

Report on the Status of the Nigerian National HIV Monitoring and Evaluation System

Assessment Using 12 Components System Strengthening Tool



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Acknowledgments

The Assessment of the national HIV/AIDS monitoring and evaluation (M&E) system using the 12 Components System Strengthening Tool has emerged as the National Agency for the Control of AIDS (NACA) lead process, which will later form part of an elaboration of the Nigeria National Response Information Management System (NNRIMS-II) 2010–2015 component of the National Strategic Framework II.

The plan was prepared through an elaborate collaborative process involving all major stakeholders; federal government agencies and individuals from the National HIV/AIDS Division and National Health Management Information System (NHMIS) Branch of the Federal Ministry of Health; Orphans and Vulnerable Division of the Federal Ministry of Women Affairs and Social Development; Federal Ministry of Defence; Federal Ministry of Education; State Agencies for the Control AIDS (SACAs); development partners, including the United Nations-affiliated agencies (World Health Organization, United Nations Children’s Fund, the Joint United Nations Programme on HIV/AIDS); the U.S. Agency for International Development [USAID]; the U.S. Centers for Disease Control and Prevention (CDC); and Department for International Development (United Kingdom) through Enhance National Response (ENR), and many other implementing partners, facilities, and civil society organizations, etc.

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Managerially, the assessment of the national HIV/AIDS M&E system was coordinated by the Strategic Knowledge Management Division of NACA in close collaboration with the National HIV/AIDS M&E Technical Working Group.

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Executive Summary

Nigeria has made tremendous efforts to respond to the HIV epidemic; in particular it has institutionalized the Three Ones concept endorsed by the United Nations. In response to the third principle of the Three Ones, the Nigerian National Response Information Systems (NNRIMS) was developed. The country is currently reviewing the National Strategic Framework (NSF), which lapsed at the end of 2009. In so doing, it was critical to assess the status of the national monitoring and evaluation (M&E) systems, in preparation for the development of the next generation national M&E plan and workplan. An assessment using the recently developed 12 Components Systems Strengthening Tool was conducted. The major findings were the following:

- Nigeria has a relatively strong M&E system at the national level (National Agency for the Control of AIDS [NACA] and the National AIDS and STIs Control Program [NASCP]) but the system is much weaker at the state and local government levels, and across other sectors (public, private, and civil society). The status of M&E also varies across states.
- The harmonization of M&E systems, especially indicators, data collection, and reporting tools and templates, is poor across partners and service delivery areas, thus leading to vertical reporting systems and burdening data collection at lower levels.
- There is evidence that human resource development is taking place, but the major gaps are with respect to the quantity of staff, and qualified staff. It is therefore, imperative to emphasize the relevance of all 12 components of a functional HIV M&E system in human resource capacity building planning.
- Data use, though evident at NACA and NASCP level, is still very weak among the other five sectors (out of the seven that were assessed). The relevancy of data collection, collation, analysis, and information creation loses its value if data are not being used at all levels.
- Key tools for M&E system harmonization, coordination, and funding (i.e., research and evaluation agenda, technical assistance, capacities strengthening plan, and resource mobilization plan) are lacking.
- There is a need to strengthen the third principle of the Three Ones by clarifying roles and responsibilities of all players in the national HIV M&E system. This will reduce tension and friction due to role confusion among stakeholders, and will increase harmonization within the M&E system. These roles and responsibilities will be articulated in the next generation NSF as well as the NNRIMS II.

Recommendations

The following recommendations were made:

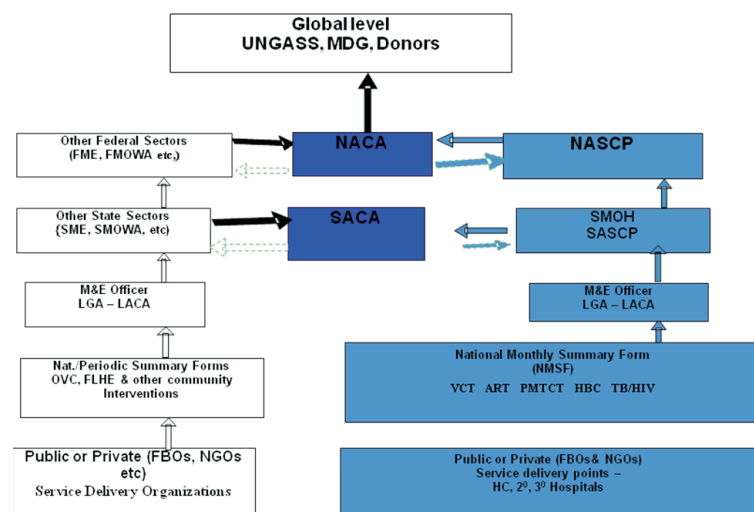
- There is need for the government of Nigeria and stakeholders to harmonize indicators, tools, and reporting templates and to develop one integrated workplan that outlines activities to be carried to strengthen M&E. The workplan should be multi-sectorial, multi-leveled, and costed. It was observed that participation of academia in the M&E technical working group activities is rather weak.
- Development of a costed M&E workplan that will provide clear outputs at each stage and identify the responsible implementing partner and the funding source is needed. This can be a good results-based approach and can be used to assess the implementation of activities. Failure to develop the workplan will lead to the production of a wish list that is not owned by any agencies or institution. The workplan is therefore both a roadmap for a year or two and an accountability tool that should be used by the National HIV/AIDS M&E Technical Working Group (NTWG) and NACA.
- It is necessary to conduct similar assessments at the state level (this may be at geographical zonal levels within states that are in the same vicinity and are more likely to have similar epidemics). Nigeria is vast, has a very large population, and a diverse epidemic; hence, diverse HIV responses are needed. Because there is a greater need to strengthen state level systems, it is also critical to be very clear of the strengths and weaknesses at this level.
- The federal system, which entails that states are autonomous, makes it very difficult to develop uniform structures at state and local government areas. There is need for continued advocacy for all State Agencies for the Control AIDS (SACA) to become agencies.
- In addition, the report will provide details, results of the assessment process, and recommendations, as well as actions, that should be considered in developing the next generation M&E plan and the costed multi-partner workplan.

Overview of the Governance Structures for the HIV Response

The first HIV case in Nigeria was identified in 1985 and reported in 1986. The initial stage of the epidemic was characterized by denial of HIV/AIDS as a major public health threat, but general awareness increased from 1991 to 1998. This led to the government of Nigeria acknowledging that HIV/AIDS had become a serious problem that affected all sectors of the Nigerian economy.

Nigeria's response to HIV was initially biased towards a clinical approach, with most activities initially being coordinated by the Federal Ministry of Health (FMOH) and later by NASCP, a department within the ministry. In 2000, the National Council on Health formally endorsed the multi-sectorial HIV response and the federal government of Nigeria established the Presidential Council on AIDS (PCA) and National Action Committee on AIDS (NACA). NACA has since transformed from a committee to an agency, now called the National AIDS Control Agency. Nigeria also developed the first National Strategic Framework on HIV and AIDS in 2005 and subsequently the Nigerian National Response Information Management System (NNRIMS) 2007-2010. Therefore, Nigeria has fully complied with the Three Ones principles with a national coordinating body (NACA), one National Strategic Framework (NSF) for action, and one national monitoring and evaluation framework (NNRIMS).

Nigeria has a three-tier government structure; the federal government, 36 states and Federal Capital Territory (FCT), and 774 local government areas (LGAs). The states are semi-autonomous under the country's constitution, with each having independent administrative, legislative, and judicial systems built to fit into the central system. The coordination structure of the national HIV response is also based on this system, with coordinating authorities at the three tiers (i.e., NACA working at the federal or national level, SACA working at the state level, and the Local Action Committees on AIDS [LACAs] working at the LGA level). Figure 1 provides an information flow chart that shows the organizational structure of the national response and how information flows from the lower levels up to the national coordinating body (NACA), and then is submitted to international agencies.



Nigeria currently benefits from a high level of political commitment

Figure 1. Information flow chart for Nigeria.

and support from international partners. The level of response to HIV and AIDS has increased in virtually all sectors. Current areas of interventions include advocacy, prevention, treatment, care and support, and the mitigation of the impact of the epidemic.

Description of the National HIV/AIDS M&E System in Nigeria

In 2004, in recognition of the need to address the problem of poorly coordinated HIV/AIDS M&E activities and the need to align with the Three Ones principles, the Nigerian government operationalized the third principle of the Three Ones through the development of NNRIMS. This system has also undergone significant changes leading to the development of the NNRIMS operational plan for 2007–2010. The plan has been designed to function as a simple but robust monitoring and evaluation system to facilitate tracking of progress in the implementation of the national HIV/AIDS response and to guide programs, policies, and service delivery as a part of the multi-sectorial HIV and AIDS response in Nigeria based on the National Strategic Framework (2005-2009).

A strategic knowledge management system (SKM) was also set up at NACA to coordinate the national M&E system. Under the auspice of the SKM, various M&E activities have been running smoothly with support from developmental partners. Examples include the development of NNRIMS; NNRIMS reviewed and produced a NNRIMS operation plan (NOP); the harmonization of data collection and reporting tools, such as registers and monthly summary forms for antiretroviral therapy (ART), prevention of mother-to-child transmission of HIV (PMTCT), HIV counselling and testing (HCT); the dissemination of harmonized tools to stakeholders; training on the use of harmonized tools among partners, states, and facility focal persons; formation of M&E technical working groups at national and state levels; enhanced engagement with key partners in states through round tables, cluster meetings, and coordination activities; capacity building on NNRIMS for SACA and for ministries, departments, and agencies (MDAs); and introduction of district health information system (DHIS) assessment teams and the Logistic and Health Programs Management Information Platform (LHPMIP) for facility-based data. DHIS teams were installed in 26 states and LHPMIP was piloted in six states. Rollout to other states was planned, as well as conducting data quality assessments and feedbacks, and support for SACA through zonal M&E officers. NACA, with technical and financial support from the United Nations Development Programme (UNDP) and Strengthening National Response (SNR), supported some states in developing state-specific M&E plans (Gombe, Enugu, Kogi, Kwara, Cross River), and developed a map to strengthen M&E systems. NACA also produced the biennial United Nations Global Assembly Special Session (UNGASS) reports for 2003, 2005, and 2007.

Various surveys and surveillances were conducted to provide information to the national M&E systems, e.g., general population surveys such as the National AIDS and Reproductive Health Survey (NARHS), Demographic and Health Survey (DHS), antenatal care (ANC) sentinel survey, and surveys focusing on specific risk groups. Specific risk-group surveys in this last example included a behavioral surveillance survey (BSS), integrated bio-behavioral surveillance survey (IBBSS), and special studies. Special studies included health facility surveys, epidemic response and policy synthesis (ERPS) studies; mode of transmission analysis (MOT), HIV/AIDS program sustainability analysis (HAPSAT), and a National AIDS Spending Assessment (NASA).

Routine program monitoring data are captured through various facility-based management information systems, e.g. HCT, PMTCT, ART, and community-based systems. Examples of community-based systems include homebased care (HBC) and those that support services for orphans and other vulnerable children (OVC).

Figure 2, from the NNRIMS operational plan (2007-2010), illustrates the M&E reporting system.

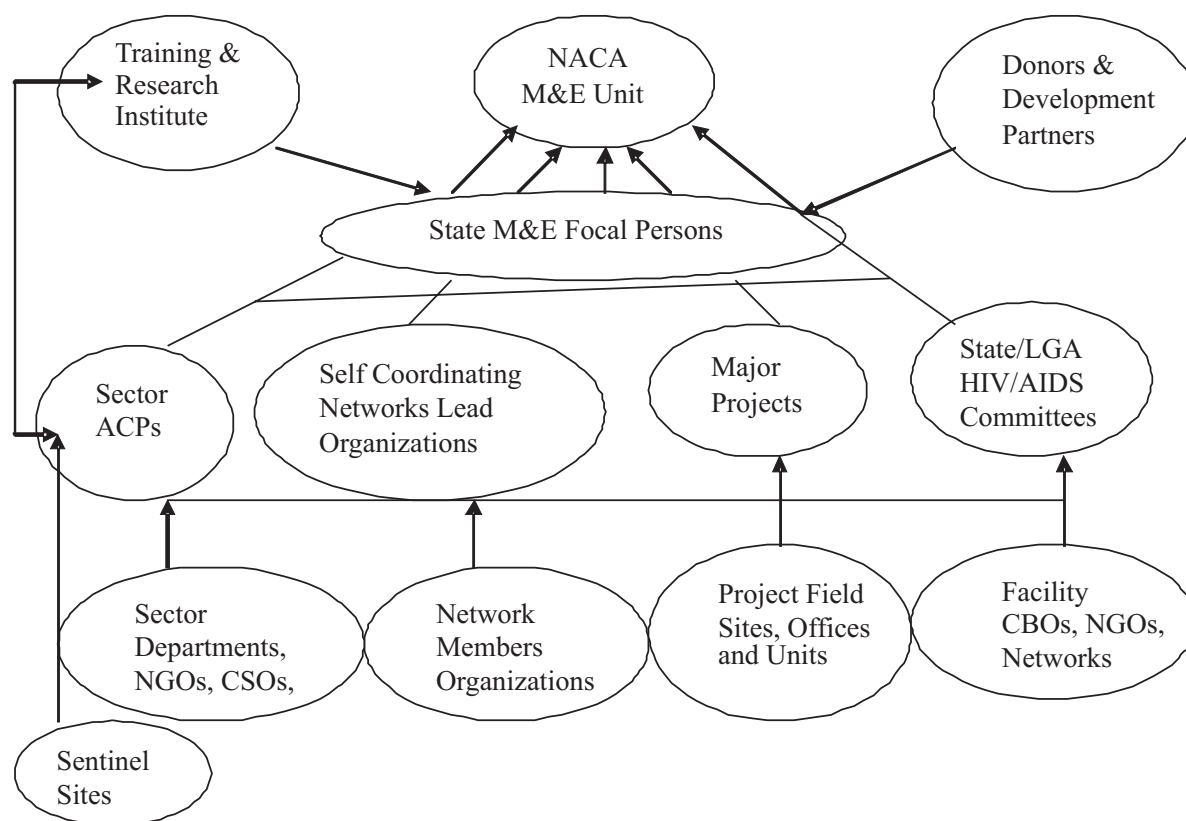


Figure 2. M&E framework and linkages from NNRIMS 2007-2010 plan.

Background to the Assessment

NACA had recently reviewed the national AIDS policy just before the review of the multi-sectorial NSF on HIV and AIDS, which expired at the end of 2009. As part of the NSF review process, NACA assigned two objectives for M&E:

- to strengthen national capacity for monitoring and evaluation of the response such that the national monitoring and evaluation plan is 100 percent implemented; and
- to build national capacity for research, knowledge sharing, and the acquisition and utilization of new HIV and AIDS technologies.

The next generation of NNRIMS is being developed to help achieve these objectives.

NACA, in consultation with NTWG, developed a step-by-step process to review and develop a second generation NNRIMS. The initial phase was the assessment of the national HIV M&E status, which would identify strengths and weaknesses in the systems as well as identify critical action points and recommendations. The 12 Components M&E Systems Strengthening tool, developed by the Global Monitoring and Evaluation Reference Group (MERG), was used to assess the M&E system. The application of this tool would help stakeholders to reach a consensus on the performance goals of the M&E system, assess the system capacity, define a capacity-building strategy, develop a costed workplan, and define performance measures to monitor the M&E system. A concept note for conducting such an assessment was developed and validated by NTWG. MEASURE Evaluation, UNAIDS, USAID, and CDC have supported NACA to facilitate the entire process.

The overall aim of the M&E assessment was to identify strengths and weaknesses at all the levels of the Nigerian multi-sectorial M&E systems (seven sectors assessed) and to develop recommendations for strengthening the HIV/AIDS M&E system. The results of this assessment will be used to:

- revise NNRIMS to align with the National Strategic Framework II;
- develop a multi-year, multi-partner, multi-sector, costed M&E workplan (it will define specific interventions and actions to address current gaps in the system, the roles and responsibilities of each stakeholder, funding commitments for the activities and resource mobilization plan with agreed timelines);
- develop a research and evaluation agenda
- develop a capacity-building plan for operationalizing NNRIMS II;
- develop in country capacity to conduct state-specific HIV M&E assessments using the 12 Components M&E Systems Strengthening tool.

Assessment Methodology for the Capacity Consultation

The methodology of this assessment was guided by the 12 Components M&E Systems Assessment tool. Three critical steps outlined in the tool were conducted: a pre-assessment; consultations with key stakeholders; and a stakeholders' assessment workshop.

Pre-assessment Desk Review

Documents related to the Nigerians national HIV response in general and the multi-sectorial HIV M&E system in particular were collected and reviewed before the assessment workshop. Key documents were also reviewed during the assessment to verify specific responses related to some of the assessment statements. Documents reviewed included a draft national policy on HIV and AIDS, the National Strategic Plan on HIV/AIDS, the NNRIMS operational plan, national HIV/AIDS data collection tools, NNRIMS monthly summary tools, and others (all the documents that were reviewed are listed in an appendix to this report).

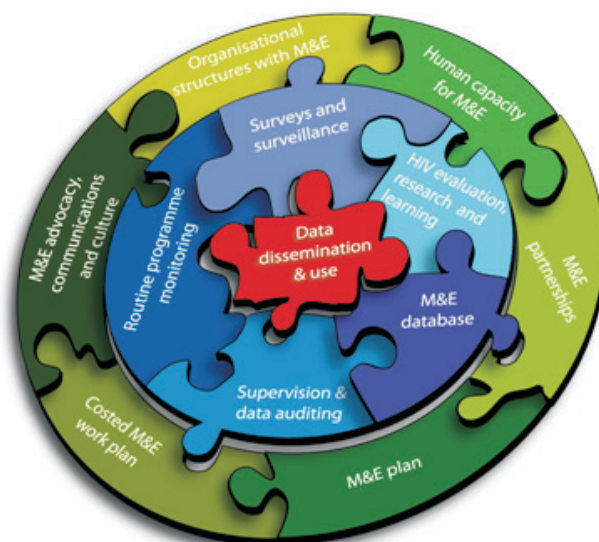
Consultations with Key Stakeholders

The facilitators conducted meetings and interviews with key stakeholders. In particular, two meetings with the M&E assessment steering committee and meetings with the U.S. mission were held. The meetings clarified the purpose of the M&E assessment, facilitation processes for the workshop, logistical requirements, and discussions on the critical next steps that would follow the assessment. The meetings also allowed for country-specific requirements and needs to be included in the assessment process, in particular discussions around the review of the NSF and the development of the next generation NSF. The steering committee members were co-opted as facilitators, tasked with guiding group discussions and taking the lead in completing group worksheets. At least two facilitators were allocated to each of the stakeholder groups.

Stakeholders' M&E Assessment Workshop

A three-day M&E assessment workshop was held in Kaduna, Nigeria during November 2-4, 2009. The workshop proceedings were guided by the 12 Components M&E Systems Assessment tool. Participants were drawn from all the sectors that contribute to the national HIV M&E system (i.e., United Nations agencies, development partners, NACA, FMOH's NASCP and HMIS, other government ministries and departments, networks of civil society organizations, SACAs, health facilities and other providers of HIV and AIDS services). Participants and their affiliations are listed in an appendix to this report. Participants were divided into the following seven stakeholder groups to assess the status of M&E systems: NACA; FMOH; MDAs; umbrella organizations of civil service organizations (CSOs); SACAs; health facilities; and other implementers of AIDS programs.

The 12 Components M&E Systems Strengthening tool is illustrated in Figure 3, showing intersecting and interdependent parts of a larger whole.



The 12 components can be subdivided and arranged into three linked resource and activity rings:

- Outer ring (green)** Links six components related to people, partnership, and planning that support data production and use (i.e., an enabling environment for HIV M&E to function).
- Middle ring (blue)** Links five components related to data management processes.
- Inner ring (red)** Involves analyzing data to create information, which is then disseminated to inform and empower decision-making at all levels.

Figure 3. The 12 components are intersecting and interdependent parts of the overall process.

Source: MERG

The assessment tool is designed as a checklist in Microsoft Excel spreadsheets (sheet 1 is a cover page for selecting the sector to be assessed; sheet 2 provides basic instructions; sheet 3 requires personal details of the assessment team; and sheets 4-15 focus on assessing the 12 components, with each sheet representing one of the 12 components of a functional HIV M&E system). In the tool's spreadsheets for the components, column B contains statements assessing the status of each component, column C contains guidance for the corresponding statement, columns D through J have drop-down boxes with color-coded response categories to the assessment statements, and column K is a "comments" section that can be used to provide qualitative information. At the end of each sheet there is a summary of key action points section. An example of a completed section of the tool is provided in an appendix to this report.

The three-day workshop began with an update on the drafting of the national strategic framework, a brief introduction to the 12 components framework, and an orientation to the tool. The participants in the seven stakeholder groups began going through the assessment checklist, deliberating on the statements, and agreeing on appropriate responses. At the end of

each component, they drafted action points for strengthening the weaknesses identified within each component.

Components 1-3 (organizational structure, human capacity, and partnerships), and component 6 (advocacy, communication, and culture) were assessed during day 1. Component 7 (routine program monitoring) was assessed on day 2, which required participants to be regrouped according to thematic or program areas identified by NACA (i.e., ART, PMTCT, testing and counselling [T&C], tuberculosis [TB]/HIV, HBC, OVC, and behavior change communication [BCC]). After component 7, participants returned to their stakeholder groups and assessed components 8-12. On the final day, components 4 and 5 (national M&E plan, M&E workplan) were assessed and, thereafter, NACA officials announced the next steps that would follow the assessment. NACA and the steering committee identified a core team that would carry the assessment results forward; in particular, to develop the costed national M&E workplan before the end of 2010.

The approach used during the assessment workshop tried to ensure that the process met the following criteria:

- ***Country-led and country-owned*** — External facilitators only provided technical guidance on using the assessment tool while the team of local facilitators actually completed the tool, together with the other group participants. The self assessment approach ensures that suggested actions are grounded within a country's experience and within that country's scope; therefore, the assessment can be carried forward by local stakeholders more easily, with limited external assistance. The action plan, therefore, has stronger local ownership as compared to donor-driven or externally-led M&E assessments.
- ***Encouraging one national level, multi-sectorial, multi-partner HIV/AIDS M&E system*** — The ultimate goal of the 12 components M&E system assessment is to establish and sustain a functional HIV/AIDS M&E system under the framework of the Three Ones. The assessment, therefore, emphasized the multi-sectorial nature of the HIV response and magnified the need for a strong coordinating M&E structures within NACA at national level, SACA at the state level, and LACA at LGA.
- ***Participatory, reflective, and allowing for consensus building*** — The approach stimulated debate and reflection. Actions recommended were therefore thoroughly discussed and agreed upon during group discussions and presentations by each group in plenary.
- ***Building local capacities*** — The workshop participants and, in particular, the M&E assessment steering committee, gained the experience of using the tool and will be able to conduct similar assessment exercises at the state level in order to develop state-level M&E plans and costed work plans.

Assessment Results by Component

Following are the 12 component findings from the workshop.

Component 1: Organizational Structures with HIV M&E Functions

The performance goal is to establish and maintain a network of organizations responsible for HIV M&E at the national, sub-national, and service-delivery levels under the auspices of NACA. It focuses on leadership, human resources, organizational structure, roles, functions, and performance. National level entities, i.e. NACA, FMOH-NASCP, umbrella organizations, and federal ministries and departments, have established organizational structures. However, lower-level entities (i.e., states and LGA), health facilities, civil society organizations, and other implementing partners have very poor structures and, in some instances, are not aware of their M&E mandate.

Strengths — The following strengths were noted:

- A clear M&E mandate for NACA is articulated in the national M&E plan, the NSF, the national AIDS policy, and sector specific strategies. The FMOH and the FMWASD also have clear HIV M&E mandates for the health sector response and for the OVCs respectively.
- All sectors reported that they have an M&E unit, e.g., SKM at NACA, HMIS at FMOH, planning research and statistics department at other federal ministries, an M&E office at SACA, and data management units at facility levels and at other implementer organizations. This clearly shows that the culture of M&E is being developed by all entities and it is becoming an integral part of their organizational structures.
- Roles and responsibilities for the other sectors are also stated in the M&E plan, albeit in a summarized version.
- NACA, FMOH-NASCP, and some federal ministries have human resource structure for M&E, as well as clear job descriptions for M&E establishments.
- Technical assistance for M&E is largely available for most entities.
- NACA and NASCP have leadership that supports M&E and recognize its relevancy within their organization.

Weaknesses — The following weaknesses were noted:

- HIV M&E mandate is not very clear for most federal ministries and umbrella organizations. These entities do not have their own M&E plans, which would have clearly shown their M&E mandates; the national M&E plan provides a summary of roles and responsibilities of all sectors.
- There are gaps in staffing and capacity for HIV M&E at all levels, only federal

ministries and umbrella organization reported 100% staffing levels while SACAs reported the lowest, at 33%. These low staffing levels impact on the ability of entities to fulfill their M&E mandates.

- States, umbrella organizations, and health facilities, reported that they lacked skills and competence to fulfill their mandate related to research and evaluation, supportive supervision and data auditing, surveys and surveillance, and database management.
- Critical M&E skills, e.g., epidemiology, management information system (MIS)/ information technology (IT), and database management, were lacking at NACA and FMOH-NASCP. There was also work overload among present staff. Job descriptions were not aligned to the 12 components of a functional M&E system; therefore, it was difficult to ascertain whether all 12 components are given due attention. The other sectors did not have clear HIV M&E job descriptions, e.g., at facility and implementing-partner levels. This is critical gap since these cadre are responsible for primary data collection for all routine health information.
- Remuneration for M&E is generally low and unsatisfactory across all entities. All sectors did not have clear staff appraisals, which can be used to motivate high performers and identify skill gaps in M&E.

Recommendations — The following recommendations and action points for component 1 were made for the national level:

- There is need to build M&E structures within federal ministries and umbrella nongovernmental organizations (NGOs). It is therefore important for each sector to articulate clearly its mandate within its own organizational M&E plan or strategic plan.
- New M&E plans should clearly articulate the mandates, roles, and responsibilities of FMOH, NASCP and SASCP, line ministries, and umbrella groups in HIV M&E.
- NACA should revise organizational structure and job descriptions of M&E staff in order to fully attend to all of the 12 components, using the performance goals and results outlined in the 12 components framework.
- Each sector should have an M&E focal person who attends to the sector's M&E issues at the national level; and job descriptions should articulate these M&E functions.
- NASCP needs to conclude the process of job description, review, and recruitment of new M&E staff.
- Advocacy for good remuneration and incentives for M&E establishments is needed.

At the sub-national level, the following recommendations were made:

- Some states have more functional M&E systems than others. Best practices sharing among states should be increased, e.g., through organized study tours for SACAs and LACA, and leadership to other states and LGA that have functional M&E systems.
- Advocacy is needed by NACA, NASCP, federal ministries, development partners, and CSOs for SACAs to become agencies, since it is evident that SACAs that have transformed into agencies have more robust M&E systems.
- Define clear M&E mandates in state-level State Strategic Plans (SSPs); and develop in a participatory manner state-level M&E plans and workplans articulating the roles and responsibilities of all entities.
- M&E resources need to be allocated to the states, LGA, and facilities to fulfill their M&E mandate.
- Provide adequate human resources and outline job descriptions for M&E.

Component 2: Human Capacity for HIV M&E

The performance goal is to ensure adequate skilled human resources at all levels of the M&E system in order to complete all tasks defined in the annual costed national HIV M&E work plan. This component focuses on having a defined skill set for individuals and organizations at all levels, a work force development plan, a costed human capacity building plan, a standard curricula for organizational and technical capacity building and supervision, in-service training and mentoring.

The status of this component is generally weak this can be attributed to the nature of human capacity development in an ever changing work environment as well as lack of skills in the new advent of harmonized HIV M&E Systems . Nigeria realizes the need to invest in human capacity development for HIV M&E as evidenced by various process that are currently underway to build a team of highly motivated M&E professionals.

Strengths — The following strengths were noted:

- An M&E training curriculum for NNRIMS was developed in 2007 to build capacity on HIV M&E.
- A sub-committee on capacity building was formed by the national TWG to develop a new training curriculum for M&E. This initiative was underway but was yet to be finalized.
- The country has made efforts to train key staff in M&E through various training opportunities, both nationally and international, e.g., training in program monitoring and evaluation (PME), routine data quality assessment (RDQA), and sending participants to M&E courses beyond Nigeria.

- MEASURE Evaluation was working on a partnership with some local tertiary institutions to conduct M&E trainings as part of their formal curriculum and to build M&E as a professional path.
- NACA was in the process of developing a human capacity building plan, but this was yet to be finalized.

Weaknesses — The following weaknesses were noted:

- A human capacity assessment for HIV M&E has not been carried out for all the sectors except for NACA and FMOH. The NACA assessment was conducted by the World Bank in 2006. Since then the M&E portfolio for NACA has increased dramatically with increased funding from partners e.g. the Global Fund, World Bank-GAP and PEPFAR. A human capacity assessment should be conducted more frequently.
- The country does not have a M&E Human capacity plan. In the absence of a plan investments in human capacity building are not coordinated nor prioritized and often duplicated by the various partners.
- There is no national database for M&E trainers or trainees. While most trainers are known there is no clear documentation of who is an expert trainer in specific M&E topics. The absence of a trainees database often leads to some staff members being trained more often than others, or attending the same course more than once.
- On-the-job training, supervision and mentoring is not planned for and is neither well coordinated nor documented. There are no clear guidelines on how these should be conducted and the specific time periods. OJT and supervision is happening at national level (NACA and FMOH) but not at state, LGA, facility and community level.

Recommendations — Recommendations and action points for component 2 are the following:

- Finalize the development of a national M&E curriculum that focuses on all the 12 components. The curriculum should draw from various e-learning modules that are available, e.g., those developed by Global Fund and MEASURE Evaluation. MEASURE Evaluation in Nigeria has already done some preliminary work on this and is proposing a modular curriculum with basic, intermediary, and advanced modules. NACA should work closely with all partners in this regard, in particular the sub-committee on capacity building, to ensure country ownership.
- Conduct human capacity assessments at all levels. This should be distinguished for health and non-health sectors, and also for managerial and non-managerial staff.
- Develop a capacity building plan and include these interventions: technical assistance, mentorship, exchange visits, supportive supervision, and training.

- Incorporate a capacity building plan in the annual costed M&E workplan, and in monthly organizational and departmental workplans.
- A sub-committee on capacity building to review capacity building plan every quarter and make recommendations is needed.
- NACA should work with partners in developing formal M&E training, in partnership with a higher learning institute. MEASURE Evaluation has already initiated communications with two universities to offer M&E as a formal course; this approach would draw from best practices in the region, e.g., the partnership between MEASURE Evaluation and University of Pretoria that offers a certificate in M&E as well as an M&E specialization in the university's master's in public health curriculum.

Component 3: Partnerships to Plan, Coordinate, and Manage the Multi-sector HIV M&E System

The performance goal for this component is to establish and maintain partnerships among in-country and international stakeholders that are involved in planning and managing the national HIV M&E system. The assessments results showed that partnerships for HIV M&E are being built and maintained. However, limited success has been registered at the state level. This is a critical gap, since actual implementation and the sources of data are at the lower levels.

Strengths — The following strengths were noted:

- Nigeria has a multi-sectorial M&E technical working group, with a mandate of coordinating HIV M&E activities and act as a consultative group. Its terms of reference are included in the National HIV M&E plan.
- The FMOH, other government ministries, CSOs, and international development partners are active participants of the TWG.
- The TWG meets every quarter, under the auspice of NACA.
- Partnerships are being maintained through joint planning and other joint activities that involve multi-sectorial teams, e.g., an RDQA exercise.

Weaknesses — The following weaknesses were noted:

- There were poor partnerships at the state level. Being a vast country, Nigeria cannot have all states represented in the national TWG; and failure to have functional technical working groups at the state level is a major gap.
- There were poor partnerships between and within sectors. Federal ministries, civil society organizations, and other implementers do not feel that M&E partnerships are truly multi-sectorial or that decisions are made through consensus.

- Membership of and terms of reference (ToRs) of the TWG have not been revised since its inception.
- The FMOH HIS does not have a technical working group; although a sub-committee exists under the NACA-led TWG, there is a need to have an HIS TWG that focuses on the HIS issues, beyond HIV.
- Communication about HIV M&E developments and outputs of the M&E system is poor between NACA and other sectors.

Recommendations — Recommendations and action points for component 3 include the following at the national level:

- NACA should increase partnerships and networking with line ministries and CSO umbrella groups. Partnerships should not just constitute TWG meetings but meaningful engagement and enrichment of organizational M&E mandates.
- A schedule of TWG meetings should be developed and incorporated into the workplan, and all meetings should then be conducted according to this schedule.
- TORs for the national TWG and that of her sub-committees should be reviewed. The TWG should agree on which sub-committees are relevant to its M&E system, e.g., it can respond to the 12 components. The TORs should state clearly the required M&E technical knowledge and experience.
- Advocacy for management-level staff to attend TWG meetings (they can make strategic-level decisions; otherwise officers attending must seek permission to proceed on policy and strategic issues).
- Orientation of TWG members should be done to capacitate them in their role, and provision of continuous training on new M&E issues should be done to ensure members are knowledgeable.
- A schedule of TWG activities should be developed and included in the M&E workplan.
- This schedule should include joint activities, e.g., supportive supervision visits, data audits, and evaluations.

At the sub-national level, the following recommendations were made:

- M&E plans to define clearly the mandates of each organization and sector, and to define the comparative advantage of each sector, should be developed at the state level.
- NACA should encourage each state to set up a multi-sectorial M&E TWG with clear terms of reference, and work collaboratively to ensure functionality.
- Provide orientation and training to the TWG.

- Develop joint plans, and conduct joint M&E activities among the stakeholders implementing HIV/AIDS related activities.

Component 4: National Multi-sectorial HIV M&E Plan

The performance goal is to develop and regularly update a national M&E plan including identified data needs, national standardized indicators, data collection procedures and tools, and roles and responsibilities for implementation of a functional national HIV M&E system.

Only the national HIV M&E plan was assessed in this component. The plan is compliant with international standards and is aligned with the NSF; however, the plan was developed before a number of sector plans had been developed and, therefore, linkages are poor. There is room to improve the national M&E plan as a new generation plan to monitor and evaluate NSF was being developed.

Strengths — The following strengths were noted:

- The process of developing the national M&E plan was broad-based, multi-sectorial, and participatory. All sectors confirmed that they were involved in the process.
- The national HIV M&E plan was explicitly linked to the NSF.
- All sectors had a good knowledge of the content of the national M&E plan, as well as sections that relate to their sectors or institutions, showing ownership of the plan.

Weaknesses — The following weaknesses were noted:

- The plan does not fully describe the implementation of all 12 components of a national HIV M&E system, e.g., there is no organizational structure of SKM unit in the plan, there is no mention of a capacity building plan or linkages to sectorial plans, and the plan does not provide guidelines for data auditing and supervision, or how the national database will link with other databases in the system.
- The national M&E plan is not linked to sectorial and state level M&E plans.
- Some of the indicators do not have baseline values.

Recommendations — Recommendations and action points for component 4 at the national level are the following:

- Develop a national M&E plan that is aligned to the NSF. It should be clear how goals and objectives of the NSF will be measured in the M&E plan (the more the goals and objectives, the more the indicators; and the better the goals and objectives are stated, the easier it will be to develop indicators that measure results).
- Form a sub-committee in the NTWG that will work closely with the NSF process. The sub-committee would be responsible for the identification of key impact and outcome indicators (responding to both national and international requirements; e.g., reporting required by the Global Fund and others); would liaise with other

program-specific TWGs, e.g., prevention, treatment, or BCC groups, to develop output level indicators. Only core output level indicators that will be reported using NNRIMS 2 should be included (the principle should be that programs can collect as much data as needed but only report to NACA those indicators that are relevant to the national response; therefore, the higher the level of reporting, the less the number of indicators).

- The M&E plan should include indicators, targets, timelines, data sources, and responsible agencies. It should also describe how the 12 components will be institutionalized.
- An addendum to the M&E plan or an operational plan should be developed, including a data flow chart, reporting formats, protocols for data auditing and supervision, TORs for the national M&E TWG and its sub-committees, reference sheets for all the indicators, the SKM organizational structure, brief job descriptions of SKM staff, planned capacity building plans, and evaluation and research agenda/priorities.
- Ensure that all sectors are provided the opportunity to make comments and contributions to the draft M&E plan before it is endorsed; in particular, CSOs should have this opportunity.

Recommendations at the sector and sub-national levels are the following:

- Sector- and state-level M&E plans should be developed to define the specific M&E functions that would be done at these levels. The plans should address all the 12 components even if the sector or state is not responsible for all components; i.e., the plans should show how the components would link to their own M&E systems.
- Link state- and sector-level M&E plans to the national M&E plan; in particular, the data flow and reporting channels.
- Impact and outcome indicators should be clearly linked to the national level (the assumption is that the goal of these sectors is the same as that of the NSF, e.g., reduced incidence and improved quality of life). However, targets may be sector or state specific. Program- or state-specific output indicators that may not be part of the core indicators reported to the national level may be included.

Component 5: Costed, National, Multi-sector HIV M&E Workplan

The performance goal is to develop an annual costed national M&E work plan, including the specific and costed HIV M&E activities of all relevant stakeholders and identified sources of funding. This plan is used for coordination and assessing progress of M&E implementation throughout the year. Nigeria had not developed a national multi-partner costed M&E workplan.

Strengths — The following strengths were noted:

- The SKM unit at NACA, as well as HMIS, NASCP, and other sectors, do have

annual operational plans within their organizations. These plans include institution- or sector-specific activities that are related to HIV M&E.

Weaknesses — The following weaknesses were noted:

- Nigeria does not have a national multi-partner, multi-level M&E workplan that is costed and supported. Activities are, therefore, not well coordinated and this often leads to duplication of effort and failure to leverage resources.
- Most activities are not guided by the national needs but tend to be donor driven.
- It is difficult to assess how well the M&E plan has been strengthened in the absence of the workplan.

Recommendations — Recommendations and action points for component 5 include the following for NACA:

- Develop a national costed biennial M&E workplan.
- The country has to decide the timeframe to be covered by the multi-sector workplan. A good start would be two yearly plans that are reviewed annually by a smaller task team of the TWG or, if resources permit and it is clear that most of the activities have been achieved or there are significant operational changes, then an annual plan can be done.
- The plan should have wide buy-in from all the sectors, and donors should be major stakeholders in its development.
- The plan should be based on the 12 components, i.e., showing critical step-by-step activities that will be conducted in order to strengthen each component; or, it can be based on any other country-specific format. However, the plan should address all the 12 components of a functional national M&E system.
- The plan should be a prioritized operational plan of the multi-sectorial M&E plan; it should be costed, using activity-based costing.
- The workplan should be multi-sectorial, indicating how it will strengthen the M&E system in the FMOH-NASCP, other line ministries, umbrella organizations for CSOs and private sector, SACAs, LACAs, state level line ministries, health facilities both public and private, and other implementers of HIV and AIDS services.
- The workplan should be aligned to the M&E plan showing its linkages with both the NSF and the national M&E plan, e.g., the service delivery or programmatic areas targeted should be in line with the NSF priorities.
- Both domestic and international sources should provide resources for the workplan, hence the need to align its development to the Medium Term Expenditure Framework (MTEF).

Recommendations for other sectors are the following:

- FMOH and other line ministries, states, LGA, health facilities (both public and private), and other implementers need to develop their own workplans that are aligned to the national workplan.
- NACA will need to designate specific officers to assist these entities to develop their own M&E workplans.
- Development partners also need to develop their own M&E workplans, showing activities that they are going to carry out to support M&E efforts in the country.

Component 6: Communication, Advocacy, and Culture for HIV M&E

The performance goal is to ensure knowledge of and commitment to HIV M&E and the HIV M&E system among policymakers, program managers, program staff, and other stakeholders. While there is a high need to advocate for HIV M&E, it is clear that the culture of HIV M&E is growing among all sectors in particular at NACA, FMOH, other federal ministries, and implementing partners. This culture is, however, not evident at the state level and umbrella organizations. At the facility level and among other implementers, M&E is more donor driven rather than being driven by organizational culture.

Strengths — The following strengths were noted:

- HIV/AIDS M&E is viewed as important and should be given due attention by senior management at NACA and FMOH.
- HIV M&E is a key priority in the draft national HIV and AIDS policy and the draft NSF 2.
- NACA uses its Web site and newsletters as a routine mechanism to communicate HIV M&E information to all stakeholders.

Weaknesses — The following weaknesses were noted:

- There is no HIV M&E communication and advocacy plan (this can be included in the national HIV advocacy and communication strategy).
- There are no high-level officials identified as “M&E champions” who actively endorse M&E actions.
- M&E materials are not readily available to stakeholders, e.g., other implementers, umbrella organizations, and facility-level staff were not aware of the NACA M&E newsletter or the NACA Web site where information is posted.
- There is limited use of HIV M&E information to guide program implementation, decision making, resource mobilization, and strategic planning beyond NACA. Lower level sectors that are the generators of data (facilities and other implementers) view M&E as routine data collection for their funding partners. They fail to critically

analyze data, develop data into information, and use data for strategic decision making.

Recommendations — Recommendations and action points for component 6 at the national level include the following:

- Advocacy is very fluid and there is need for the TWG to agree on specific activities and milestones that will indicate results.
- Identification of an M&E champion who is a leader and well-recognized, both technically and politically, is needed.
- The M&E champion will advocate for M&E at higher levels, e.g., with heads of ministries, states, and LGA. He or she would advocate for the use of M&E data for policymaking and decision making, and would communicate the importance of HIV M&E at national and other high-level venues.
- NACA should develop an M&E communications and advocacy strategy, a concise but concrete document outlining how NACA intends to reach all its important stakeholders with HIV M&E information. Strategies for doing so could include assigning the component to a skilled staff member, using different media to reach out to stakeholders, etc.
- This component pushes for transparency and accountability, and it is critical to have it right.

Recommendations and action points for component 6 at the sub-national level include the following:

- Identification of M&E champions at state and local government levels is needed.
- A communication and advocacy strategy should be developed. The strategy could include taking advantage of specific days, e.g., World AIDS Day, Tuberculosis Day, etc. to speak not only about HIV but about data that are collected at state levels, and using print media to disseminate information products on HIV M&E.

Component 7: Routine HIV Program Monitoring

The performance goal is to produce timely and high quality routine program monitoring data. It is clear that health programs have a stronger routine program monitoring system as compared to non-health programs. Figure 4 shows program-specific responses to component 7. A green color code indicates strong areas, yellow shows areas with some progress, and red shows the weakest areas.

Strengths — The following strengths were noted:

- There are national data collection guidelines for the health-related program, e.g.

ART, PMTCT, T&C HIV/TB, and OVC. The patient monitoring and evaluation system that is being used, which is WHO accredited, is another strong area.

- The logistics management information system (LMIS) is designed to oversee and monitor the supply chain of all medical supplies; this is clearly documented and known to all program implementers.
- There are national guidelines for the private sector health facilities, although little has been done to enforce adherence to these guidelines.
- The national HIV/AIDS M&E plan contains operational definitions of indicators for routine program monitoring, reporting forms, and data flow charts for both non-health and health implementers

Weaknesses — The following weaknesses were noted:

- For non-health program, e.g., home-based care and BCC, there are no clearly defined data collection, transfer, and reporting mechanisms, including collaboration and coordination among the different stakeholders. The guidelines in the M&E plan are very narrow; as a result, they are implemented differently at the project level.
- Some implementers are using their own reporting systems, ignoring the national procedures for data transfer from facility level to sub-national and to national

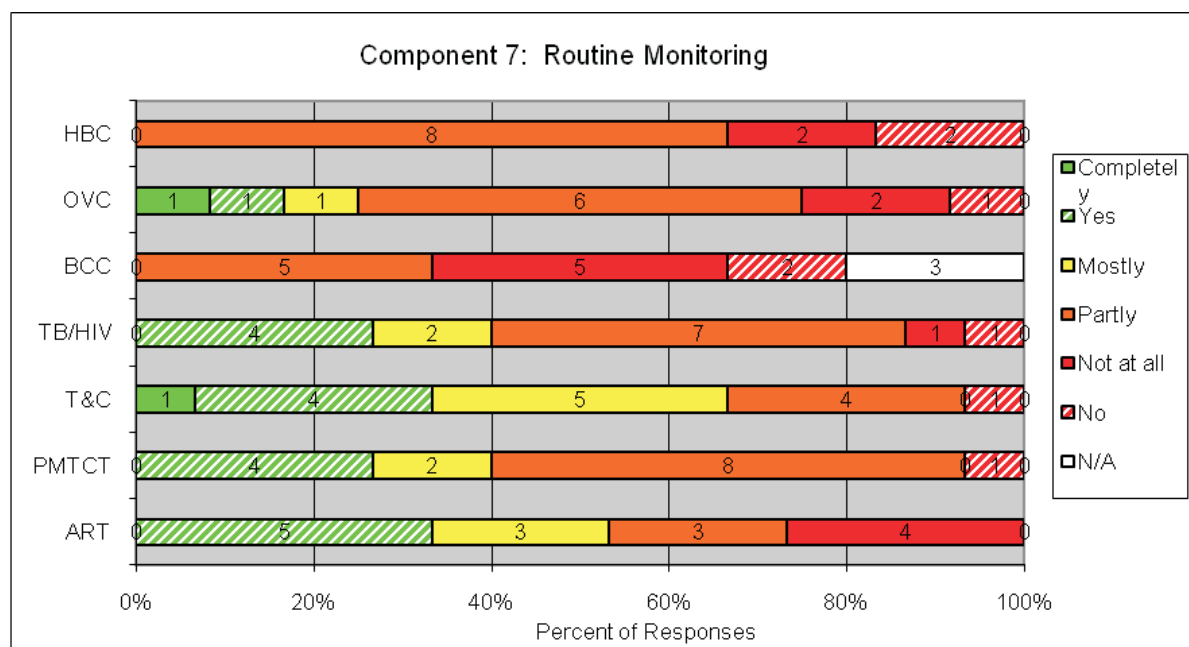


Figure 4. Program-specific responses in Nigeria to the 12 components, with green indicating strong areas, red showing weak areas, and yellow for those with some progress.

- levels. Some implementers are also collecting indicators that are not aligned with the national M&E plan, especially for the health-based facilities.
- Reporting is still very poor among the private sector health facilities.
 - National referral systems for patients on ART are poor; this affects patient monitoring and early warning indicators (EWIs).
 - Staff trained in program monitoring often leave their work stations, leaving a critical skills gaps at all levels.
 - Some of the critical program monitoring tools are not available at sites.
 - Data quality guidelines are not available for program monitoring.
 - There is poor resource monitoring; NACA has recently started to conduct the national AIDS spending assessment.

Recommendations — Recommendations and action points for component 7 include the following for home-based programs:

- Although ART, PMTCT, TB/HIV, and HCT have relatively standard systems in place with respect to guidelines, tools, and indicators, there is further need to harmonize the indicators, data collection, and reporting tools, as well as guidelines.
- A major challenge is around the reporting of the private sector, which is still relatively very poor, although efforts have been made; entering in to public-private partnerships is critical to leverage M&E opportunities. The FMOH, with assistance from partners, will need to formulate a good strategy to court the private sector.
- There is a poor referral system, which can be improved upon by using the PMM and giving patients unique identification numbers (IDs). A system that links all health facilities providing ART at the state level is critical, in order to track all patients effectively.
- Training and reorientation should be included in the M&E workplan for FMOH and State Ministry of Health (SMOH), since there is high staff turnover.
- The next M&E plan should be participatory, including all partners working with facilities in developing a standardized set of indicators, agreeing on a minimum data set for national reporting, data collection tools, data flow, and reporting timelines. It may be necessary to include a clause on M&E requirements on all memoranda of understanding (MOUs) that are signed with IPs working with the states and facilities.

Recommendations and action points for component 7 include the following for community-based program:

- OVC and BCC programs have made inroads in developing M&E plans, standardized

indicators, and data flow charts for the sector responsible in collaboration with NACA to ensure that implementers of community level activities adopted the system.

- Nothing has been done for community home-based reporting. NACA, in collaboration with FMOH and other implementers, needs to start working on the minimum data requirements for community home-based care (CHBC). A good source to start to work with is MEASURE Evaluation's Community-Level Program Information Reporting for HIV/AIDS Programs (CLPIR), which are processes for engaging stakeholders and provides useful steps on developing community-based information systems.
- Community-based reporting can be more challenging than facility-based reporting because of the diversity of IPs (NGOs, faith-based organizations, CBOs, private sector groups, etc.), diversity of communities, diversity of activities (e.g, community level, group targeting, and individual targeting). It is critical that NACA and other partners start to review critically the requirements needed, and to develop a clear system; in particular, indicator definition and data collection tools.

Component 8: Surveys and Surveillance

The performance goal is to produce timely and high quality data from surveys and surveillance. Nigeria has a good surveys and surveillance system that provides critical information for the HIV response; however, due to the vast nature of the country, it is difficult to get a sample size that is representative of all sub-populations, such as states.

Strengths — The following strengths were noted:

- The national HIV M&E plan clearly stipulates the importance of surveys and surveillance, and identifies all the key surveys that provide outcome and impact indicators to monitor the NSF.
- All the important surveys and surveillance have been conducted on time, e.g., the National AIDS and Reproductive Health Survey (NARHS), National AIDS and Reproductive Health Survey Plus (NARHS+), IBBSS, Workplace Survey, Epidemiology and Response Policy Analysis, Modes of Transmission, and National Triangulation exercise.
- FMOH has started compiling an inventory of all surveys that were conducted in 2009.

Weaknesses — The following weaknesses were noted:

- The scope of the surveys and surveillance is limited to providing estimates at the national level. There is little inference that states can make from the data that are

generated. This provides a challenge to states; they rarely use these data to inform their own decision making and programming.

- Second generation surveillance has never been conducted.
- Facility-based surveys designed to assess the quality of care delivered to people-living-with-HIV/AIDS (PLWHA); health system supports for quality care; and facility utilization by PLWHA are still weak in Nigeria.
- Human capacity to use survey and surveillance data is limited; in particular at state, facility, and implementer levels.

Recommendations — Recommendations and action points for component 8 are the following:

- National level surveys are being done and they feed into the M&E plan requirements (e.g., condom availability, workplace, BSS surveys). Protocols are available and the FMOH and the national population commission are responsible for most surveys.
- There is need to develop a national-level and state-level inventory on surveys and surveillance, which should be updated annually.
- The next generation M&E plan should include state-level or regional surveys and surveillance (given the size of Nigeria, its large population, and multiple epidemics this is critical).
- Workplace surveys only covered the private sector. There should also be a nationally representative survey focusing on the public sector and the informal sector.
- FMOH and NACA should include health facility surveys in the M&E workplan and mobilize resources for it. This should be a broad health-facility survey linking PMTCT, HCT, TB/HIV, ART and other services at the national and state levels.
- FMOH should plan for and conduct secondary analysis of all data sets. Capacity building on secondary data analysis is more critical at the state level to facilitate further analysis of larger surveys so states can actually see the drivers of the epidemics in their geographical zones.
- Skilled personnel for surveys and surveillance should be recruited and retained by FMOH and NACA.

Component 9: National and Sub-national Databases

The performance goal is to develop and maintain national and sub-national HIV databases that enable stakeholders to access relevant data for policy formulation, and program management and improvement. While Nigeria has a number of HIV databases that capture, verify, analyze, and present program monitoring data, these are not linked to each other. Hence, there is a high likelihood of duplication and poor resource use in this regard.

Strengths — The following strengths were noted:

- Nigeria has a number of robust databases that capture HIV and AIDS information, e.g., the DHIS, LHPMIP.
- NACA has good IT infrastructure being used for M&E.

Weaknesses — The following weaknesses were noted:

- Various partners maintain different databases at the national level that are not linked to each other. These databases are also capturing donor-specific information instead of capturing information pertaining to the response in general.
- The databases are not linked, leading to duplication of effort and poor resource use.
- IT equipment and infrastructure is very poor at the state level. For example, some states have no alternative power supply to use in case of power outages.
- Protection of data and data backup systems are poor; at the state level, there are instances of computers corrupted by a virus resulting in all information being lost.
- Evidence that the drivers for the databases are in place needs to be reviewed to respond to the decision-making and reporting needs of different stakeholders.
- Human capacity to manage the databases is poor at all levels; in particular, at the state level.
- At most health facilities, IT support is very limited unless there is an implementing partner providing support.

Recommendations — Recommendations and action points at the national level for component 9 are the following:

- NACA and partners need to agree on the database to be used as an M&E harmonized database to meet national and international reporting requirements. This should be done in consultation with FMOH in line with the AIDS, tuberculosis, and malaria (ATM) harmonization, such that this database also responds to their needs.
- It is encouraged that, rather than setting up various databases (leading to double-dipping and inefficient use of resources), countries should work with only one database, which they constantly improve and update. NACA can conduct a strengths, weaknesses, opportunities, and threats analysis of the available databases to inform its choice.
- All other sector- or program-specific databases should be linked to the national harmonized database, in order to reduce duplication and ensure consistency.
- TWG task team on databases should develop a concept note on the database development or review. A national-level IT specialist should be part of this task

team. Define clear specifications for the database requirements database; technical specifications to include user specifications (i.e., what will be stored, how will it be used; what reports can be expected), database design specifications (i.e., how the user requirements will be addressed in the database), and functional requirements (e.g., interfaces, backup, etc.).

- Other resource requirements for the database include, but are not limited to, human resources, technical assistance, security, hardware, and tele-communications.
- Develop standard operating procedures for database management, TORs for database officers, and conduct regular performance appraisals.

Recommendations and action points at the sub-national level are the following:

- Improve the IT equipment at the SACA level, since this is currently limited to stand-alone computers, basic software, and basic Internet connections. Most SACA do not have computer network servers, advanced software for such activities as mapping or secondary analysis, or large data set storage/management equipment.
- Improve the IT equipment at the LACA level, where staff are largely using personal computers.
- Database specifications should also focus on virus attacks, computer crashes and power surges that burn out computers.
- Through training, mentoring and supportive supervision, build human resource capacity to manage databases at the sub-national level.

Component 10: Supportive Supervision and Data Auditing

The performance goal is to monitor data quality periodically and monitor and address obstacles to produce high quality data (valid, reliable, comprehensive, and timely data). In this regard, Nigeria is still lacking since most processes related to this component are donor driven. NACA has to develop the required guidelines for data auditing and supportive supervision, as well as schedule the exercises in its annual workplan and conduct them as planned.

Strengths — The following strengths were noted:

- NACA, as a principal recipient of Global Fund grants and World Bank Multi-country AIDS Program (MAP) funds, has been conducting supportive supervision using guidelines from these funding partners.
- Protocols for RDQA have been used recently to conduct joint data audit exercises that focused on four output level indicators.
- There was training on data collection for prevention activities to prevent double-counting and to assess whether individuals are receiving the minimum level of services at the community level.

Weaknesses — The following weaknesses were noted:

- There were no supportive supervision or data auditing guidelines, or standardized reporting formats.
- Supportive supervision and data auditing were not scheduled; therefore, these were conducted in an irregular manner.
- Feedback from supportive supervision was not documented, often provided only through verbal conversations.
- Only national-level organizations seem to be conducting supportive supervision and data auditing. State-level organizations have not been conducting these exercises with entities that report to them.
- Capacity to conduct supportive supervision and data auditing is low at the state level, since some state personnel working in these areas were not trained.

Recommendations — Recommendations and action points at the national level for component 10 are the following:

- There is a need to develop guidelines for supportive supervision for health and non-health programs, as well as at different levels of use (e.g., NACA, NASCP, line ministries, state, LGA, facility, and community levels). This can be the same tool with a few adjustments; or with “skip” questions, to ensure that questions are applicable at the relevant level.
- The levels of data auditing and supportive supervision should be included in the national M&E plan (e.g., NACA supervises national level entities and SACAs, while SACAs supervise the state level implementers and LACAs).
- TWG should consider whether RDQA is the best tool to use; and if so, adapt it into the national context.
- Train users on supportive supervision and data auditing.
- Supportive supervision and data auditing activities should be scheduled in the national workplan, as well as within sector-specific workplans. Resources to do so should be identified and allocated.
- Monitoring the activities to ensure that they are being conducted as scheduled and to assess quality should be done. TWG can conduct visits and satisfaction surveys among relevant organizations.

Recommendations and action points at the sub-national level are the following:

- States (i.e., SACA, SASCP and line ministries, facilities and other implementers) should advocate with national structures for the development of guidelines and protocols.

- Clearly defined protocols should be available at state level, and SACA should disseminate the guidelines, conduct training, and provide mentorship and technical assistance when required by stakeholders.
- Supportive supervision and data auditing activities should be scheduled within sector-specific workplans. Resources to do so should be identified and allocated.
- Supportive supervision and data auditing reports should be written and filed by M&E officers at each sector.

Component 11: HIV Evaluation and Research Agenda

The performance goal is to identify key evaluation and research questions and coordinate studies to meet the national needs. Various HIV-related evaluation and research studies were being conducted in Nigeria; NACA had recently made some efforts to coordinate the HIV and research and evaluation studies, but very little ground had been covered. Nigeria had done relatively well in conducting joint reviews of the national response.

Strengths — The following strengths were noted:

- A National Health and Research Ethics Committee (NHREC) established by FMOH approves all new research, including HIV-related research. There also exists a couple of registered institutional review boards that clear protocols on general research, including HIV.
- NACA has commenced the development of a national HIV research agenda.
- A research sub-committee of the NTWG was set up to coordinate research and public health evaluation.
- Various reviews of the national response have been conducted in a participatory manner.

Weaknesses — The following weaknesses were noted:

- There was very little coordination of the various research and evaluation efforts that were happening in Nigeria. NACA had yet to develop a research agenda and strategy to be shared with all stakeholders, to guide all research and evaluation in the country.
- There was no inventory of research and evaluation studies that had been conducted in Nigeria; therefore, there was no clarity on how much investment is being put towards research and evaluation.
- There was no clear structure of disseminating and using information generated from various research and evaluation studies carried out in Nigeria. It was not clear how these results influence policy and programs.

Recommendations — Recommendations and action points for component 11 are the following:

- The status of HIV evaluation is good; the country is conducting annual, mid-term, and end-of-NSF reviews. However, program-specific evaluations are not well known and their results do not feed into the reviews of the NSF or programs.
- Very little is known about HIV research, though a sub-committee of the TWG on research and evaluation has been set.
- There is no inventory of HIV research and there is need to start developing one.
- The process of developing a research agenda has started but was not yet finalized. The sub-committee needs to finalize on this and ensure that the research community is well-involved in this process.
- The inventory of HIV evaluations and research should be included in the national M&E database or posted on NACA's Web site in order for the results to be available to more people.
- The sub-committee needs to develop a strategy to ensure that researchers and policy-makers interface and that research is translated into policy and influences programs (e.g., an HIV research day, packaging research results in policy-maker language).

Component 12: Data Dissemination and Use

The performance goal is to disseminate and use data from the M&E system to guide policy formulation and program planning/improvement, thus promoting evidence-based interventions and decision making.

Strengths — The following strengths were noted:

- The NNRIMS NOP states the various data dissemination forums and data use by various stakeholders.
- Various reports are produced by NACA, and NACA uses its Web site to disseminate information to the various stakeholders, and to the public as well.
- There is clear evidence of M&E information use in the review and development of the national strategic framework.

Weaknesses — The following weaknesses were noted:

- There has been no stakeholder information needs assessment at national and sub-national level.

- Stakeholders are clearly not aware of information products that have been produced by NACA.
- Data use is very limited at the sub-national level. Information is not clearly disseminated to various stakeholders at the sub-national level.

Recommendations — Recommendations and action points for component 12 are the following:

- Conduct an assessment of stakeholder information needs at the national and sub-national levels.
- Develop a data dissemination and use plan that is included in the national HIV M&E plan, as well as in sector-specific and state-level HIV M&E plans. It should show the type of information, templates, and timelines for major information products.
- Data dissemination and use activities should be included in the workplan, as well as whether periodic review of products developed are to be scheduled.
- TWG should assess whether data are being used for decision making; this can be a rapid assessment, with results to inform the development of the next generation of data use plans.

Conclusion, Recommendations, and Next Steps

There are four major recommendations and next steps that came out of the assessment, and these need to be given high priority by NACA and the national M&E TWG.

Development of a Costed M&E Workplan

There is no national M&E costed workplan and, while an M&E plan may provide guiding principles for the national M&E systems, there is need to develop a roadmap that clearly defines how the M&E plan will be implemented and made operational. The costed M&E workplan will show all the proposed activities that will be conducted to strengthen and maintain the M&E systems, the timelines for these activities, clear outputs for the activities, the responsible IPs, and the budget implications and funding sources. This is a good results-based management approach and can be used to assess the level of implementation. Failure to develop the workplan will lead to the production of a “wish list” that is not owned by any agencies or institutions. The workplan is therefore both a roadmap for the year or two years, and an accountability tool that should be used by the TWG and NACA to coordinate and manage the national M&E activities, to mobilize resources for activities with funding gaps, and to guide future investments in M&E.

Strengthen State-Level M&E Systems

While there are clear systems and structures at the national level, the state level systems are poor and are not harmonized. It is critical that more effort be invested in strengthening state-level M&E systems. Conducting similar assessments at the state level (these may be at geographical zonal levels with states that are in the same vicinity and most likely to have similar epidemics) is crucial in order to bring key stakeholders together; emphasize the need for harmonized a M&E system; and identify strengths, weaknesses, and make recommendations. Each state should then be able to develop its own multi-partner, multi-level costed M&E workplan and assign key responsibilities to partners. The federal level structures, e.g., NACA, NASCP, FMOH, other federal ministries, umbrella NGOs, INGOs, and other implementing partners, should provide technical and financial support to these state-level workplans.

SACA's Role

The federal system that entails that states are autonomous makes it very difficult to develop uniform structures at state and LGA levels. There is need for continued advocacy for all SACAs to become agencies. NACA, when it became an agency, was eligible to present budgets and workplans to be considered in the MTEF, expanded its roles and responsibilities, and was more accountable to partners. This can also happen at the state level.

Human Capacity

Inadequate human capacity across all sectors was noted. There is need to build human capacity through conducting human capacity assessments, development of capacity building plans, actual implementation of the capacity building, and monitoring the implementation of the capacity building plan. NACA and the sub-committee on capacity building will need to coordinate all partners that

are providing human capacity related assistance. The human capacity plan should focus on all the 12 components of a functional HIV M&E system rather than over invest in a few components while compromising the others. It should also be multi-sectorial and include all the important sectors that contribute to the national M&E system.

Appendix 1. Table of Assessment Results

Sector	Strengths	Weaknesses	Action Point
Component 1: Organizational Structures with HIV M&E Functions			
Component 1 NACA	<ul style="list-style-type: none"> NACA is now an agency within the federal government of Nigeria and has a clear mandate outlined in the National M&E Plan. Strategic Knowledge Management unit in place. SKM has a strong leadership that supports M&E. There is an organisational structure and job descriptions for M&E positions. 16 staff are stationed at national level and 16 are seconded to SACAs to provide technical assistance in M&E 	<ul style="list-style-type: none"> The organisational structure does not have adequate technical staff required to fulfill its M&E mandate as it relates to some of the 12 components in particular components 7,8,10,11 and 12 While the role NACA is clear defined and NACA is now an agency the federal government systems where states are autonomous makes the M&E role of NACA difficult, e.g. NACA will need but in by the states to the M&E system. 	<ul style="list-style-type: none"> Revise NACA SKM Unit organisational structure in order to include new key positions. Revise job descriptions for the whole unit to ensure that NACA is responding to all the 12 components. Develop JD for the new staff. Recruit additional staff (1 epidemiologists, 1 Biostatistician, 3 Research Officers and 3 persons for the data management team), for NACA SKM directorate. NACA to identify an M&E champion who influences national leadership to use strategic information in policy formulation and project planning.

Sector	Strengths	Weaknesses	Action Point
<p>Component 1</p> <p>FMOH</p>	<ul style="list-style-type: none"> • There is an HIV M&E unit within thin the FMOH. • FMOH has a clear HIV M&E mandate that is documented in the National M&E plan. • The unit has a staff establishment of 12 staff members of which 83% of the positions are filled. • A process of reviewing the organizational structure and job descriptions has been initiated but is not yet complete. 	<ul style="list-style-type: none"> • The workload and the ever-evolving nature of our M&E system present challenges that make it difficult to make 100% delivery on its mandate. • Technical support requirements are not met due to resource constraints. • There are limited resources to fully implement mandate as it relates to routine monitoring and evaluation, surveys and surveillance, evaluation and research, databases and data dissemination and use. • While salary is relatively adequate staff can be motivated through regular training and improved remuneration. Provision of enabling environment that will encourage recruited staff to stay and perform efficiently on the job. • No clear demarcation of the M&E role of NHMIS and NASCP. 	<ul style="list-style-type: none"> • Hire professionals on Epidemiology, IT and Data management • Fast track the approval process of new documents on M&E job responsibilities. • Conduct a needs assessment for all key TA needed by the entity and mobilize for resources to meet the needs. • Engage TA with clear TORs. • Institutionalize mechanism for regular training, improved remuneration and enabling environment. • Role definition for HMIS and NASCP need to ensure that the two systems speak to each other build health facility capacity, harmonize reporting tools and system to lighten the burden on health facilities.

Sector	Strengths	Weaknesses	Action Point
<p><i>Component 1</i></p> <p>Umbrella Organizations</p>	<ul style="list-style-type: none"> There are M&E establishments within umbrellas. The mandate is clear for supported member organizations i.e. organizations that receive grants from the umbrella. 	<ul style="list-style-type: none"> The manpower is not enough as the staff at national office are the ones responsible for the activities at other levels Technical assistance is not received on request but it is donor initiated There are only project specific M&E policies There is no link between organization database and the national database- 	<ul style="list-style-type: none"> There is need to strengthen M&E department of umbrella organizations. Increase request for technical assistance in subsequent proposals NIBUCA should develop an organizational M&E framework Umbrella organizations are part of the national M&E plan - There is need for a harmonized national work plan. There is need for one coordinated HIV national M&E data base
<p><i>Component 1</i></p> <p>Other Government Ministries</p>	<ul style="list-style-type: none"> FMOE developed a National Education sector HIV& AIDS policy & strategic plan (2006-2010); FME HIV&AIDS Unit SOME HIV&AIDS desk – LGEA HIV&AIDS desk Each federal ministry has a Planning Research and Statistics department. Clear mandate for some federal ministries e.g. the FMoW in the OVC Plan and the FMOE in the Educational sector HIV plan. All posts are in government establishment though they are inadequate. 	<ul style="list-style-type: none"> Poor capacity to implement mandate e.g. routine tracking within the states, Limited or no resources assigned to M&E therefore functions not fulfilled. No incentives for staff conducting M&E activities. 	<ul style="list-style-type: none"> HIV/AIDS M&E unit should be established at all levels in the education sector. M&E systems at all levels should be strengthened by building the capacity of M&E desk officers for effective delivery of M&E services. M&E unit should be given the mandate to implement programs without approval from higher authority. Incentive should be given to M&E desk officers to motivate them.

Sector	Strengths	Weaknesses	Action Point
Component 1 Local Government Agencies	<ul style="list-style-type: none"> There is an M&E officer at SACA level. Some SACAs have now become agencies therefore they have adequate mandate and resources for HIV activities including M&E. 	<ul style="list-style-type: none"> Some SACAs are still committees and have not yet transformed to agencies and this undermines their M&E role. SACAs are understaffed to conduct their M&E function of supervising the state line ministries, IPs and LACAs. Leadership for M&E at state level is still very poor. Some states and LGA have not yet domesticated the policy therefore do not have HIV and AIDS Structure that can take on some of the M&E functions. 	<ul style="list-style-type: none"> Agency status is important for SACAs to be fully functional with all partners stakeholders Insufficient personnel in terms numbers, skills, trainings, equipment, and personnel supports such as routine salary payments, career paths Technical assistance in the areas of advanced M&E activities (epidemiology, forecasting, data triangulation/analysis
Component 1 Health Facilities	<ul style="list-style-type: none"> MOU between facilities and funding partners states the M&E mandate of the facility, but there is little documentation on this effect from the SMOH and FMOH. On average a facility has 4 M&E staff. M&E roles and responsibilities are not well defined in the job descriptions of health facility workers. 	<ul style="list-style-type: none"> Job description does not clearly identify the M&E roles and responsibilities. There is no clear M&E mandate for the health facilities. 	<ul style="list-style-type: none"> Develop clear job descriptions for staff with M&E functions at facility level. FMOH and SMOH need to collaborate and determine the clear mandate of facilities in HIV M&E.

Sector	Strengths	Weaknesses	Action Point
Component 1 Other Implementers	<ul style="list-style-type: none"> M&E support largely received from partners, but this is not uniform across implementers. M&E mandate is not document. 	<ul style="list-style-type: none"> M&E activities are largely donor driven. No strong leadership around M&E. TA required for M&E. Therefore there is nothing to enforce non reporting entities to do so. 	<ul style="list-style-type: none"> Ensure that full complement of M&E staff is in place. Should employ qualified M&E personnel on permanent bases. Organizations should ensure that detailed job description are available and used. Organizations should explore going into partnerships for mutual benefits

Sector	Strengths	Weaknesses	Action Point
Component 2: Human Capacity for HIV M&E			
Component 2 NACA	<ul style="list-style-type: none"> A capacity gap assessment was done by World Bank. On job training and mentorship is being done at NACA through weekly meetings where all staff make presentations and they receive commences and guidance from management. There is an inventory for trainers for various databases e.g. PMM, NNRIMS, LHMPPI, DHIS. 	<ul style="list-style-type: none"> Human capacity needs assessment outdated. There is no nationally endorsed M&E training curriculum NNRIMS training is now outdated. M&E capacity building is not well coordinated; there is no database of trainees and trainers on M&E. M&E capacity is not being built through formal training by higher education institutions. 	<ul style="list-style-type: none"> Conduct a staff M&E capacity gap assessment Develop a national M&E capacity building plan Develop a standard national training curriculum on M&E Allocation of adequate resources for M&E capacity building Establish and maintain a national database of M&E trainers, TA providers and M&E trainees. TORs for M&E officer need to specify clear deliverables to be used in performance appraisal e.g. Number of data verification visits, submission of quarterly reports to the next level. NACA to include in their workplan supportive supervision visits to SACA and SACA to LACA. Reorientation and skills update for all M&E staff.

Sector	Strengths	Weaknesses	Action Point
<p>Component 2</p> <p>FMOH</p>	<ul style="list-style-type: none"> No capacity gap assessment has been done. M&E trainings are being done on various subject areas by various entities but this is not coordinated. Staff have skills to fulfill most of the sectors mandate. 	<ul style="list-style-type: none"> Limited funding for human capacity building. M&E training and capacity building is not institutionalized. There is no database for those trained or trainers on M&E. 	<ul style="list-style-type: none"> Initiate and develop a national M&E training curriculum in collaboration with other stakeholders. Develop a mechanism for the institutionalizing of M&E training in colleges, universities and technical schools Work through the national TWG on HIV M&E to coordinated and standardize M&E training, use of curriculum and practice. Work through the national TWG on HIV M&E to develop a national database of trainers and technical service providers capable of building M&E capacity in Nigeria.
<p>Component 2</p> <p>Umbrella Organizations</p>	<ul style="list-style-type: none"> Some on job training is being conducted albeit in an uncoordinated manner. NIBUCA has a M&E training manual that it uses to train its membership. Various M&E trainings that are project specific are conducted 	<ul style="list-style-type: none"> There is no nationally endorsed M&E curriculum There are no specific colleges or schools providing M&E. There is no national database that captures who is receiving M&E training. There might be organizational databases for trainers 	<ul style="list-style-type: none"> There is need for nationally endorsed M&E training curriculum There is need to integrate M&E in our educational curriculum A national database should be created

Sector	Strengths	Weaknesses	Action Point
<p><i>Component 2</i></p> <p>Other Government Ministries</p>	<ul style="list-style-type: none"> NACA has conducted some trainings on M&E targeting the federal ministries. Some federal ministries e.g. Ministry of Women have good skills in M&E with support from partners e.g. UNICEF. 	<ul style="list-style-type: none"> Human resource capacity building is dependant on funding and this is often not available. Some federal ministries and state ministries do not have M&E establishments. OJT is not planned for. 	<ul style="list-style-type: none"> Assess the skills and competences of M&E officers. Build the capacity of M&E staff on data analysis, dissemination and use National M&E training curriculum should be developed. Well structured system should be put in place to build the capacity of M&E staff.
<p><i>Component 2</i></p> <p>Local Government Agencies</p>	<ul style="list-style-type: none"> Some states have received M&E training from NACA and partners. States also receive human capacity building from NACA through OJT and supervision. 	<ul style="list-style-type: none"> No assessment has been conducted. Skills to fulfill mandate are lacking in most states. Some states have not yet benefited from trainings. There is no database for trainees or trainers. M&E is not being offered as a formal course. 	<ul style="list-style-type: none"> M&E activities are a key component of any activity and requires to be "professionalized" with a nationally recognized training curriculum, taught by qualified teachers, in an accredited institution resulting in a certified cadre of M&E professionals

Sector	Strengths	Weaknesses	Action Point
<p>Component 2</p> <p>Health Facilities</p>	<ul style="list-style-type: none"> • There s donor support for human resource capacity building. • Project specific or partner specific training curriculums are used. 	<ul style="list-style-type: none"> • No specific courses for HIV program M&E in colleges / training institutions in Nigeria. • Human capacity assessment has not been done. • Human a capacity support is only provided to those facilities that are donor supported. 	<ul style="list-style-type: none"> • Dialogue and advocacy with FMOE to include HIV M&E in curriculum for training institutions. • A database of trainers and trainees in M&E should be created (if it does not exist) and made available to facilities. • There should be routine assessment of skills and competencies of M&E staff, so as to inform the gaps and the required trainings. • National M&E training manuals should be shared with facility M&E staffs. • Facilities should maintain a record of trainees and trainings received so as to avoid duplication of trainings.

Sector	Strengths	Weaknesses	Action Point
<p>Component 2</p> <p>Other Implementers</p>	<ul style="list-style-type: none"> Some implementers have conducted M&E human capacity assessment albeit in an informal manner. Some trainings have been conducted. 	<ul style="list-style-type: none"> There is no nationally endorsed training curriculum. Capacity varies from implementer to implementer. Donor driven trainings rather than coordinated approach at national level. 	<ul style="list-style-type: none"> Assessment of M&E staff should be formal. Guidelines for staff appraisal should be developed, shared and adhered to. A national-endorsed M&E curriculum should be developed and introduced to tertiary institutions. In order to improve the capacity and competencies of the M&E officers there is a need for regular training and technical assistance and mentoring. In order to prevent the duplication of effort there should be better coordination by the national coordinating body. The database of trainers should be maintained and regularly updated

Sector	Strengths	Weaknesses	Action Point
Component 3: Partnerships to Plan, Coordinate, and Manage the Multi-sector M&E System			
Component 3 NACA	<ul style="list-style-type: none"> There is a national M&E TWG. TORs for the NTWG are included in the NOP. Donors and other partners actively participate in the TWG. Sub committees of the TWG have been formed to enhance TWG efficiency. Joint missions conduct activities together e.g. data audits. 	<ul style="list-style-type: none"> TWG meetings are no scheduled therefore often irregular or adhoc. Inventory of M&E stakeholders has not been update lately. 	<ul style="list-style-type: none"> Update, publish and disseminate inventory of stakeholders for HIV M&E annually as part of NACA annual report. Strengthen mechanism for dissemination of HIV M&E Information products
Component 3 FMOH	<ul style="list-style-type: none"> Actively participates in the NTWG. There is a sub committee that relates to health related HIV M&E issues. ATM sub committee also focuses on HIV M&E. 	<ul style="list-style-type: none"> There is no TWG for HMIS. Poor communication and feedback mechanism on the status of HIV M&E at national level. 	<ul style="list-style-type: none"> Strengthen of the feedback mechanism to stakeholders through regular publications, supportive supervision and mentoring. Strengthen the HIV/AIDS Treatment Partners' Forum
Component 3 Umbrella Organizations	<ul style="list-style-type: none"> Members of the NTWG. NACA's website is used to communicate HIV M&E Status to stakeholders. 	<ul style="list-style-type: none"> Irregular attendance to NTWG meetings. Decision in NTWG are not reached in a consensus. Communication from NACA does not reach all stakeholders. 	<ul style="list-style-type: none"> If there is any M&E TWG by FMOH it should be integrated into NACA TWG NACA publishes quarterly newsletter with information on M&E activities, but distribution coverage of this newsletter is low- NACA should increase distribution coverage of the newsletter and ensure it reaches all stakeholders

Sector	Strengths	Weaknesses	Action Point
<p>Component 3</p> <p>Other Government Ministries</p>	<ul style="list-style-type: none"> Some federal ministries are members of the NTWG e.g. the FMoD and FMOW. Leadership within some federal ministries request for HIV M&E information and use it in decision making 	<ul style="list-style-type: none"> Some federal ministries do not have HIV desks therefore are not members of the TWG. There are no active TWGs at state level therefore state ministries are not benefiting. Some federal ministries lack leadership support and often do not comply to NACA reporting requirements 	<ul style="list-style-type: none"> M&E TWGs for Ministries and their HIV/AIDS responses should be initiated and TORs should be written to ensure that the role of every player is emphasized. Creation of state level TWG and include state ministries. Advocate for greater leadership involvement in M&E and use of M&E information.
<p>Component 3</p> <p>Local Government Agencies</p>	<ul style="list-style-type: none"> There is a NTWG. TORs are available. Some states now have TWGs. 		<ul style="list-style-type: none"> Regular meetings with NACA and SACA to exchange information and innovative approaches would be beneficial to the national HIV/AIDS response. Quarterly communications between NACA and SACA to reinforce policies and program decisions would be productive. Access to data collection tools, methodologies, surveys, reports (all M&E tools) is mandatory. Harmonized indicators, uniform reporting, standardized operating procedures, common reporting platforms, standardized survey methodology, are prime components of the Third One.

Sector	Strengths	Weaknesses	Action Point
<p>Component 3</p> <p>Health Facilities</p>	<ul style="list-style-type: none"> Some facilities are active members of state level TWGs. There is a national level TWG 	<ul style="list-style-type: none"> Facilities are not involved in the National TWG for M&E Partial implementation of feed back mechanisms: 	<ul style="list-style-type: none"> It is recommended that there should be facility representation in the national M&E TWG. There is no need for a separate TWG coordinated by the MOH, MOH is represented in the current National TWG and can provide the linkage and coordination with entities under their mandate. This needs to be strengthened feedback across all levels, from the national to the SDP and from the SDP to the National.
<p>Component 3</p> <p>Other Implementers</p>	<ul style="list-style-type: none"> There is NTWG. IPs and donors actively participate. 	<ul style="list-style-type: none"> Communication and feedback is poor. Ad hoc meetings are common for the NTWG. Decisions are often not made via consensus. 	<ul style="list-style-type: none"> The meetings should be held on a monthly basis as stated in the TOR, with full participation of the entities. More effort should be made to ensure that decisions at the meeting are arrived at through consensus building, thus ensuring buy-in by all parties. In order to avoid duplication of activities, the NACA TWG should be empowered to take over the functions of the FMOH TWG. The proper and regular dissemination of information to all stakeholders through different channels.

Sector	Strengths	Weaknesses	Action Point
Component 4: National Multi-sectorial HIV M&E Plan			
Component 4 NACA	<ul style="list-style-type: none"> The process of developing the national M&E plan was broad-based multi-sectoral and participatory. All sectors confirmed that they were involved in the process. The national HIV M&E plan is explicitly linked to the National Strategic Framework. All sectors had a good knowledge of the contents of the national M&E plan as well as section that relate to their sectors or institutions showing ownership of the plan. 	<ul style="list-style-type: none"> The plan does not fully describe the implementation of all 12 components Nigeria did not conduct a national M&E system assessment before developing the national M&E plan. The national M&E plan is not linked to sectoral and state level M&E plans. Some of the indicators do not have baseline values. 	<ul style="list-style-type: none"> Recommendations as stated in report, page 17.
Component 5: Costed, National, Multi-sector HIV M&E Workplan			
Component 5 NACA	<ul style="list-style-type: none"> The SKM unit at NACA as well as the HMIS and NASCP and other sector do have annual operational plans within their organizations these plans include institution or sector specific activities that are related to HIV M&E. 	<ul style="list-style-type: none"> Nigeria does not have a national multi partner multi level M&E workplan that is costed and supported. Activities are therefore not well coordinated and this often leads to duplication of effort and failure to leverage resources. Most activities are not guided by the national needs but tend to be donor driven. It is difficult to assess how well the M&E plan has been strengthened in the absence of the workplan. 	<ul style="list-style-type: none"> Recommendations as stated in report, page 19.

Sector	Strengths	Weaknesses	Action Point
Component 6: Communication, Advocacy, and Culture for HIV M&E			
Component 6 NACA	<ul style="list-style-type: none"> Quarterly report on the performance of sector M&E systems to NACA. Production of NNRIMS Update and Strategic Information Strengthening of M&E. The NACA DG and the Director SKM request data from SKM staff when the need arises for such data. Head of SKM Directorate meet with SKM staff every Monday to discuss M&E activities and brainstorm ideas. SKM staff participate in NACA Technical Management committee meetings that hold monthly. SKM staff involved with planning and coordination of national response activities 		<ul style="list-style-type: none"> Sustained advocacy to NACA Board and Management on the importance Strengthen production & dissemination of data and information products within NACA of M&E in the national response
Component 6 FMOH	<ul style="list-style-type: none"> There are people who strongly advocate for and support M&E within the FMOH. National M&E system information products are useful. Directors and managers are interested and supportive of HIV M&E activities 		<ul style="list-style-type: none"> Conduct advocacy for fund allocation and timely release of funds to support communication, advocacy and culture.

Sector	Strengths	Weaknesses	Action Point
<p>Component 6</p> <p>Umbrella Organizations</p>	<ul style="list-style-type: none"> • There is some effort to communicate M&E reports by NACA. • M&E staff are part of management. 	<ul style="list-style-type: none"> • No reports on performance of M&E system from NACA • The forum of communication are few and not popular. • Donors are more interested in our M&E activities than our directors. Request for M&E information comes more from donors than directors. • There is no provision for lateral and vertical transfer for M&E personnel 	<ul style="list-style-type: none"> • NACA should be giving at least quarterly performance reports of the M&E system • Logistics for distribution of quarterly newsletter to all stakeholders should be put in place by NACA • Directors should be involved in M&E trainings so as to appreciate the importance of M&E to all activities • M&E reports should be made an agenda in all management meetings • umbrella organizations should make provision for career moves particularly lateral moves
<p>Component 6</p> <p>Other Government Ministries</p>	<ul style="list-style-type: none"> • Some directors ask for HIV M&E information and uses it strategic decision making. • M&E personnel have opportunities for lateral and vertical transfer. 	<ul style="list-style-type: none"> • National M&E system information products are not disseminated. • Some federal ministries do not adhere to the required frequency of reporting to NACA. 	<ul style="list-style-type: none"> • NACA needs to do more in disseminating information products from analyzed data • Federal and State ministries should be empowered for data demand and information use to influence program implementation and policies affecting the different ministries. • The line ministries should be involved in setting the frequency of reporting and given technical support to jump-start the process. Staff training is also necessary for the take-off of this process.

Sector	Strengths	Weaknesses	Action Point
Component 6 Health Facilities	<ul style="list-style-type: none"> There is some level of M&E support from management at the facility level. Some management teams at facilities request for and use M&E information. 	<ul style="list-style-type: none"> Non availability of national system information products. Varied levels of Management support for M&E : 	<ul style="list-style-type: none"> Dissemination of SIP should be strengthened across all levels Directors and Managers should be encouraged to support M&E Activities
Component 6 Other Implementers			<ul style="list-style-type: none"> There should be proper and regular dissemination of information to all stakeholders through different channels by NACA. Advocacy activities to ensure top management buy-in into M&E activities. There should a more visible and structured career path for M&E practitioners.

Sector	Strengths	Weaknesses	Action Point
Component 7: Routine HIV Program Monitoring			
Component 7 ART	<ul style="list-style-type: none"> There is the National Operational Plan, National ART Guideline and a yet to be published/disseminated document (National HIV/AIDS Health Sector M&E Framework). There is also the on-going NHIVQual document. Two national efforts are in place - the LMIS that looks at the procedure and the LHPMIP that looks at the data. They need review to achieve a common national functional referral and patient ID system. Most facilities use operational definition but frequent staff turn over is hampering this process. PMM training and institutionalisation conducted. Training in RDQA conducted. Support from different partners for ART monitoring system. 	<ul style="list-style-type: none"> Existence of some parallel reporting systems e.g. limited transmission of data to the LGA IPs who is providing funding to the facility. Private sector data is not being received. Poor patient tracking systems at national level i.e. referral. Missing data during RDQA. Some SACSPs are not very active in PMM. There is need to harmonize the data quality area in the NOP with existing efforts to come up with a nationally approved data quality guideline 	<ul style="list-style-type: none"> Adopt the use of standard format (tools) for data collection and unique numbering system Review and make operational a complete referral system to ensure continuity of care. Use patient records, routine reporting and health facility assessment to monitor the quality of patient care (NHIVQual). Review and make operational the use of all PMM training manuals and tools. Develop a plan for the private sector participation in the reporting process. Initiate an action for financial and resource spending on HIV and AIDS.

Sector	Strengths	Weaknesses	Action Point
<p>Component 7</p> <p>PMTCT</p>	<ul style="list-style-type: none"> Procedures for PMTCT M&E are documented in National PMTCT guidelines and the training manuals of the harmonized National PMTCT tools. Data quality is partly addressed in the National PMTCT guidelines. Logistic unit of NASCP manage and monitor the supply of PMTCT drugs. Harmonized National PMM and PME tools support quality and continuity of health care Procedures for reporting health data by private sector facilities are documented in National PMTCT guidelines. Facilities that have been trained and provided with the National PMTCT tools employ same. 	<ul style="list-style-type: none"> The operational definitions of certain indicators may differ occasionally depending on donors or IPs. Harmonized National PMTCT tools are not readily available at most health facilities. There is a standardized reporting form but not all partners use it. Data quality assurance is dependent on the level of service, service providers and implementing partners. Most completed source documents were not available. Data validation is dependent on the channel of data reporting systematic feedback on discrepancies and reconciliation of same is rare There are gaps in the output of routine monitoring vis-à-vis the national M&E plan donor agencies do not routinely share financial data. 	<ul style="list-style-type: none"> PMTCT indicators should be harmonized and definitions of indicators should be clear, provide National PMTCT tools to all facilities and PMTCT services should be up scaled to other non PMTCT sites or facilities. Training for all staffs involved in PMTCT program and availability of tools in all facilities providing PMTCT services. All partners should be encouraged to use the standardized tools and this tools should be harmonized across board Data Quality Assurance should be taken seriously at the facility, LACA and SACA level. Develop mechanism for sharing of data/financial resources or investments between donor agencies, NACA and FMOH.

Sector	Strengths	Weaknesses	Action Point
<p>Component 7</p> <p>T&C</p>	<ul style="list-style-type: none"> • Across most of the facilities the same monitoring indicators are being used - however due to different funding sources there are slight variations. • There are uniform data collection tools at facility level. • Documents don't get missing as they used to in the past. • International data collection methods are being used. • NACA only monitors financial/investment of sub recipients 	<ul style="list-style-type: none"> • Gaps in the private sector reporting. • The country has poor infrastructural base makes electronic data transmission difficult. • Procedures to reconcile discrepancies are not be systematic. • Some indicators are arbitrarily created 	<ul style="list-style-type: none"> • More efforts should be made through the organization responsible for coordinating the private sector response. All private organizations with HIV/AIDS responses should be register with NIBUCCA. This would ensure coordination and monitoring of their activities. • NACA needs to enforce the use of uniform monitoring indicators. • Alternative sources of power and internet connectivity should be provided where necessary. • There should be continuous improvement in the processes of storage and retrieval of documents. • There should be a systematic feed back to facilities ie as soon as reports have been finalized a feedback sent to appropriate persons

Sector	Strengths	Weaknesses	Action Point
<p>Component 7</p> <p>HIV/TB</p>	<ul style="list-style-type: none"> National Guidelines exist for the TB/HIV program, Standard definitions exist and level of adherence to the standard definitions cannot be ascertained. Harmonization of forms in progress. 	<ul style="list-style-type: none"> Not sure if Data Monitoring and Reporting Guidelines exist and are being used for supply and distribution. Data exist but not immediately available at time of audit 	<ul style="list-style-type: none"> National and State teams should work to ensure that Guidelines are adhered to. There is the need for development of the Guidelines and compliance at all levels There is need for supervision by the SMOH/SACA to ensure that private sector adhere to the component in the National Guidelines Efforts should be put in place to that the facilities that do not have these supplies and equipment are provided
<p>Component 7</p> <p>HBC</p>	<ul style="list-style-type: none"> Output level indicators are included in the NOP. 	<ul style="list-style-type: none"> No standardization of indicators these are no well defined. Unskilled M&E officers for CHBC. Poor supplies and equipment to community based workers. <ul style="list-style-type: none"> No data validation is happening for CHBC. 	<ul style="list-style-type: none"> NACA should take the lead for standardization of the HBC reporting system which includes, tools harmonization, process harmonization, data auditing e.g. use the CLPIRS tools. There is need for skill transfer at the community level to ensure proper reporting and documentation. Also, there is need for dedicated M&E personnel. There is need to define the basic supplies and equipment needed at the community level, LGA level, State level and National level for HBC and make provision for funding".

Sector	Strengths	Weaknesses	Action Point
<p>Component 7</p> <p>OVC</p>	<ul style="list-style-type: none"> • OVC M&E plan includes indicators that are well defined. • A clear data flow chart is also included in the M&E plan. 	<ul style="list-style-type: none"> • Non uniform tools are currently being used since OVC M&E plan has not yet been disseminated. • Data Validation has not been conducted, • Reporting timelines are not adhered to and feedback is not provided 	<ul style="list-style-type: none"> • The tools for reporting and collecting data should be harmonized and disseminated. NASCP/SMOH to ensure regular availability at all levels. • Tools for DQA to be effectively utilized and M&E officers should be mentored and supervised on the need for routine Validation. • Reporting System should be strengthened by Capacity building, Tools provision, Improved supervision and Data demand. Regular feedback must be provided to all lower levels. • Training on data quality for OVC

Sector	Strengths	Weaknesses	Action Point
<p>Component 7</p> <p>BCC</p>	<ul style="list-style-type: none"> reporting procedures for In school are available and being used by the FMoE. Some work to develop an M&E system including indicators, frequency of reporting and training is currently taking place. 	<ul style="list-style-type: none"> No data collection guidelines. Indicators are not clearly defined as yet. Data validation and verification is not taking place. 	<ul style="list-style-type: none"> A national standardized collection and reporting system should be developed as a matter of urgency. Need to conduct a capacity needs assessment on BCC across the country. A DQA tool for BCC should be developed. DQA should be conducted on a regular basis. Mechanisms should be developed to enhance reporting of BCC activities to the state and national database. A national guideline on data quality of BCC should be developed

Sector	Strengths	Weaknesses	Action Point
Component 8: Surveys and Surveillance			
Component 8 NACA	<ul style="list-style-type: none"> Catalogue of recent HIV related surveys in the country compiled in 2009. National M&E Plan specifies the surveys that will be used to track the relevant outcome and impact indicators. NARHS conducted in 2003, 2005. NARHS+ in 2007, IBBSS conducted in 2007, HIV workplace survey in 2008. BSS in 2005, IBBSS in 2007, Modes of transmission analysis in 2008, National triangulation exercise in 2009, Epidemiology and Response Policy analysis (ERPS) study. 	<ul style="list-style-type: none"> Workplace survey was not conducted in the Public sector Inventory of surveys and surveillance is not update annually. 	<ul style="list-style-type: none"> Commission biennial National HIV/AIDS workplace survey in public sector. Regular (Biennial) update and dissemination of the catalogue of HIV related surveys and surveillance conducted in the country. There is need for Data Documentation Initiative (DDI) process. Institutionalizing secondary analysis of existing biological and behavioral surveillance data.
Component 8 FMOH	<ul style="list-style-type: none"> There is a record on the number of surveys but yet to be properly documented using standard formats. An M&E plan that will take into consideration the output of these surveys is about being developed. 	<ul style="list-style-type: none"> Not conducting secondary analysis 	<ul style="list-style-type: none"> Commence the documentation of all surveys and surveillance inventory through a standard resource centre. Collaborate with the on-going efforts in the development of the National Health Data Documentation Centre at the FMOH. Make available the output of surveys and surveillance during the development of the new M&E plan. Put a plan and process in place to regularly conduct secondary analyses for all our Second Generation Surveys.

Sector	Strengths	Weaknesses	Action Point
<p>Component 8</p> <p>Local Government Agencies</p>	<ul style="list-style-type: none"> National M&E Plan highlights surveys and surveillance as a major component. Condom usage is included in the DHS, IBBS, NHARS, MICS which are conducted on regular intervals according to the National M&E Plan. Program specific evaluations, such as the rapid assessment of Early Infant Diagnosis, have been done. 	<ul style="list-style-type: none"> There is no national inventory on surveys and surveillance currently available, and few, if any at the state level, Sample size for surveys is too small and does not allow for inference of state specific information. Targeted surveys are done every two years at the national level. No comprehensive health facility surveys have been conducted on a national sample basis. Broad Health facility surveys linking PMTCT, HCT, TB/HIV, ART and other services are needed at the national and state level. No, Secondary analysis recommended. 	<ul style="list-style-type: none"> Better planning of state level HIV/AIDS activities should be based on a better understanding of the epidemics in Nigeria through local surveys and surveillance. State level surveys would be beneficial for planning and evaluating state level HIV/AIDS response. National M&E Plan activities for surveys and surveillance should be mirrored to the extent possible in state HIV/AIDS plans including budgeting, staffing, equipment and logistical support and necessary technical assistance. Secondary data analysis capacity building should be a major component of the state HIV/AIDS plans in partnership with local universities and respecting national/international standards.

Sector	Strengths	Weaknesses	Action Point
Component 9: National and Sub-national Databases			
Component 9 NACA	<ul style="list-style-type: none"> There are various databases for HIV M&E that are currently in use. Quality control checks exist for both DHIS and LHPMIP but needs to be updated/reviewed from time to time as part of routine maintenance and capacity built on this. 	<ul style="list-style-type: none"> No national M&E HIV databases that is linked to all other sector or programs specific databases. There are no SOPs for data management even though some form of procedures for data management exists. Equipment and supplies are inadequate especially at the sub national level. Poor infrastructure. Inadequate number of staff as well as insufficient capacity of existing staff 	<ul style="list-style-type: none"> Procedures for the enforcement of regular and timely submission of data to the National HIV M&E system from and across the states. Develop SOP for Data Management at the National HIV M&E system. IT equipment and supplies should be upgraded/ improved. Recruit three (3) additional staff for Data Management team.
Component 9 FMOH	<ul style="list-style-type: none"> DPRS of FMOH. 	<ul style="list-style-type: none"> There is a weak link in data transmission between the HIV/AIDS Division and DPRS. Very limited resources are available for database management. 	<ul style="list-style-type: none"> Develop a stronger link in data transmission between NASCP and DPRS of FMOH. Review and redesign the HIV/AIDS database and put in place a functional Database Management System (DBMS) to manage all HIV/AIDS data. Put in place a process for regular data cleaning, editing, analyses and dissemination within the system.
Component 9 Umbrella Organizations	<ul style="list-style-type: none"> Some umbrellas have databases that are electronic. 	<ul style="list-style-type: none"> Databases for umbrella organizations are not connected to national data base. 	<ul style="list-style-type: none"> Databases should be linked to the national database that should be linked to NACAs database.

Sector	Strengths	Weaknesses	Action Point
<p>Component 9</p> <p>Other Government Ministries</p>	<ul style="list-style-type: none"> HIV databases do not exist in federal ministries 	<ul style="list-style-type: none"> No control mechanism for quality control mechanisms at the ministries. Human resources are available but lack the skills to maintain and update sub national database IT equipment and infrastructure is inadequate and out of date. 	<ul style="list-style-type: none"> Need to put a system in place to connect all ministries and ensure its functionality. Structures and mechanisms at all levels need to be put in place to facilitate accessibility and timeliness for effective vertical and horizontal data feedback. Need to provide IT equipment and supplies for all ministries at national, states and LGAs with power support

Sector	Strengths	Weaknesses	Action Point
<p>Component 9</p> <p>Local Government Agencies</p>	<ul style="list-style-type: none"> There are several e-programs at different levels that are not communicating with each other. E.g. individual facility supported by implementing partners, LHPMIP reporting platform, DHIS, reporting platform and NNRIMS (national system). There are structures and mechanisms identified in the National M&E Plan, but there are other factors that challenge the ability to accurately report on services delivered 	<ul style="list-style-type: none"> Multiple reporting platforms, inadequate staff, At the SACA: IT equipment is limited to stand alone computers, basic software and internet connection. Most SACA do not have computer servers, advanced software for such activities as mapping or secondary analysis or large data set storage/management. At the LACA level, staff may be using personal computers. At most health facilities, IT support is very limited unless there is an implementing partner providing support. Not all e-systems have built-in DQA, and much of the data quality review is done by M&E experts. M&E staff at the SACA level have individual acquired knowledge for basic daily maintenance for regular data entry. Some staff have UPS or battery backup, but there are concerns about state database integrity regarding virus attacks, computer crashes and power surges that burn out computers. 	<ul style="list-style-type: none"> These reporting systems should be harmonized to facilitate a more functional system SACA M&E offices should have computer systems with UPS or battery back-up, external hard drive data storage, servers, software packages (mapping, for statistical and data analysis) and continuous energy supply. SACA offices should have IT expertise available onsite to resolve IT problems. (could be SACA staff or contract services) SACA M&E staff should be trained in using various software packages that allow for mapping, secondary analysis, as well as simple daily maintenance of the state data bases.

Sector	Strengths	Weaknesses	Action Point
Component 9 Health Facilities	<ul style="list-style-type: none"> Partner supported databases only available at supported facilities. 	<ul style="list-style-type: none"> Donor driven databases. Lack of human resource to manage and maintain database. IT equipment is poor at some facilities. 	<ul style="list-style-type: none"> Advocacy to government to budget and ensure execution in the area of employment of more personnel. Ministry of Health should demonstrate human resource gap at facility level.
Component 9 Other Implementers	<ul style="list-style-type: none"> Most IPs have personnel who are responsible for maintaining & updating databases 	<ul style="list-style-type: none"> Limited databases t within some implementers who are not receiving donor support. 	<ul style="list-style-type: none"> Where gaps exists they should be filled and present personnel should be further encouraged.

Sector	Strengths	Weaknesses	Action Point
Component 10: Supportive Supervision and Data Auditing			
Component 10 NACA	<ul style="list-style-type: none"> The respective projects e.g. GF have supportive supervision guidelines. Specific projects like the GF and the World Bank program conduct regular supportive supervision. Protocols exist for RDQA under the GF R5 Program 	<ul style="list-style-type: none"> There are no harmonized and standardized national guidelines for supportive supervision. There are no national protocols for data auditing 	<ul style="list-style-type: none"> Develop and disseminate national guidelines on supportive supervision. Develop comprehensive supportive supervision plan
Component 10 FMOH	<ul style="list-style-type: none"> There is a level of supervision using some sort of checklist but no standard checklist for each thematic area. Onsite feedback is given during supervision sometimes. There is a DQA tool that is currently in use. 	<ul style="list-style-type: none"> Although this is mentioned in the NOP document there is no checklist for supportive supervision. There are no tools for supportive supervision that are thematic area specific. Data audits are not planned for and conducted as scheduled. 	<ul style="list-style-type: none"> Put in place a mechanism for the data management within the system. Develop a standard checklist for supportive supervision of HIV/AIDS activities in each thematic area. Develop a protocol for data auditing of routine HIV service delivery. Adopt the new RDQA tool for routine HIV data auditing. There is a national process in place for this. Develop a standard mechanism for feedback to all sub-national entities.

Sector	Strengths	Weaknesses	Action Point
Component 10 Other Government Ministries	<ul style="list-style-type: none"> NACA has done some data auditing but little is done by federal or ministries in this regard. 	<ul style="list-style-type: none"> Supportive supervision and auditing are not systematic and irregular No feedback Supervision and data auditing results are not accessible by MDAs to inform decisions 	<ul style="list-style-type: none"> NACA should identify all stakeholders working in the field of HIV and bring them together to develop a national protocol for data auditing. Build federal and state ministry capacity to conduct supervision and data audits.
Component 10 Local Government Agencies	<ul style="list-style-type: none"> Oral feedback is provided to the site, but written reports are shared with the program manager at the SACA. Follow-up can be done via weekly SACA staff meetings. There was a training recently on data collection for prevention activities to prevent double counting and assure that individual receive the minimum level of services at the community level. 	<ul style="list-style-type: none"> Not all SACAs have received this training. National data auditing protocol are not available and shall be included in the next National M&E Plan. Results of data audits are not available for audited sites. 	<ul style="list-style-type: none"> National audit protocol should be included in the national M&E plan and formulated, training programmed and assessment conducted. National supportive supervisory protocol and guidelines should be included in the national M&E plan and formulated, training programmed and assessment conducted
Component 10 Health Facilities	<ul style="list-style-type: none"> Supportive supervision do occur but lacks national protocol guidelines. Data auditing do take place but feedback to facilities are not supported by document. 	<ul style="list-style-type: none"> There are no national guidelines for DQA which are incorporated into the NOP. Data auditing results are not easily accessible. 	<ul style="list-style-type: none"> Facilities should be issued with data audited results. There is need for standardization of feedback across facilities. State should also participate in data auditing at facility level.

Sector	Strengths	Weaknesses	Action Point
<p>Component 10</p> <p>Other Implementers</p>	<ul style="list-style-type: none"> Supportive supervision exists but not in a scheduled manner Supportive supervision results and feedback exists but those who get the feedback do not follow up on recommendations. 	<ul style="list-style-type: none"> No existing protocols Audits not carried out as stipulated The results are feedback occasionally. 	<ul style="list-style-type: none"> Supportive Supervision should be improved upon where it exists and activated where it is not carried out. The feedback mechanism of the supportive supervision should be enhanced and a follow-up to ensure that the recommendations are carried out. Protocol for auditing community-based programmes should be developed and deployed. Data auditing should be conducted as stipulated in the protocol and the results feedback in a timely manner.

Sector	Strengths	Weaknesses	Action Point
Component 11: HIV Evaluation and Research Agenda			
Component 11 NACA	<ul style="list-style-type: none"> A National Health & Research Ethics Committee (NHREC) established by FMOH is mandated to approve all new research studies; not sure if the committee is empowered to coordinate HIV research in the country The Committee meets quarterly NACA commenced development of a National HIV Research agenda but it was not concluded. MTR of NSF, WB MAP1 Review, NSF end of term review were all conducted in a participatory manner involving the relevant stakeholders 	<ul style="list-style-type: none"> There is no documentation or archive of research conducted in HIV. NHREC only approve HIV research and is not empowered to coordinate HIV research. Research agenda yet to be completed Research findings are often discuss but dissemination is poor There is not enough funding dedicated for HIV research and evaluation Task forces for the various programs(ART, HCT, PMTCT) exist but meeting times are irregular 	<ul style="list-style-type: none"> Develop and operationalise a national agenda on HIV research and evaluation for the country. Establish a national archive for evaluation and research and put in place mechanism for updating findings. Establish funding mechanisms including research grants, nationally and at state level to support policy and programme related research. Advocate for the allocation of a minimum of 10% of project and sectoral HIV/AIDS budget to research and new technologies. Promote the use of findings from HIV related research for planning and policy making
Component 11 FMOH	<ul style="list-style-type: none"> There is an organisation doing something in this area but its activities not well known. There is a committee (Research Sub-committee of the NTWG) set up to coordinate research and public health evaluation and also an NGO (NARN) doing something in this area but its activities not well known. There exist a couple of registered IRBs that clear protocols on general research. 	<ul style="list-style-type: none"> Majority of planned research and evaluation is mainly based on donors' interest Most HIV related evaluations are driven by NACA and partners. 	<ul style="list-style-type: none"> Mapping of HIV research and evaluation institutions and document related research activities. Facilitate the meetings of research and subcommittee and establish linkages with registered IRBs. Prioritize HIV/AIDS research and evaluation agenda and source for funds to execute prioritized activities. Active participation of NASCP in all joint reviews process on a regular basis.

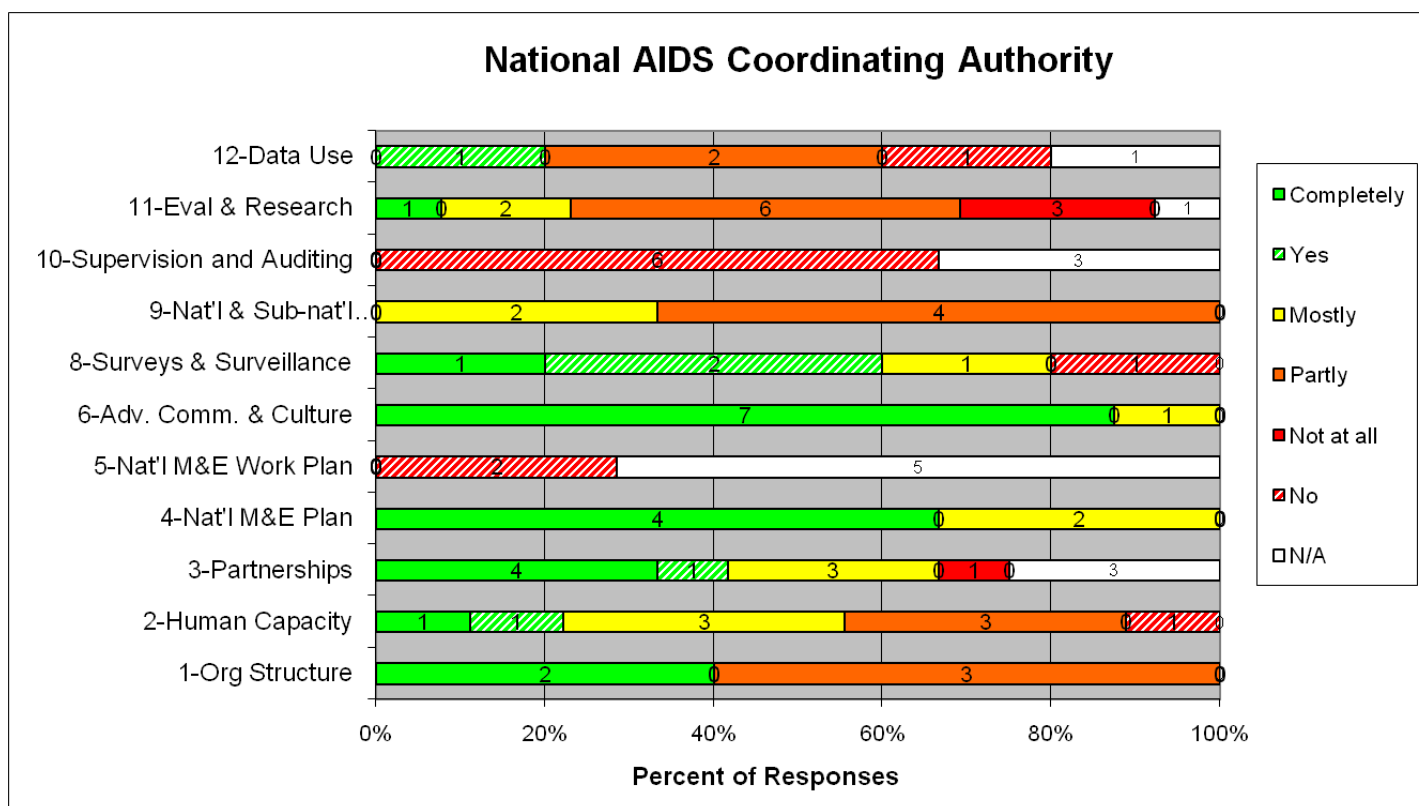
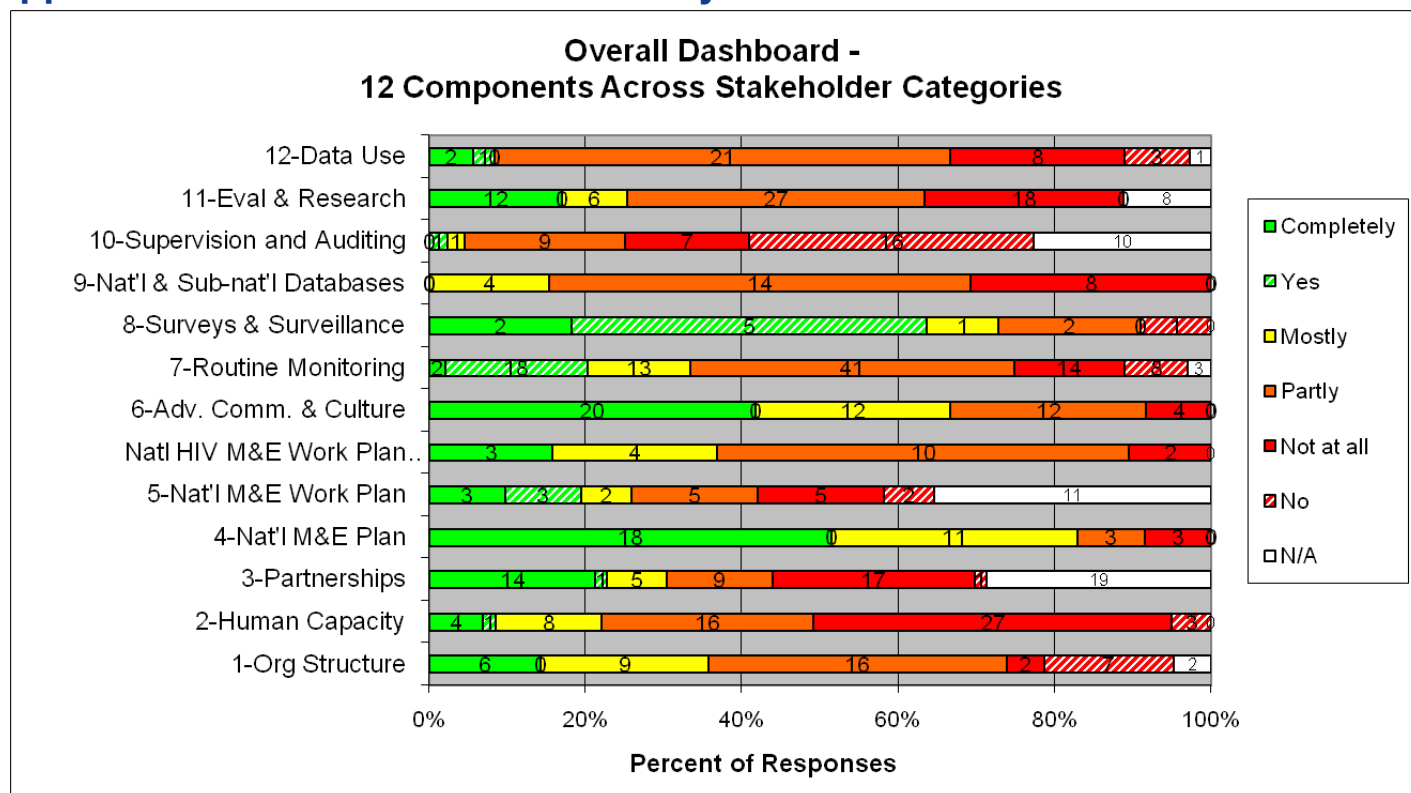
Sector	Strengths	Weaknesses	Action Point
<i>Component 11</i> Other Government Ministries, Health Facilities, and Other Implementers	<ul style="list-style-type: none"> This may exist at the coordinating body (NACA) level but the MDAs do not have this 	<ul style="list-style-type: none"> The MDAs have not been involved in having input in key HIV research The HIV information use by MDAs is poor or non-existent The research and evaluation findings are not always used in policy formulation, planning and implementation Not regularly disseminated at all levels - National, State, and LGAs Requests made but funds not allocated. 	<ul style="list-style-type: none"> Need to allocate funding to research and build capacity of ministries. HIV research should be established and properly funded. Research findings should be made available to stakeholders including facilities. National HIV research and evaluation agenda should be set which all interested stakeholders will buy into.

Sector	Strengths	Weaknesses	Action Point
Component 12: Data Dissemination and Use			
Component 12 NACA	<ul style="list-style-type: none"> Dissemination is done but it is not wide and is irregular. Some data/information product is accessible online at NACA web site. 	<ul style="list-style-type: none"> There has been no assessment of information needs of HIV stakeholders in the country Since information needs of the different stakeholders has not been assessed, it is difficult to ascertain if existing information products meet their needs 	<ul style="list-style-type: none"> Conduct a study to assess HIV information needs of the relevant stakeholders. Develop guideline for data use and dissemination. Update regularly content on NACA web site. Ensure allocation of adequate resources for data dissemination. Promote and strengthen the use of mass media in dissemination of HIV information.
Component 12 FMOH	<ul style="list-style-type: none"> Dissemination of information products is done but limited by scarce resources. Sentinel survey result are disseminated by FMOH. 	<ul style="list-style-type: none"> Information needs assessment is yet to be conducted. This process is being discussed. A public domain for this exercise is yet to be developed but information is available at the national office Mechanism for information dissemination has not been put in place. 	<ul style="list-style-type: none"> Conduct stakeholder's information needs assessment. Source for funds for regular dissemination of information products. Establish mechanism for production and dissemination of information products. Develop guidelines to support analysis, presentation and use of data through a process of information use. Support the development of national Health Data Documentation Centre.

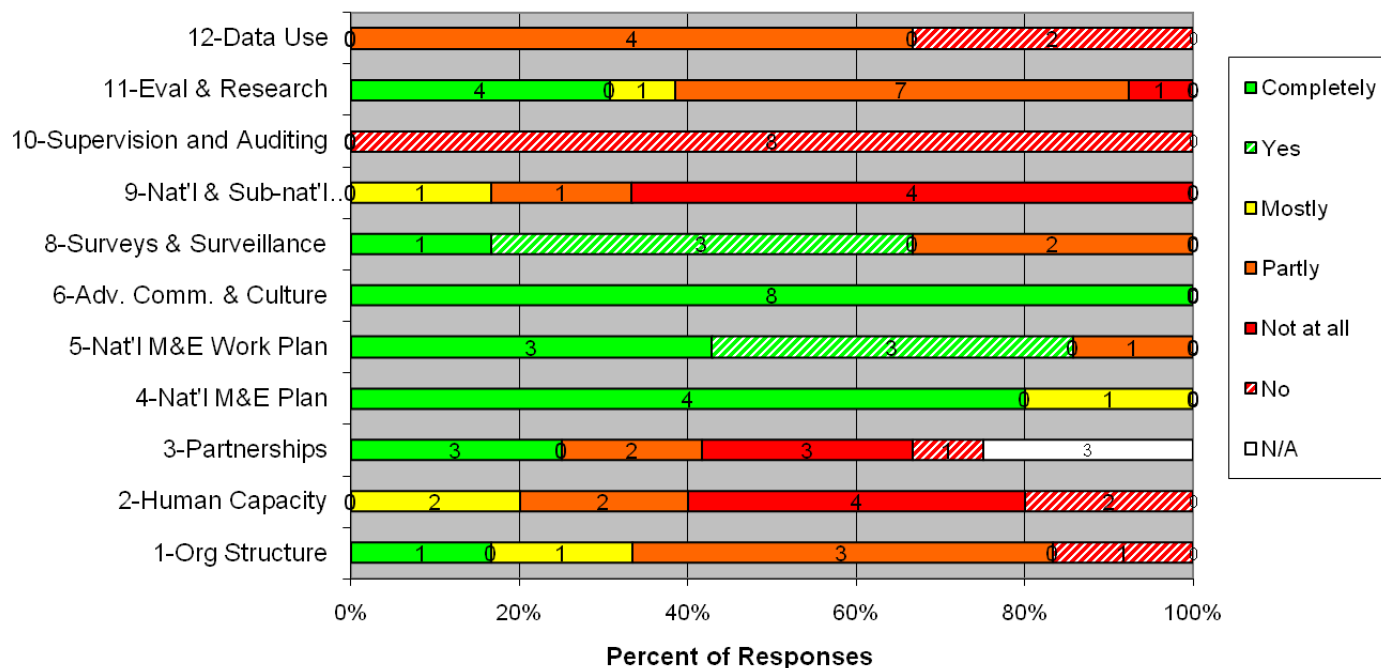
Sector	Strengths	Weaknesses	Action Point
Component 12 Umbrella Organizations	<ul style="list-style-type: none"> Some data use is observed but to a limited extent. 	<ul style="list-style-type: none"> Most organizations do not have a data dissemination plan, have not conducted information needs assessment and do not use information. 	<ul style="list-style-type: none"> Generally, there is need for proper dissemination, interpretation and use of data. There is also the need to built the capacity of stakeholders on data interpretation and use
Component 12 Other Government Ministries	<ul style="list-style-type: none"> There is limited feedback to the data providers in some MDAs MDAs to get data from public domain (NACA website etc). The website also requires regular updating. 	<ul style="list-style-type: none"> There has not been any assessment of HIV information use for the MDAs Information dissemination plan is not available at the MDAs though some still share data with other stakeholders Information products do not get to the federal and state ministries; most often the information needs are not met by some products e.g. internet facilities are non-existent in most 	<ul style="list-style-type: none"> Conduct information needs assessment. Develop capacity to analysis data and develop strategic information. NACA to widely disseminate information products.
Component 12 Local Government Agencies		<ul style="list-style-type: none"> No systematic effort on stakeholder information needs has been completed yet at the state level. Data use is limited at state level. 	
Component 12 Health Facilities	<ul style="list-style-type: none"> Information products are available from NACA and to the public. 	<ul style="list-style-type: none"> However there is need for improvement. Information products are not available in the public domain. 	<ul style="list-style-type: none"> There is need for improvement in data analysis and presentation at facility level. Stake holders should have access to information products at public domain to monitor progress

Sector	Strengths	Weaknesses	Action Point
<p>Component 12</p> <p>Other Implementers</p>	<ul style="list-style-type: none"> The information products have been shown to be available but they are not disseminated to the data providers 	<ul style="list-style-type: none"> The information needs of the different stakeholders has not been assessed They are not disseminated so the stakeholders needs are unmet There is no central information centre however some information is available online. 	<ul style="list-style-type: none"> The information needs of the various stakeholders should be assessed so that their information needs are met. The information products developed should be disseminated to data providers and different stakeholders in a timely manner. A Central Information Center should be created and regularly updated, and made accessible to stakeholders. More awareness should be created about the online sources of information products and made accessible to stakeholders. Stakeholders/data providers should be encouraged to utilized their data for program management.

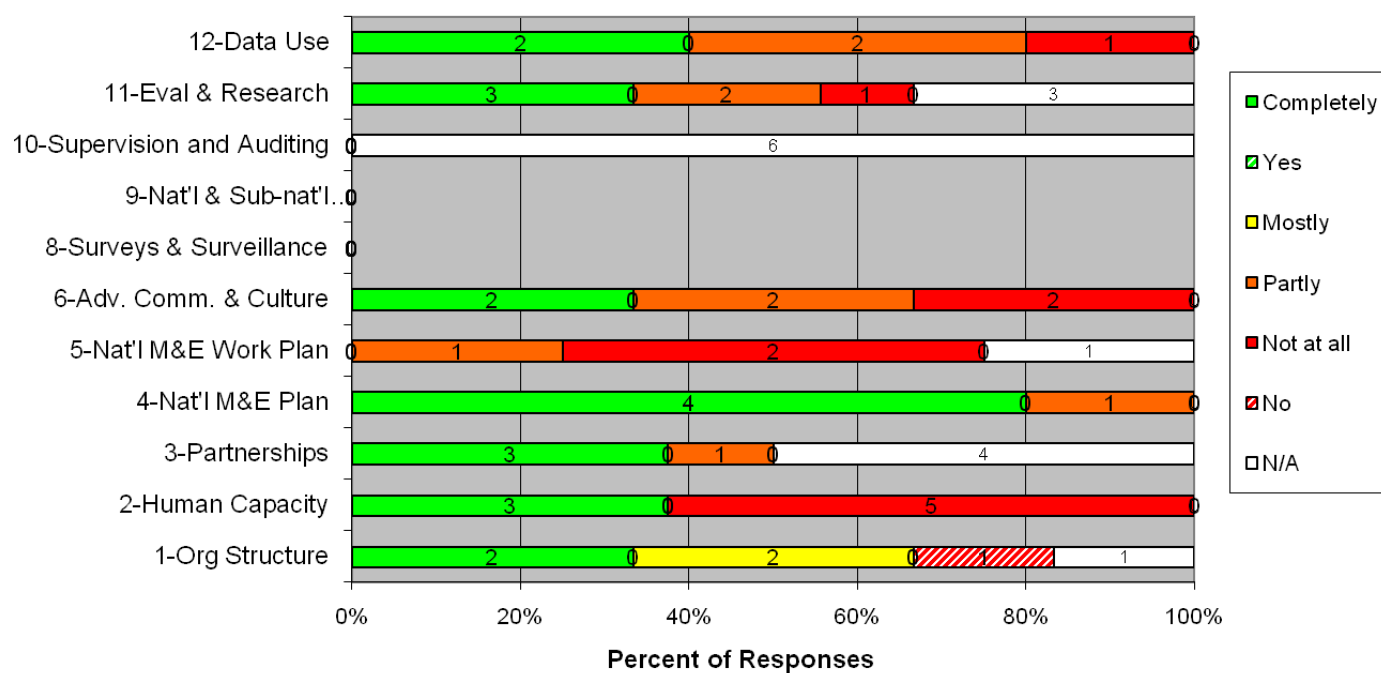
Appendix 2. Assessment Results by Sector



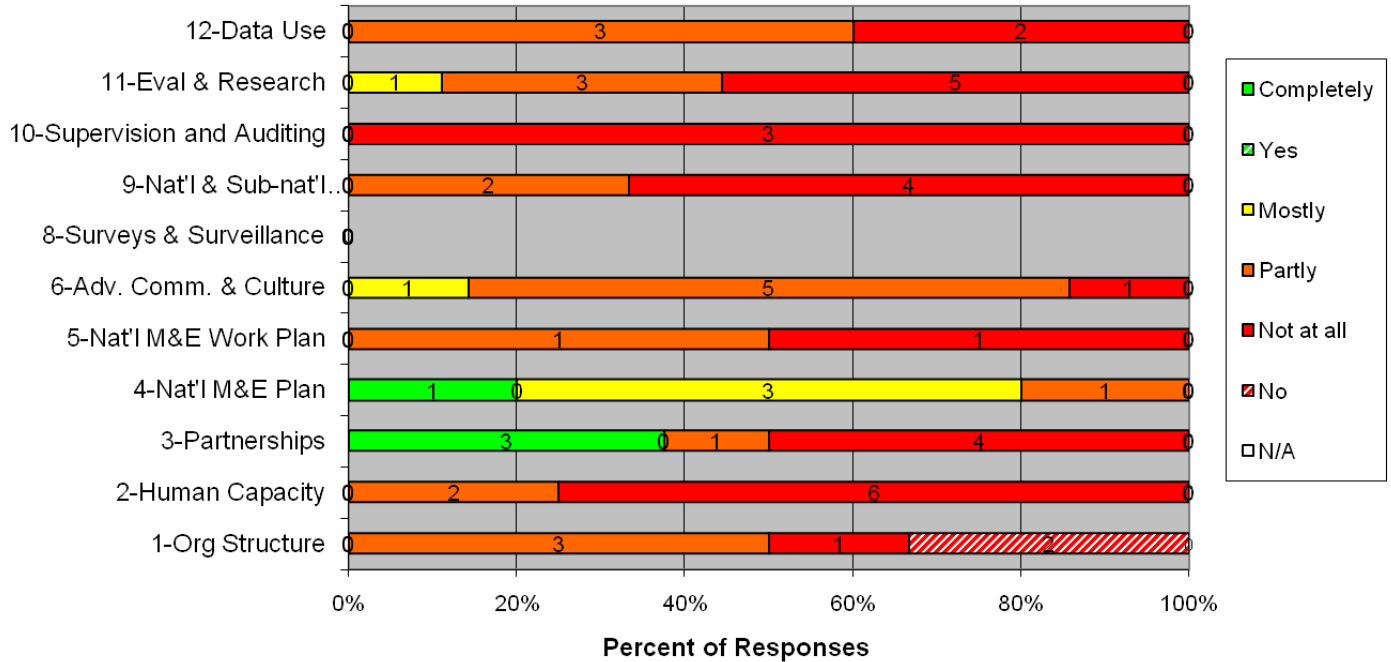
Ministry of Health AIDS Control Programme



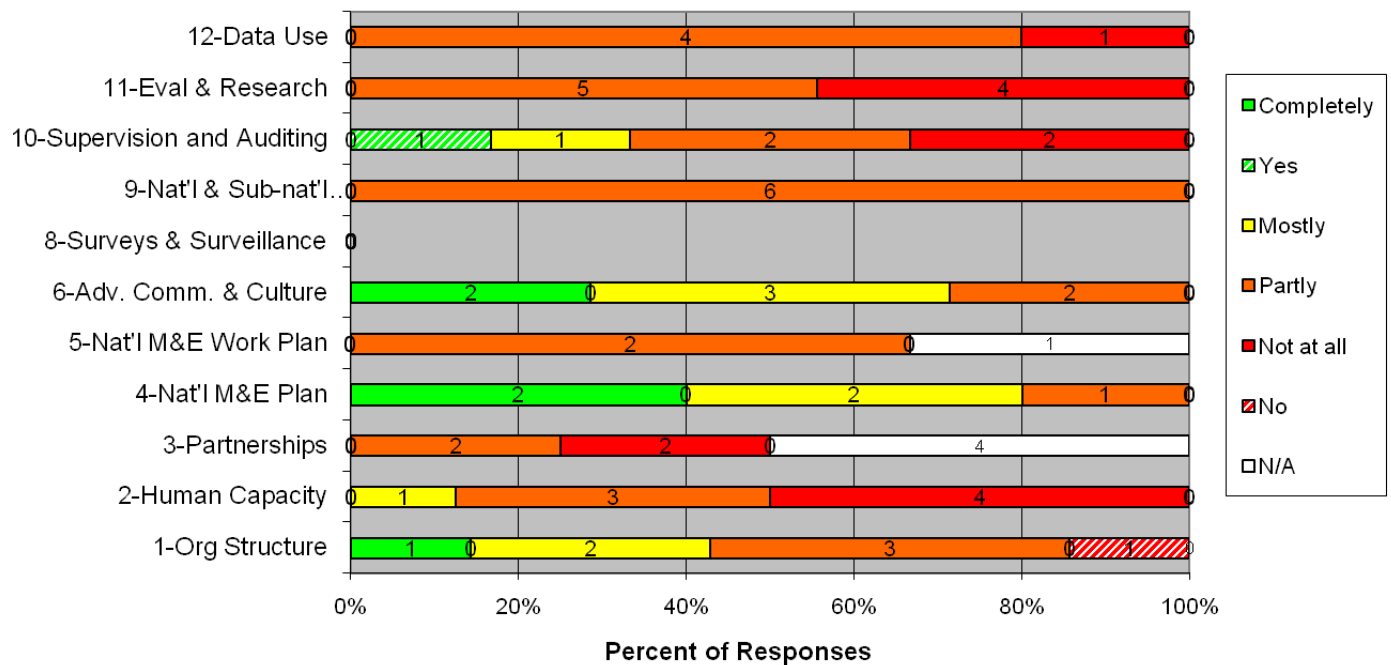
Umbrella organisations for civil society and private sector



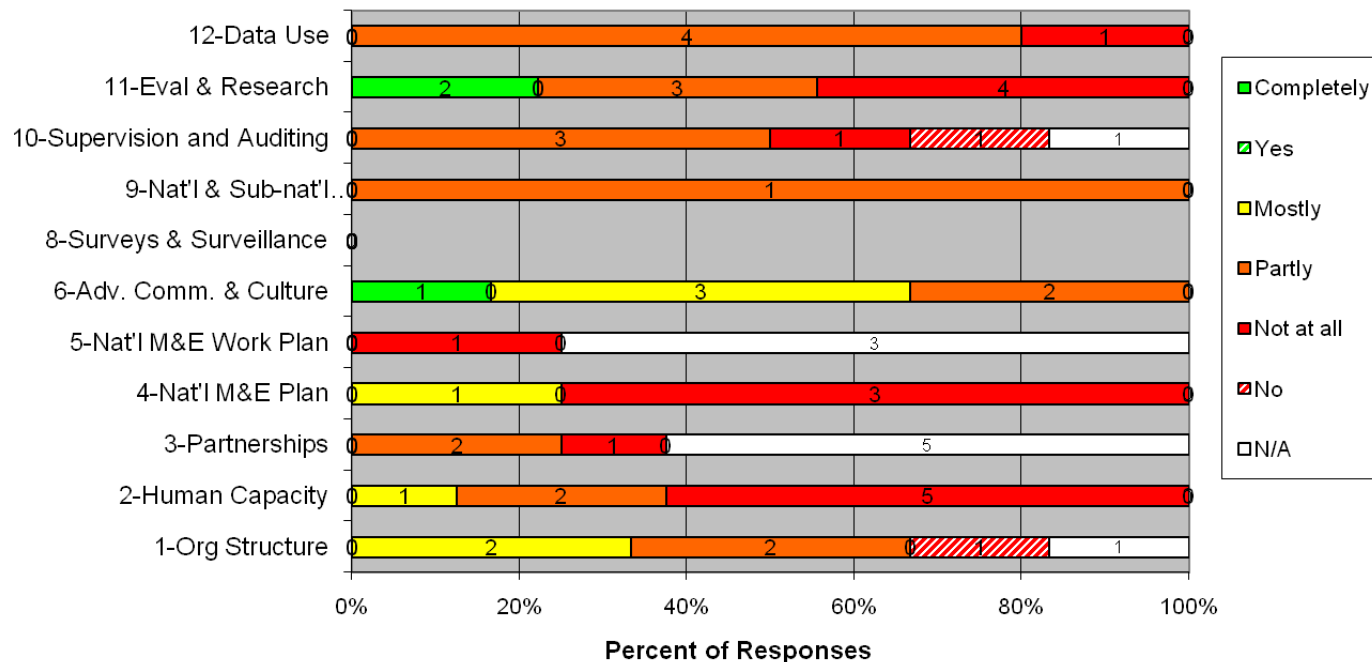
Other Government Ministries



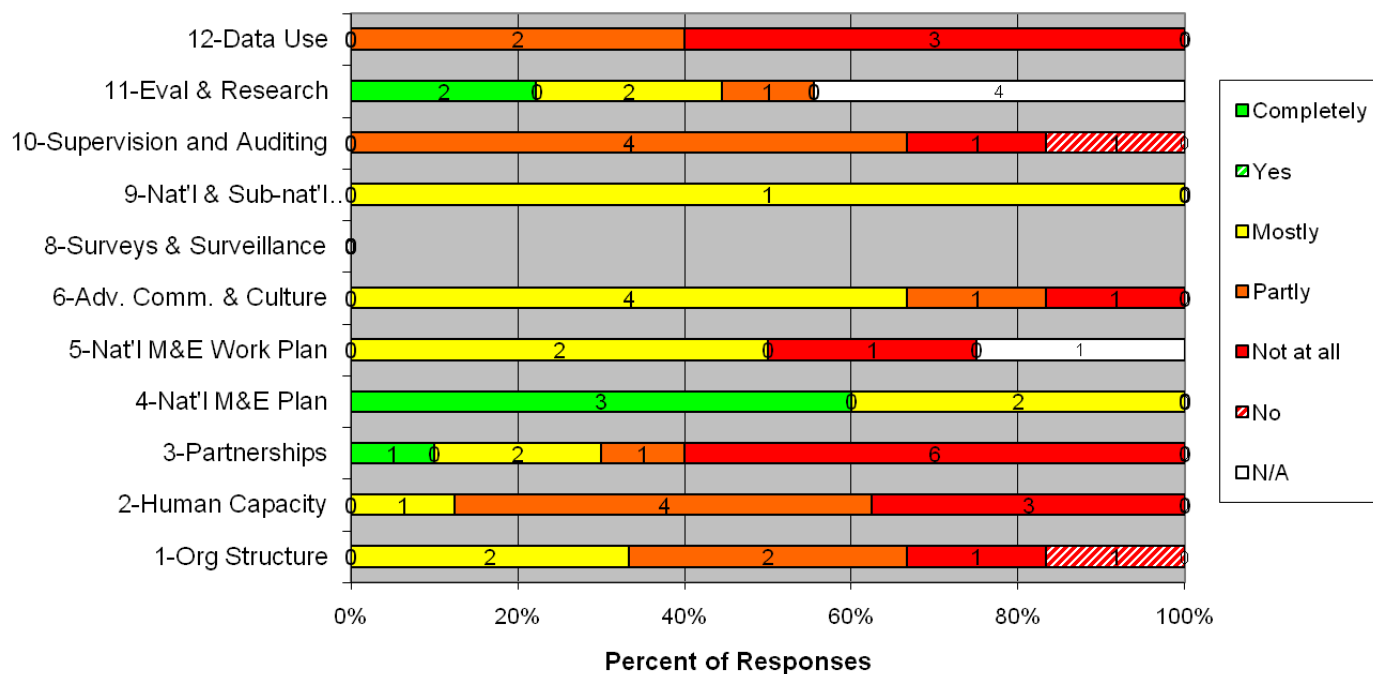
Local Government Authorities / AIDS Coordinating Authorities



Health Facilities



Other Implementing Partners



Appendix 3. M&E Assessment Workshop Participants

	NAME OF PARTICIPANT	DESIGNATION	ORGANIZATION
1	GREG ASHEFOR	DEPUTY DIRECTOR SKM	NACA
2	FRANCIS AGBO	PRINCIPAL PROGRAM OFFICER	NACA
3	SHOLA IDRIS	M&E OFFICER	NACA
4	IDOTEYIN EZIRIM	SENIOR PROGRAM OFFICER	NACA
5	OMOWUNMI OPEBI	M&E OFFICER	NACA
6	FRANCES ISEGHOHI	M&E OFFICER	NACA
7	TEMITOPE AINA	M&E OFFICER	NACA
8	IYOGUN IZEBERE	CHIEF PLANNING OFFICER	FMOH M&E DIVISION (DHPR DEPARTMENT)
9	DR. AZEEZ ADEREMI	ASSISTANT DIRECTOR SI	FMOH (SI) NASCP
10	PERPETUAL AMODU-AGBI	TB/HIV MIS OFFICER	FMOH (SI) NASCP
11	DR.OLUGBENGA IJAODOLA	MO-ART MIS	FMOH
12	BABATUNDE LAWANI	M&E COORDINATOR	NIGERIAN BUSINESS COALITION AGAINST AIDS (NIBUCAA)
13	NASIRU SA'ADU FAKAI	M &E OFFICER	CIVIL SOCIETY FOR HIV/AIDS IN NIGERIA (CISHAN)
14	HAJARA OBAYEMI	M&E OFFICER	NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN NIGERIA (NEPWHAN)
15	OFFIAH BIDDY	M&E DESK OFFICER	FEDERAL MINISTRY OF EDUCATION
16	OBY OKWUONU	ASSISTANT DIRECTOR OVC DIVISION PROJECT COORDINATOR	FEDERAL MINISTRY OF WOMENS AFFAIRS AND SOCIAL DEVELOPMENT
17	TOSAN AYONMIKE	SENIOR M&E ADVISOR/ DATA OFFICER	MINISTRY OF DEFENCE HIV PROGRAM (NMOD - EPIC)

18	AMAECHI OSEMEKA	M&E OFFICER	ANSACA
19	OBEBE RAPHAEL	M&E OFFICER	EKITI SACA
20	BALA USMAN	M&E OFFICER	KATSACA
21	SAGBOHAN JOB	SENIOR M&E ADVISOR	UNAIDS
22	HAFIZ ABDULLAHI	M&E OFFICER	INFECTIOUS DISEASES HOSPITAL KANO
23	ABDULWASIU OLAWALE	M&E OFFICER	FEDERAL MEDICAL CENTRE KATSINA
24	BAKUT IBRAHIM	M&E OFFICER	BARAU DIKKO SPECIALIST HOSPITAL KADUNA
25	ROTIMI ODULOJU	M&E OFFICER	INTERNATIONAL CENTRE FOR AIDS CARE AND TREATMENT PROGRAMS
26	KOLAWOLE FALAYAJO	M&E OFFICER	INSTITUTE OF HUMAN VIROLOGY
27	AMINU ABUBAKAR	M&E CONSULTANT	FHI GHAIN
28	CHIMERE OKORONKWO	DEPUTY STRATEGY INFORMATION ADVISOR	AIDSRELIEF
29	DAUDA SULAIMAN DAUDA	STRATEGY INFORMATION ADVISOR	AIDSRELIEF
30	TEMITOPE AINA	M&E OFFICER	NACA
31	SEYI OLUJIMI	M&E SPECIALIST	C-CHANGE/AED

Appendix 4. M&E Assessment Workshop Agenda

27 October 2009	Introduction & Welcome	08:30-09:00	NACA Directorate
	Introduction to the assessment process: outcomes and uses of the assessment results	09:00-09:30	NACA Head of M&E/JSI/ Lead Consultant for NSF
	Presentation/reflection on the existing HIV M&E systems in Nigeria	09:30-10:00	NACA Head of M&E/ Chair of the National M&E TWG.
	HEALTH BREAK	10:00-10: 30	ALL
	Introduction to the 12 components	10:30-11:30	JSI/ UNAIDS/Tendayi
	Introduction to the assessment tool, and dividing into small groups	11:30-13:00	Tendayi
	LUNCH BREAK	13:00-14:00	ALL
	Assess Components 1 to 3 and give feedback	14:00-16:30	ALL
28 October 2009	Assess Components 4 and 6	08:30-10:00	ALL
	HEALTH BREAK	10:00-10: 30	ALL
	Give feedback for Components 4 to 6	10:30-11:30	Group Representative
	Assess Components 7 to 9	11:00-13:00	ALL
	LUNCH BREAK	13:00-14:00	ALL
	Continue assessment of components 7 to 9 and give feedback	14:00-16:30	Group Representative
29 October 2009	Assess components 10 to 12	08:00-10:00	Group Representative
	HEALTH BREAK	10:00-10:30	ALL
	Give feedback for component 10 to 12	10:30-11:30	Group Representative
	Summarize and plenary discussion of M&E system strengths and weaknesses.	11:30-13:00	Measure Evaluation\JSI
	LUNCH & PRAYER	12:20-13:30	ALL
	Priority setting or action planning.	11:20-12:20	NACA Head of M&E
	Way forward and Closing	13:30-3:45	NACA Directorate

Appendix 5. Documents Reviewed

1. National Education Sector HIV&AIDS strategic Plan (2006-2010); HIV & AIDS Unit; Federal Ministry of Education, Abuja.
2. Implementation Plan for the National AIDS and STI Control Programme; Federal Ministry of Health (2005-2009).
3. NNRIMS Operational Plan (2007-2010).
4. Draft National Policy on HIV and AIDS; Second Revision; 2009.
5. NASCP Registers or reports
6. NNRIMS Forms
7. National HIV Policy; Draft
8. Combined Group presentations on the 12 components; by NSF M&E consultant – Dr Iheady Onwukwe.
9. Status of the Nigeria National HIV M&E System as per GAMET Components; 2007.
10. Draft M&E Training curriculum.

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