the MDGs.

In preparation for Budget 2006, the OSSAP-MDG issued an instruction to all MDGs relevant ministries requiring them to provide at least 1% of their total DRG allocations for programmes on HIV and AIDS (25).

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25. Information source: Interview with Dr. Ishiyaku and Dr. Daudu of OSSAP-MDG, April 2006.

Through the OPEN Initiative, the MDG office keeps an eye on resources allocated to the MDAs by ensuring that funds are released only for the project slated for execution in the course of the year as proposed in their approved workplan. The main challenge to the office on fund disbursement is the failure of many of the ministries to submit their work plan to the OSSAP-MDGs office, thus leaving the office to operate without adequate information (26). This constraint could however be attributed to inadequate information available to HIV and AIDS implementing officers at the MDAs on mandate to HIV and AIDS allocations under the DRG and procedures to assessing the fund, which includes submission of workplan (27).

Apart from the OSSAP-MDG, reviewing the workplans, the National Action Committee on AIDS (NACA) is also responsible for guiding the line ministries with HIV and AIDS activities in the development of their workplans irrespective of whether the fund is from the ministry's main budget or DRG. To avoid conflict of opinion and ensure optimal performance, the two offices (NACA and OSSAP-MDG) are working out ways to facilitate monitoring of HIV and AIDS programmes of the line ministries, to ensure that funds released for HIV and AIDS programmes are properly utilized and that the programmes executed are in accordance with the National Strategic Framework on HIV and AIDS activities.

## Federal Ministry of Labour & Productivity

The mandate of the ministry is to provide operational safety and health at the workplace. In doing this, it is important the ministry allocate money for HIV and AIDS since many discussions on the issue takes place in the workplace where there is no discrimination on morality. The ministry wrote officially to OSSAP-MDG for inclusion on the Debt savings but the request was stepped down, apparently because the request was made in April 2006 after the 2006 Appropriation Bill had been approved (28). Apart from this information, there seems to be little else available to the officials on the issue of DRG.

26. Presentation by Dr. Daudu, representative of OSSAP-MDG during Stakeholders' discussion forum, June 2006.

27. Interview with HIV and AIDS Desk Officers at the Federal Ministry of Agriculture and Rural Development and Federal Ministry of Water Resources

28. April 2006 Interview with Dr. Ibrahim Daudu, Health Expert, OSSAP/MDG

In 2005, sources of funds to the ministry include a World Bank grant of N6.9million released through NACA, used to develop the National Workplace Policy (NWPP) on HIV and AIDS and N30million from government allocations under capital vote. However, some of the activities carried out by the Ministry are funded by the World Bank through the National Action Committee on AIDS. Other programmes such as the development of the implementation guidelines for the National Workplace Policy on HIV and AIDS was directly funded by ENHANSE Project; The Train of the Trainers workshop for Labour and Factory Officers in Lagos State was partly funded by SMARTWork-an AED funded international non governmental organization.

The ministry was able to conduct capacity building for Critical Mass Group within the ministry, while workshops and seminars were organized to collate views of stakeholders on proposed Bill on Stigmatization and dissemination of HIV and AIDS infected and affected employee in the country.

For year 2006, the work plan covers major areas on HIV and AIDS programmes as it relates to personnel matter within the public and private sector. The ministry has a budget of N19 million for HIV and AIDS programmes, there workplan is valued at N52.2 million.

The variance of N33.2 million that the ministry expects to source from NACA and other developmental partners (ILO, World Bank, USAID, etc).

Major challenges facing the ministry include the untimely release of fund, which delayed implementation of activities, inadequate funding for the ministries activities and scaling up of activities of the professional officers in the workplaces. .

## **Federal Ministry of Agriculture & Rural Development**

The ministry of Agriculture in the past has been using their discretion in allocating funds to HIV and AIDS programmes. One of such effort is the allocation of N5million (drawn from vote for Nutrition in 2005 under capital vote, though yet to be released as at April 2006) to train Extension Agents in 12 States (Minna for North Central and North West and Bauchi for North East in year 2006).

The 2006 budget is the first time HIV and AIDS programmes was captured as an activity by the ministry, although mixed with N700million meant for Grazing livestock, Presidential initiative and so on. The actual figure allocated to HIV and AIDS programme by the ministry from her DRG allocation is N50million and not N700 million as it appears in the Budget. This allocation was based on the need to support staff infected and affected in the ministry, without knowledge of the mandate from the OSSAP-MDG on at least 1% of all DRG to support HIV and AIDS activity.

Between 2004 and 2005, with no external source of fund except from NACA totalling N3.3 million, the ministry was able to procure a Public Address System (PAS) plus other accessories for HIV and AIDS awareness campaign in all the network area of the ministry.

They also procured 5,000 copies of National Workplace Policy on HIV and AIDS for Ministry personnel and trained Agricultural Change Agents otherwise called Extension Agents in 24 states, 4 per each zone on basic facts of HIV and AIDS (HIV and AIDS prevention, stigmatization and communication methods). These Change Agents are deployed from the Federal ministries in the FCT and States and they are expected to step-down knowledge acquired to other colleagues and community relation members. Federal staffs at state levels after sensitization, subsequently form a group known as the Critical Mass.

For 2006, capacity building for Sectoral Desk Officers and Critical Mass group would be intensified to update knowledge on HIV and AIDS. Availability of funds in the past has been the major challenge to the implementation of activities in the ministry.

Although the ministry has a Monitoring and Evaluation mechanism within the system to ensure proper implementation of programmes, there is a need to build the capacity of HIV and AIDS desk officers on effective costing of HIV and AIDS programmes to increase the performance of implementation.

## **National Action Committee on AIDS (NACA)**

The National Action Committee on AIDS (NACA) supports the mandate by OSSAP-MDG for all the ministries with DRG to allocate funds for HIV and AIDS programmes allocation. NACA, apart from guiding the ministries through the development of their workplan to be in

line with the National Strategic Framework (NSF), also disburse funds to ministries who request for fund from the World Bank-HAF while monitoring implementation of activities under this fund as well.

## Federal Ministry of Water Resources

With no external fund support, the allocation to HIV and AIDS in the ministry has been minimal; the total has not been more than N5million in 2003, to build an office for HIV and AIDS activities and N1m for advocacy seminar in 2005. The building though yet to be furnished was disapproved by the Federal Capital municipal authorities for violating town planning laws.

For year 2006, although with no previous knowledge of the mandatory vote to HIV and AIDS under the DRG, the ministry under their main budget allocated N11.9million to HIV and AIDS activities. One of the key activities for 2006 is to conduct a sero-prevalence survey to determine the numbers of infected staff in all the ministry's offices, training for critical mass, HIV and AIDS communication tools and materials (internet facility, computer, projector etc) and provision of 1no. 18-seater coaster bus for SERVICOM<sup>(29)</sup> and HIV and AIDS Advocacy.

## Federal Ministry of Women Affairs

In the past, the ministry sometimes in collaboration with CSOs has organized series of workshop to mainstream gender issues for line ministries and parastatals, home based care support for care-givers including micro-credit for Women living with HIV and AIDS, formation and capacity mobilization for its Critical Mass group and so on.

Apart from the federal government allocations, other sources of funds to the ministry include the NPT World Bank fund disbursed by NACA and fund from CIDA.

In the 2006 budget, the ministry has a single vote of N8.6million for training of women living with HIV/AIDS.

29. SERVICOM was born at the end of a special Presidential Retreat on "Service Delivery in Nigeria", 21 March 2004, where the Federal Executive Council entered into a SERVICE COMPACT WITH ALL NIGERIANS by dedicating themselves to providing the basic services to which citizens are entitled, timely, fairly, honestly, effectively and transparently. For more information see: [www.servenigeria.com/misc/compact.doc](http://www.servenigeria.com/misc/compact.doc)

Proposed activities include:

- In-depth staff sensitization on HIV and AIDS

- Workplace policy to be adopted to suit the ministry

- Empowerment program for caregivers in OVC sector

- Enlightenment on women community leaders

- Training of women living with HIV and AIDS on confidence building, esteem etc.

The major challenge to the ministry on programmes implementation has been late or non-release of funds.

## Federal Ministry of Health

With an allocation of N7billion to HIV and AIDS in 2006 (N4.4 from DRG and N3million from main budget), the National AIDS & STDs Control Programme (NASCP) is in charge of implementing HIV and AIDS activities proposed by the Federal Ministry of Health.

One of the key achievements of the present administration is that ARVs can now be obtained free at federal government institutions in all the states and federal medical centre and the approval of NAFDAC certified private sector manufacturing test kits.

Activities conducted by the ministry in the past include the Sero-prevalence survey (conducted every 2years), Behavioural surveys in high risk groups, area of prevention, care and support, the National AIDS and Reproductive Health survey (conducted every 2years), Universal precaution in making medical injection safe for all and Staff sensitization on HIV and AIDS awareness.

Other developmental roles played by the ministry include provision of technical assistance to ministries when requested and support to CSO.

Although with no external cash funds directly supporting the ministry's activities, benefits are enjoyed through technical support provided by development partners (World Bank, PEPFAR, Global fund, WHO, UNICEF, DFID).

## Federal Ministry of Education

There has been no specific allocation in the ministry's main budget to HIV and AIDS programmes since April 2002 when the ministry started implementing HIV and AIDS activities, but quite a number of activities have been implemented with support from donor organizations. These activities include capacity building of Desk officers, Teachers and Directors in 34 states of the Federation on Accelerating Education Sector Response to HIV and AIDS, development of the curriculum on HIV and AIDS programmes for the sector and so on.

Though the support is not cash backed, donors like British Council, DFID, NACA, and UNICEF have been supporting the ministry. In 2005, support from Universal Basic Education (UBE) included computers, vehicles and N2million for sponsoring of staff training for 2 weeks, N4.5million from NACA for training, while support from UNICEF and ENHANSE includes payment for logistics costs.

For 2006, the ministry has a total allocation of N105million to HIV and AIDS programmes: N5 million from the main ministry budget and N100million from DRG. Activities proposed for year 2006 include series of sensitisation workshops for schools and principals on the Family Life and HIV curriculum, provision of infrastructural materials for FLHE Curriculum, development of a 6years Education Sector Strategic Plan (2006 - 2012).

Constraints to the ministry include limited capacity of staff to monitor and evaluate HIV and AIDS programmes implemented and untimely release of fund due to the bureaucracy involved in accessing the fund while for activity delivery constraints include coping with the negative social cultural traditions that fuel the spread of HIV, high level of stigma, denial and discrimination and lack of office space for VCCT.

# Chapter Six

## Summary of Findings

From a review of the research outcome, the following are the findings:

Nigeria is still a long way away from meeting the Abuja Declaration commitment of 15% allocation to health. If not for the Debt Savings, the 2006 health budget will not have been up to 5%, (4.7% without DRG and 5.6% with DRG).

From the Debt Relief Gains (DRG) of N100 billion in 2006, only N4.6 billion (4.6%) is allocated to fund HIV and AIDS activities. This is asymmetrically low, given the huge negative impact of the HIV and AIDS epidemic on Nigeria's development

Less than 1% of the total Budget in 2006 is to fund HIV and AIDS programmes. By implication, the achievement of the 2015 target to have reversed the spread of HIV and AIDS remains questionable

There is information flow gap between the Ministries and the OSSAP - MDGs on the mandate of at least 1% allocation of DRG funds to HIV and AIDS programmes

There is poor coordination between NACA and the line ministries in planning and monitoring ministries' activities on HIV and AIDS

Activities proposed by the ministries were not done in consultation with other stakeholders (including civil society and PLWH). This defeats the multisectoral principle of stakeholders involvement in planning, design and implementation

Many of the HIV/AIDS desk officers at the ministries are either not aware of the NSF, or were not guided in their preparations of their annual HIV and AIDS activities

Most programmes being proposed by line ministries are on planning and logistics (except for NACA and FMOH) and do not address service delivery

Apart from the Ministry of Health, the allocations by other ministries are grossly inadequate for the execution of their programmes considering the size of these ministries and their network stations outside the FCT

Except Ministries of Health, Education and Labour, there is a need to urgently scale-up capacity-building in technical understanding of HIV and AIDS among the desk officers at ministries

Many African countries have been observed to reduce local spending on HIV and AIDS once there is new in-coming fund. With the new money coming from DRGs, Nigeria seems to be towing the line by reducing its annual health spendings from its core budget

Activities proposed by most of the ministries do not fall in line with the NSF (See Table 10)

Despite evidence that service delivery on HIV and AIDS prevention, care and treatment is best and mostly done by civil society organisations, they were not consulted, or given a spending window, in the allocation of the DRGs.

## Key Question

Do stakeholders share a common understanding on the importance and use of the NSF?

Whose role is it to build the technical capacity of HIV and AIDS coordinators and Desk Officers in the ministry?

Who monitors the DRGs spending at the 36 states, which are also beneficiaries of the debt savings?

How come NACA, which has technical capacity, does not play a role in planning and monitoring the ministries' HIV and AIDS programmes?

What is the role of civil society in monitoring these resources?

If the debt savings are to benefit Nigeria, how come civil society, which has capacity and has been at the forefront of the national AIDS response, are excluded from accessing funds from the Debt Relief Gains?

## Needed Interventions<sup>(30)</sup>

### **NACA**

Building technical capacity of line ministries

Revising the 2005 DRGs interventions by ministries to ensure that they address national priorities as contained in the NSF

Leading in monitoring and evaluation of planned interventions

### **OSSAP-MDGs**

Ensuring that CSOs benefit from the DRGs in subsequent budgetary allocations

Role for civil society in monitoring needs to be clearly spelt out

NACA and CSOs should be involved in planning of future DRGs/MDGs allocations

For 2006, involve NACA in revising and monitoring the planned interventions by MDAs

### **Budget Office**

Greater involvement of civil society needed in the budget planning process

Involvement of CSOs in budget monitoring

Ensuring prompt release of allocations in order to achieve full implementation shift of the proposed interventions

### **Civil Society**

CSOs need to build their capacity in expenditure monitoring and programme planning

More information and networking is needed among NGOs engaged in budget monitoring

Strong advocacy is needed to ensure that civil society groups are also able to access funds from DRGs in subsequent yearly budgets.

Stronger partnerships with ministries, NACA, BOF, OSSAP-MDGs in order to ensure that the benefits from the budgetary allocations translate to improved quality of life of Nigerians

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30. Based on conclusions and recommendations from participants at the stakeholders forum organised by JAAIDS on June 15 2006 at the Rockview Hotel, Abuja. See appendix 2 for list of participants at the forum

# Appendix One

## HIV/AIDS line items in 2006 DRG allocations (31)

COA	MINISTRY	PROGRAM	LINE ITEM	Total for line item (N)
036000045060000	Health	HIV/AIDS	PROCUREMENT AND DISTRIBUTION OF ANTI RETROVIRAL (ARV) DRUGS	2,100,000,000
036000045070000	Health	HIV/AIDS	SCALING UP OF HIV/AIDS SCREENING CENTRES	250,000,000
036000045080000	Health	HIV/AIDS	PROCUREMENT, DISTRIBUTION AND LOCAL MANUFACTURING OF TEST KITS, REAGENTS, CD4 ETC.	1,900,000,000
036000045090000	Health	HIV/AIDS	ESTABLISHMENT OF 2 ADDITIONAL ZONAL BLOOD CENTRES AND STRENGTHENING OF BLOOD TRANSFUSION SERVICES IN THE COUNTRY	150,000,000
036000045100000	Health	HIV/AIDS	TRAINING OF HEALTH WORKERS ON PREVENTION OF MATERNAL TO CHILD TRANSMISSION (PMTCT), COUNSELLING & TESTING; AND ANTI-RETROVIRAL THERAPY (ART) SITES	100,000,000
036000045110000	Health	HIV/AIDS	ADVOCACY, SOCIAL MOBILIZATION AND INFORMATION, EDUCATION & COMMUNICATION (IEC)	50,000,000
036000045120000	Health	HIV/AIDS	STRENGTHENING OF LABORATORY SERVICES NATION WIDE	200,000,000
<b>TOTAL HEALTH</b>				<b>4,750,000,000</b>
032000045520000	Education	HIV/AIDS	CREATE AWARENESS AND COORDINATE HIV/AIDS ACTIVITIES IN THE EDUCATION SECTOR	18,000,000
032000045530000	Education	HIV/AIDS	CAPACITY BUILDING	38,500,000
032000045540000	Education	HIV/AIDS	MONITORING AND EVALUATION OF HIV/AIDS ACTIVITIES NATIONWIDE	10,000,000
032000045550000	Education	HIV/AIDS	ESTABLISH CARE AND SUPPORT FOR THE INFECTED AND AFFECTED IN THE EDUCATION SECTOR	33,500,000
032060935020000	Education		AWARENESS/SENSITISATION ON HIV/AIDS/STDS	30,000,000
032061545150000	Education	NTI	DEVELOPMENT AND PRODUCTION OF 120,000 TRAINING KITS ON HIV & AIDS (AUDIO, VIDEO AND WORKBOOK) AT 450.00 PER KIT	54,000,000
032070210070000	Education	Asaba Federal College of Education	HIV/AIDS AWARENESS CAMPAIGN	1,077,300
032070445150000	Education	Gombe Federal College of Education	HIV AWARENESS CAMPAIGN	1,000,000
032070545150000	Education	Gusau Federal College of Education	HIV AWARENESS CAMPAIGN	1,000,000
032071145150000	Education	Omuku Federal College of Education	HIV AWARENESS CAMPAIGN	11,000,000
<b>TOTAL EDUCATION</b>				<b>198,077,300</b>

31. Source: OSSAP-MDGs

029000045030000	Water Resources		MILLENNIUM DEVELOPMENT GOALS (MDG) EXPENDITURE TRACKING	50,000,000
029000045040000	Water Resources		MONITORING & EVALUATION OF MDG SPECIFICS	50,000,000
029000045050000	Water Resources		MOBILISATION AND PUBLIC ENLIGHTENMENT ON MDG PROGRAMMES/PROJECTS	100,000,000
<b>TOTAL WATER RESOURCES</b>				<b>200,000,000</b>
<b>NOTE: Out of the N200,000,000, N15,000,000 will be committed to 'HIV/AIDS awareness programmes for vulnerable groups such as farmers and fishermen. Communities and irrigation projects and dam reservoirs.'</b>				
025000035030000	Agriculture	LIVESTOCK AND PEST CONTROL	GRAZING RESERVES, WATERING POINTS, DISEASES CONTROL, PRESIDENTIAL INITIATIVE ON LIVESTOCK PRODUCTION AND AIDS/HIV PROGRAMME	700,000,000
<b>TOTAL AGRICULTURE</b>				<b>700,000,000</b>
024000045010000	Women's Affairs		GENDER MAINSTREAMING	250,000,000
<b>TOTAL WOMEN'S AFFAIRS</b>				<b>250,000,000</b>
<b>NOTE: One component of the Gender Mainstreaming program is an HIV/AIDS program.</b>				
022000045130000	Intergovernmental		ESTABLISHMENT OF YOUTH VOLUNTARY COUNSELLING AND TESTING (VCY) CENTRES FOR HIV/AIDS AND STIs. COMBATING MALARIA AND OTHER DISEASES	30,000,000
<b>TOTAL INTERGOVERNMENTAL</b>				<b>30,000,000</b>
053000045010000	Housing and Urban Development		URBAN RENEWAL AND SLUM UPGRADING AT ONDO CENTRAL DISTRICT (MOFERERE, ONDO)	495,000,000
<b>TOTAL HOUSING AND URBAN DEVELOPMENT</b>				<b>495,000,000</b>
<b>NOTE: One component of the slum upgrading is an HIV/AIDS program.</b>				

# Appendix Two

**Table 10: Proposed NSF activities vis-à-vis proposed activities by MDAs for 2006**

Activities for implementation by Federal Ministry of Health in the NSF	2006 Budget activities
2.2.1 Establish and strengthen the capacity of BCC Working Groups and to develop, produce and disseminate culturally appropriate gender sensitive BCC materials	National AIDS/STD Control Programme
3.3.2 Train health staff- nurses, doctors, lab workers, supervisors, auxiliary staff (orderlies, laundresses, public health labourers) on medical waste management, risk reduction in and out of the medical setting and to implement and to adopt universal precautions at all levels and at all times.	National AIDS Blood transfusion service
3.3.4. Develop, Disseminate and implement policies and guidelines on safety of blood and blood products	National AIDS- Public health hospital services
3.3.5 Upgrade, maintain, and procure relevant blood banking infrastructure - motorcycles, lab equipment, mobile bleeding van etc	
3.3.7. Develop and disseminate guidelines for medical waste management and risk reduction in and out of the medical setting	
3.3.9. Develop and Implement policy for Post Exposure Prophylaxis (PEP)	
3.4.1. Develop, Print and Disseminate STIs Syndromic Management Protocol and encourage the use of the protocol in Public/Private Health Institutions	
3.4.2. Train health staff on Syndromic management and STI Surveillance and research. (Men, Adolescent girls, Sex Workers, MARPs)	
3.5.5. Provide free ARVs for sero-positive OVC	
3.5.6. Provision of free post exposure prophylaxis (PEP) especially for health care providers and rape survivors	
3.6.2. Institute TB/HIV partnership working groups	

Activities for implementation by Federal Ministry of Health in the NSF	2006 Budget activities
<p>3.6.4. Implement in line with existing guidelines, the use of Co-trimoxazole Prophylaxis Treatment (CPT) and Isoniazide Prophylaxis Treatment (IPT) for PLWAs at risk of developing TB</p>	<p>Procurement and distribution of anti retroviral (ARV) drugs</p>
<p>3.8.5. Provision of rapid testing kits for VCT service delivery centers</p>	<p>Scaling up of HIV/AIDS screening centre</p>
<p>3.9.3. Decentralize and upscale PMTCT service delivery</p>	<p>Procurement, distribution and local manufacturing of test kits, reagents, cd4 etc.</p>
<p>3.9.4. Integrate VCT services into all ANC/RH clinics</p>	<p>Establishment of 2 additional zonal blood centres and strengthening of blood transfusion services in the country</p>
<p>3.9.5. Establish use of PLWAs peer counseling and support within PMTCT</p>	<p>Training of health workers on prevention of maternal to child transmission (PMTCT), counseling &amp; testing; and anti-retroviral therapy (art) sites</p>
<p>3.9.6. Establish free HIV testing at PMTCT sites</p>	<p>Advocacy, social mobilization and information, education &amp; communication (IEC)</p>
<p>3.9.7. Accelerate implementation of PMTCT + plus</p>	<p>Strengthening of laboratory services nation wide</p>
<p>3.10.7. Develop, publish and distribute guidelines on the use of locally available foodstuff to produce balanced diet.</p>	
<p>3.11.1. Develop and implement policy and guidelines for institutionalized nutritional support and psychosocial care for OVC and</p>	
<p>3.13.8. Adoption of a national HIV/AIDS management protocol and guidelines, which emphasizes practice of Universal Safety Precaution and includes free Post-Exposure Prophylaxis for staff by all hospitals and health facilities.</p>	
<p>5.1.5. Establish and Integrate user friendly VCT services into all health care centers accessed by persons from specific groups</p>	
<p>7.1.1. Revive the national ethics review board (NERB) and facilitate establishment of functional IRB in all research institutions, states and university.</p>	
<p>7.4.3 Expand NAFDAC's functional scope to include the regulation of New HIV technologies</p>	

### Activities for implementation by FMWR

- 1.4.5 Develop and implement sector wide approaches/ strategies for funding HIV and AIDS.
- 3.11.1. Develop and implement policy and guidelines for institutionalized nutritional support and psychosocial care for OVC and PABA
- 3.11.7. Establish and link workplace based support groups with health facilities and community support groups
- 4.1.1 Capacity building for mainstreaming HIV/AIDS into key sectors.
- 4.3.2. Implement rapidly, the adopted and ministerial ratified “ILO code of practice in the work place” and produce national workplace policy on HIV/AIDS
- 4.3.3. Develop, produce and disseminate operational manual for the implementation of workplace policy.
- 4.3.4. Establish HIV/AIDS Desks Officers and Focal Points in all work places and build the capacity of desk officers
- 4.3.6. Advocacy & sensitization of employers to adopt gender responsive practices and Policies in the workplace.
- 4.3.7. Specific targeting of itinerant workers, construction industry and tourism industry with BCC campaigns and services.
- 6.2.3. Advocate for dedication of at least 10% of every HIV/AIDS Program budget to the M & E component at all levels
- 8.1.2 Develop and/or ratify new engendered HIV-AIDS-related policies and guidelines on -Orphans & vulnerable children (OVC) -Home Based Care, Nutrition -OIs and ARV policy -Female Genital Mutilation -Prisons -Trans-boarder and Refugees HIV/AIDS Policies -Workplace -Microbicides and vaccine Research Ethics

### 2006 Budget activities

- HIV AIDS: provision of equipment & materials for survey
- HIV AIDS advocacy/counseling workshops & seminars
- HIV AIDS communication tools & materials
- HIV AIDS specialized training for critical mass
- Provision of 1 no. 18 seater coaster bus for SERVICOM & HIV AIDS advocacy

Activities for implementation Federal Ministry of Labour and Productivity	2006 Budget activities
<p>3.11.7. Establish and link workplace based support groups with health facilities and community support groups</p>	<p>Workplace HIV/AIDS response advocacy World AIDS day celebration Workplace HIV/AIDS response</p>
<p>4.3.2. Implement rapidly, the adopted and ministerial ratified “ILO code of practice in the work place” and produce national workplace policy on HIV/AIDS</p>	<p>Education and mobilization of professional officers in the state on the implementation of the NWPP</p>
<p>4.3.3. Develop, produce and disseminate operational manual for the implementation of workplace policy.</p>	<p>Zonal ToT workshop for setting up of critical mass in each of the state labour offices Technical and financial support to state labour offices</p>
<p>4.3.4. Establish HIV/AIDS Desks Officers and Focal Points in all work places and build the capacity of desk officers</p>	<p>Zonal ToT HIV/AIDS mainstreaming workshop for labour and factory officers</p>
<p>4.3.6. Advocacy &amp; sensitization of employers to adopt gender responsive practices and Policies in the workplace.</p>	<p>Financial support and logistics for attendance at meetings both locally and internationally Printing of draft guideline and IEC/BCC materials on different aspects of NWPP implementation</p>
<p>4.3.5. Scale up work place interventions</p>	<p>Formation of tripartite committee on best practices on workplace response</p>
<p>4.3.8. Link VCT and ARV sites to existing health care services used by workers/employers to improve access to prevention and treatment for workers. (widows and widowers)</p>	<p>Annual award for best practices on workplace response</p>
<p>6.2.3. Advocate for dedication of at least 10% of every HIV/AIDS Program budget to the M &amp; E component at all levels</p>	<p>Development, printing and distribution of monitoring indicators of the workplace response to HIV/AIDS Zonal monitoring for the evaluation of the workplace response to HIV/AIDS</p>
<p>8.2.1 Review all provisions of relevant laws, which are gender discriminatory or impedes HIV/AIDS programming success</p>	<p>Situational analysis on workplace policies stigma and discrimination etc Mainstream HIV/AIDS into skill acquisition training of NDE and Trade testing Meeting of the TWG for the implementation of the NWPP to deliberate on the draft bill on S&amp;D Finalize and print draft personnel policy on HIV/AIDS Inclusion of Labour issues in the Draft bill Advocacy to NASS to pass the bill</p>

Activities for implementation Federal Ministry of Women Affairs	2006 Budget activities
<p>3.11.1. Develop and implement policy and guidelines for institutionalized nutritional support and psychosocial care for OVC and PABA (Elderly care givers, -Single &amp; child head of families, -Girls and married adolescents - Widows/ Widowers, OVC, PLWAs, PESSP, IDUs)</p> <p>3.11.3. Integrate HIV/AIDS into updated and standardized social welfare training curricula. (Social welfare workers)</p> <p>3.11.6. Establish and ensure sustained national nutritional support program for PLWAs and PABA (for OVC Married adolescent girls, Elderly caregivers, Single head of families, Indigent Widows &amp; widowers, etc.)</p> <p>8.2.1 Review all provisions of relevant laws, which are gender discriminatory or impedes HIV/AIDS programming success</p>	<p>Training of women living with HIV/AIDS</p> <p>In-depth staff sensitization on HIV/AIDS</p> <p>Workplace policy to be adopted to suit the ministry</p> <p>Empowerment program for caregivers in OVC sector</p> <p>Enlightenment on women community leaders</p> <p>Training of women living with HIV/AIDS on confidence building, esteem etc.</p>

Activities for implementation Federal Ministry of Internal Affairs and Defense	2006 Budget activities
<p>5.1.11. Integrate the provision of ARVs and OI drugs, PMTCT services into health services for uniformed personnel and their families and ensure gender equity in distribution</p>	<p>No HIV/AIDS Program proposed and supported in budget</p>
Activities for implementation Federal Ministry of Education	2006 Budget activities
<p>3.11.6. Establish and ensure sustained national nutritional support program for PLWAs and PABA (for OVC Married adolescent girls, Elderly caregivers, Single head of families, Indigent Widows &amp; widowers, etc.)</p> <p>4.2 .3 Conduct a national situation analysis on OVCs for the implementation of the national action plan.</p>	<p>Sensitization for school principals and coordinating inspectors on FLHE Curriculum;</p> <p>Provision of instructional materials on FLHE Curriculum;</p> <p>Training of teachers and inspectors on TOT on FLHE Curriculum;</p> <p>Training of Guidance Counselors and Health Care providers on School based care and support;</p> <p>Conduct OVC need assessment and to provide scholarship to 400 OVCs in schools;</p> <p>Print and circulate copies of the National Policy on HIV/AIDS for the sector;</p> <p>Produce guidelines for the implementation of the National Policy on HIV/AIDS for the Sector;</p> <p>Organize workplace sensitization for FME Headquarter staff;</p> <p>Develop Sector Specific Indicators for Monitoring and Evaluation</p> <p>Mainstreaming of FLHE</p>

Activities for implementation Federal Ministry of Agriculture and Rural Development	2006 Budget activities
<p>3.11.1. Develop and implement policy and guidelines for institutionalized nutritional support and psychosocial care for OVC and PABA (Elderly care givers, -Single &amp; child head of families, -Girls and married adolescents - Widows/ Widowers, OVC, PLWAs, PESSP, IDUs)</p> <p>4.2 .3 Conduct a national situation analysis on OVCs for the implementation of the national action plan.</p>	<p>Review meeting on the impact of sectoral activities on HIV/AIDS</p> <p>Procurement of public address system/office equipment for effective M&amp;E programme</p> <p>Promotion of AIGA for rural people living with HIV/AIDS</p> <p>TOT for agric and rural extension workers in 2 geo-political zones</p> <p>Procurement of condoms &amp; femidoms for grassroot awareness campaigns (e.g. at World Food Day, Farmers' Field Day, World AIDS day, etc)</p> <p>Develop and produce agric sector HIV/AIDS workplace policy</p> <p>Capacity building on aspects of HIV/AIDS for reps. of women farmers'</p>

# Appendix three

## List of people interviewed

Key Persons met	Meeting dates
1. Dr. Ishiyaku Mohammed OSSAP-MDG	18 <sup>th</sup> April 2006
2. Dr. Ibrahim J. Daudu Health Expert - OSSAP-MDG	19 <sup>th</sup> April 2006
3. Dr. Emmanuel Meribole HIV and AIDS Programme Manager FMOL&P	17 <sup>th</sup> April 2006
4. Mr. Akanya Alli HIV and AIDS Coordinator FMOA	20 <sup>th</sup> April 2006
5. Dr. Akudo Ikpeazu Officer in charge of Line Ministries NACA	20 <sup>th</sup> April 2006
6. Mr. Joseph Okpa Oru Dep. Director Admin FMOWR	20 <sup>th</sup> April 2006
7. Ms. Nkechi Florence Onwukwe HIV and AIDS Project Coordinator FMOWA	21 <sup>st</sup> April 2006
8. Dr. Toyin Salawu National Coordinator NASCP	21 <sup>st</sup> April 2006
9. Dr. Jonathan Jiya Director of Planning FMOH	19 <sup>th</sup> April 2006
10. Ms. Enakem E. Nnorom FMOE	16 <sup>TH</sup> May 2006
11. Mrs. Zainab Momodu FMOE	16 <sup>th</sup> May 2006
12. Mr. Ameh FMOE	16 <sup>th</sup> May 2006

# Appendix Four

## List of participants at stakeholders' discussion forum

On June 15 2006, Journalists Against AIDS convened a discussion forum at the Rockview Hotel, Abuja to provide an opportunity for key stakeholders to review a draft version of the report of the research study. Aside from useful comments made by participants on the draft report, their contributions provided the basis for some of the recommendations on Needed Interventions in chapter seven of this publication.

### Moderator

1. Susan Mshana The World Bank, Abuja

### Presenters/Discussants

2. Oqua Eta Budget Office of the Federation
3. Ibrahim Atta National Action Committee on AIDS (NACA)
4. I.J. Dauda OSSAP/MDGs
5. Bimbola Adewumi Journalists Against AIDS (JAAIDS)

### Participants

5. Jimmy Eshiet Budget Transparency Network
6. Z.U Momoh Federal Ministry of Education, HIV/AIDS unit
7. H.O Ogunsina Federal Ministry of Education, HIV/AIDS unit
8. Waziri Abba A Fed Ministry of Agric and Rural Development
10. Wakili Sarah Channels TV
11. Anao Faith Journalists Against AIDS (JAAIDS)
12. Omololu Falobi Journalists Against AIDS (JAAIDS)
13. Essien Gloria Voice of Nigeria
14. Silas Utia Kapital FM Radio
15. Josephine Kamara Internews Nigeria
16. Akubo Adegbe Internews Nigeria
17. Ayodele Sebrotimo Media AIDS Project
18. John Francis Federal Ministry of Health
19. Yakubu, A.A Federal Ministry of Health
20. Bon Okafor WYPEM
21. Sam Adeko The Punch

- |     |                         |   |
|-----|-------------------------|---|
| 22. | Sa'adatu Mohammed       | Gombe Media Corporation                         |
| 23. | Odo T.I                 | Federal Ministry of Women Affairs               |
| 24. | Claire Ebegbare         | Gede Foundation                                 |
| 25. | Akor Sylvester          | Champion Newspapers                             |
| 26. | Icato Veronica          | Crowther FM                                     |
| 27. | S. K. Ikata             | Federal Ministry of Water Resources             |
| 28. | Joseph Ofu              | Federal Ministry of Water Resources             |
| 29. | Oke, Michael Adedotun   | Agric-link Multipurpose Co-operative Society    |
| 30. | Ben Nwobi               | Federal Ministry of Health                      |
| 31. | Omar Terngu             | Action Aid International/Nigeria                |
| 32. | Akanya B.A              | Federal Ministry of Agric and Rural Development |
| 33. | Elizabeth Onitolo       | UNAIDS  |
| 34. | Philemon Z.D            | NACA  |
| 35. | Emmanuel Meribole       | Federal Ministry of Labour                      |
| 36. | Joel Bulus              | Federal Ministry of Labour                      |
| 37. | Sunday Ejike Benjamin   | Daily Trust                                     |
| 38. | Abdulganiyu A. Abubakar | Save the Child Initiative (STCI)                |
| 39. | Tony Udoh               | Federal Ministry of Health                      |
| 40. | Adefolaju E.A           | Federal Ministry of Health                      |
| 41. | Tony Anammah            | Gede Foundation                                 |
| 42. | Adaju Justice           | Gede Foundation                                 |

# Appendix Five

## Discussion Guide

Interviews with sources available for this study were based on the following Discussion Guide:

- Background to the allocations
- Budgeted Allocations
- Delivery methodology
- Programme schedule and duration
- Target audience
- Strategy Evaluation

### 1. Background

- History of previous allocation, if its not the first to determine past achievement
- Basis for the allocation, is it NEEDS based or due to government mandate to determine level of commitment
- Objectives of the activities to be carried out.

### 2. Budgeted allocations

- Total budget of each ministry
- What percentage of the total allocation goes to HIV/AIDS
- How much of the allocation to HIV/AIDS comes from DRG sectoral allocation
- Apart from the budgetary allocations to HIV/AIDS, do you get funds or any other technical support (equipment, technical assistance etc) from other sources? E.g. World Bank loan, IDA credit or AfDB, UNDP. ILO etc.
- If it is a loan how much counterpart funding was paid and when?

### 3. Delivery methodology

- What are the breakdown of activities to be carried out
- What are the implementation strategies
- Are you going to collaborate with another agency/organization in the implementation of the activities?

### 4. Special HIV Projects?

- Do you have any special HIV and AIDS project apart from those listed in the budget?
- If yes, what is the duration and what are the major activities under this project?

**5. Target audience**

Who are the target beneficiaries?

How were they identified?

What is the geographical spread of your activities?

What is the estimated outreach per programme/activity?

**6. Strategy evaluation**

How do you intend to measure your performance during implementation?

What are the tools to be used to measure effect of programme?

When would the evaluation be carried out?

# Appendix Six

## The Millennium Development Goals

### Goal 1: **Eradicate extreme poverty and hunger**

**Target 1:** Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.

**Target 2:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

### Goal 2: **Achieve universal primary education**

**Target 3:** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

### Goal 3: **Promote gender equality and empower women**

**Target 4:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education not later than 2015

### Goal 4: **Reduce child mortality**

**Target 5:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

### Goal 5: **Improve maternal health**

**Target 6:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

### Goal 6: **Combat HIV/AIDS, malaria, and other diseases**

**Target 7:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS

**Target 8:** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

### Goal 7: **Ensure environmental sustainability**

**Target 9:** Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

**Target 10:** Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

**Target 11:** Have achieved by 2020, a significant improvement in the lives of at least 100 million slum dwellers

### Goal 8: **Develop a global partnership for development**

**Target 13:** Address the special needs of the Least Developed countries (includes tariff and quota-free access for Least Developed Countries exports, enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction)

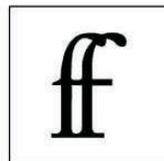
**Target 14:** Address the special needs of landlocked developing countries and small stand developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions)

**Target 15:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

**Target 16:** In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

**Target 17:** In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

**Target 18:** In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies



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