ANAMBRA STATE GOVERNMENT

OFFICE OF THE GOVERNOR

ANAMBRA STATE AIDS CONTROL AGENCY (ANSACA)



STATE STRATEGIC TRANSFORMATION AND SUSTAINABILITY PLAN (SSTSP)

2026 - 2028

PROF. CHARLES CHUKWUMA SOLUDO, CFR

EXECUTIVE GOVERNOR OF ANAMBRA STATE

ANAMBRA STATE GOVERNMENT

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ANAMBRA STATE AIDS CONTROL AGENCY (ANSACA)

STRATEGIC TRANSFORMATION & SUSTAINABILITY PLAN

2026 – 2028

Towards an AIDS-Free Anambra

Zero New Infections • Zero AIDS-Related Stigma • Zero AIDS-Related Deaths

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FOREWORD

As we unveil the ANSACA Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028, I am filled with a profound sense of purpose and optimism for the future of Anambra State's HIV response. Over the years, our collective efforts spanning government, civil society, communities, and development partners have yielded significant progress in reducing HIV prevalence, expanding access to life-saving treatment, and fostering hope among people living with and affected by HIV.

Today, Anambra stands at a pivotal juncture. Our state has witnessed a steady decline in new HIV infections, improved antiretroviral therapy coverage, and strengthened community engagement. Yet, we recognize that persistent challenges remain: stigma and discrimination, service delivery gaps, and the imperative for sustainable financing. The lessons from our previous strategic plan (2021–2025) have informed our resolve to innovate, adapt, and deepen our commitment to leaving no one behind.

Our journey is intrinsically linked to national aspirations and global commitments. We are proud to align our vision with Nigeria's National HIV/AIDS Strategic Framework and the UNAIDS 95-95-95 targets ambitious goals that call for 95% of people living with HIV to know their status, 95% of those diagnosed to receive sustained antiretroviral therapy, and 95% of those on treatment to achieve viral suppression. These targets, along with the Sustainable Development Goals, provide a clear roadmap for ending the AIDS epidemic as a public health threat by 2030.

The progress we have made is a testament to the unwavering dedication by Mr Governor, our stakeholders and partners. The contributions of healthcare workers, community leaders, people living with HIV, civil society organizations, and our valued development partners who have been instrumental in shaping a robust, inclusive, and resilient HIV response in

Anambra State. Their expertise, resources, and advocacy continue to inspire and propel us forward.

Looking ahead, the SSTSP (2026–2028) is anchored on eight strategic pillars that prioritize prevention, testing, treatment, stigma reduction, health systems strengthening, financial sustainability, data-driven decision-making, and partnership. Our vision is bold: an AIDS-free Anambra, with zero new infections, zero AIDS-related stigma and discrimination, and zero AIDS-related deaths. Achieving this vision requires sustained leadership, innovative approaches, and a united front across all sectors.

I invite every stakeholder vis-a-viz government, private sector, civil society, communities, and individuals to join hands with ANSACA as we embark on this transformative journey. Together, we can build a healthier, more equitable, and sustainable future for all residents of Anambra State.

Solution Is Here!

Dr. Nkem Okeke
Executive Director / Project Manager,
Anambra State AIDS Control Agency.

ACKNOWLEDGEMENTS

On behalf of the entire ANSACA team, we express our deepest gratitude to Mr Governor, Prof Charles Chukwuma Soludo, CFR, the Executive Governor of Anambra State, for his visionary leadership and unwavering commitment to the health and well-being of our people. We are especially thankful for the confidence reposed in Dr. Nkem Okeke through his appointment as Executive Director of ANSACA, and for the continuous support and guidance provided to the agency. The Governor's steadfast dedication has been instrumental in advancing our collective mission to achieve an AIDS-free Anambra.

We extend sincere appreciation to the Honourable Commissioners, Permanent Secretaries, and staff of the Ministries of Health, Women Affairs, Information, Youths, Justice, Education, Finance & Budgets, as well as the esteemed Head of Service. Your collaborative spirit, technical expertise, and shared resolve have been pivotal in the development and implementation of this Strategic Transformation & Sustainability Plan. The synergy across ministries and departments shall strengthen our multi-sectoral response and ensure that our interventions are inclusive, impactful, and sustainable.

Our heartfelt thanks also go to our valued partners at all levels, State Implementing Partners, community-based organizations, civil society, faith-based groups, and the private sector whose tireless efforts and innovative approaches continue to drive progress in HIV prevention, care, and support. We are deeply grateful to our international and national development partners, including the National Agency for the Control of AIDS (NACA), the Global Fund, and other technical and funding agencies, for their unwavering partnership, resources, and technical guidance.

Finally, we acknowledge the courage and resilience of people living with HIV, community leaders, and all stakeholders who have contributed their voices,

experiences, and expertise to shape this plan. Your commitment inspires us daily and gives meaning to our shared vision.

Together, we are building a healthier, more equitable, and sustainable future for Anambra State.

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LIST OF ACRONYMS

Acronym	Full Meaning
AIDS	Acquired Immunodeficiency Syndrome
ANSACA	Anambra State AIDS Control Agency
APCA	Anambra People's Coalition for Action
ART	Antiretroviral Therapy
ASHRI	Anambra State HIV Research Institute
BMI	Body Mass Index
CFR	Commander of the Order of the Federal Republic
CHCN	Community HIV Champion Network
COP	Country Operational Plan
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DRM	Domestic Resource Mobilization
eMTCT	Elimination of Mother-to-Child Transmission
EMR	Electronic Medical Records
EXCO	State Executive Council
FLHE	Family Life Health Education
FSW	Female Sex Workers
GAM	Global AIDS Monitoring
GBV	Gender-Based Violence
GIPA	Greater Involvement of People Living with HIV/AIDS
GIS	Geographic Information System
HAB	HIV Awareness Brigade
HERS	HIV Emergency Response System

Acronym	Full Meaning
HIV	Human Immunodeficiency Virus
HNI	High-Net-Worth Individual
HRS	Hotspot Response Strategy
ICT	Information and Communication Technology
IEC	Information, Education and Communication
KP	Key Populations
KPI	Key Performance Indicator
KYS-WI	Know Your Status Week Initiative
LACA	Local AIDS Control Agency
LGA	Local Government Area
MDA	Ministries, Departments and Agencies
MEL	Monitoring, Evaluation and Learning
MOH	Ministry of Health
MoU	Memorandum of Understanding
MSM	Men Who Have Sex with Men
MTI	Moonlight Testing Initiative
NACA	National Agency for the Control of AIDS
NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
NDRMSS	National HIV Domestic Resource Mobilization and Sustainability Strategy
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organisation
NSF	National HIV/AIDS Strategic Framework
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief

Acronym	Full Meaning
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PPMI	Partner Performance Model Initiative
PrEP	Pre-Exposure Prophylaxis
PTA	Parent-Teacher Association
PWID	People Who Inject Drugs
RMTWG	Resource Mobilization Technical Working Group
ROI	Return on Investment
SACA	State Agency for the Control of AIDS
SASCP	State AIDS and STI Control Programme
SDG	Sustainable Development Goals
SME	Small and Medium Enterprise
SSTSP	Strategic Transformation & Sustainability Plan
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAD	World AIDS Day
WHO	World Health Organization
ZNI-LGA	Zero New Infections LGA Initiative

EXECUTIVE SUMMARY

The ANSACA Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028 charts a bold course for achieving an AIDS-free Anambra State. Guided by the vision of zero new HIV infections, zero AIDS-related stigma and discrimination, and zero AIDS-related deaths, this plan builds on the progress and lessons of previous strategic plans while addressing persistent gaps in prevention, treatment, and sustainability.

Anchored on eight strategic pillars—including prevention, testing, treatment optimization, elimination of mother-to-child transmission, stigma reduction, Community & health systems strengthening, sustainability, and Research & data-driven decision-making, the SSTSP sets clear priorities and actionable projects to accelerate epidemic control. The plan emphasizes robust stakeholder engagement, multi-sectoral collaboration, and the integration of HIV services into broader health and development agenda.

With the support of government leadership, key ministries, community organizations, and development partners, the plan outlines targeted interventions and innovative approaches to reach vulnerable populations, strengthen health systems, and mobilize domestic resources. A comprehensive monitoring, evaluation, and learning framework ensures accountability, continuous improvement, and alignment with national and global commitments.

The SSTSP (2026–2028) is a call to action for all stakeholders to unite, innovate, and sustain momentum towards a healthier, more equitable, and resilient Anambra State where no one is left behind in the HIV response.

CHAPTER 1

1.0 Background

1.1 Introduction

This chapter sets the context for the ANSACA Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028. It presents the epidemiological situation of HIV/AIDS in Anambra State, identifies persistent service-delivery and structural gaps, reviews national and global commitments that frame the response, and draws lessons from the implementation of the preceding 2021–2025 Strategic Plan. The chapter establishes the evidence base on which the eight strategic pillars, projects, and targets of the SSTSP are built.

The intention is to provide Mr Governor, Honourable Commissioners, development partners, civil-society organisations, communities, and other stakeholders with a clear, evidence-driven picture of where Anambra stands today and what must be done to accelerate progress towards an AIDS-free state by 2030.

1.2 Situational Analysis: HIV/AIDS in Anambra State

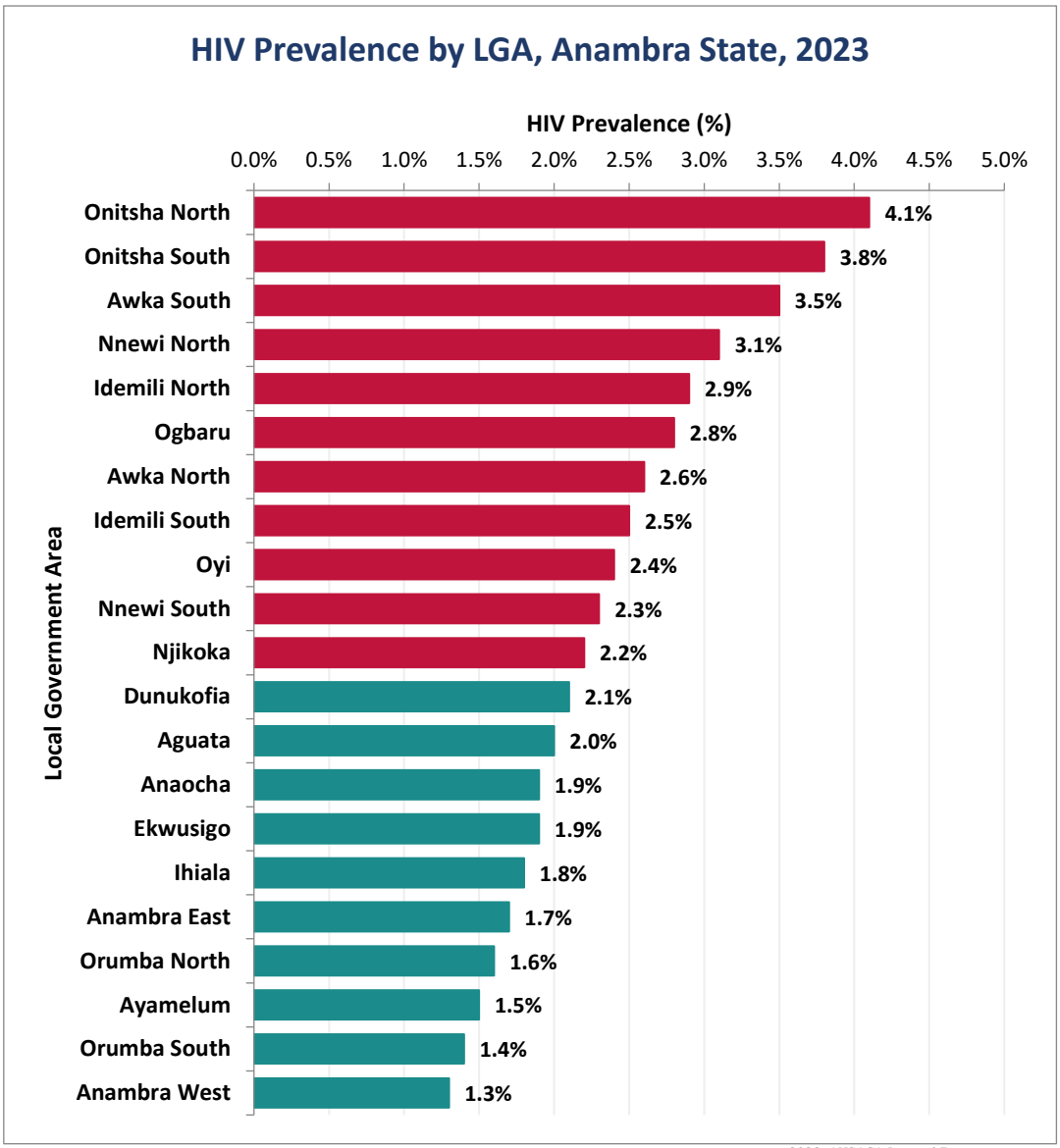
1.2.1 Epidemiological Profile

Anambra State, located in south-eastern Nigeria, remains at the epicentre of Nigeria's HIV epidemic. Anambra's HIV prevalence rate stands at 2.4%, the highest in the Southeast and the fifth highest nationally, compared to a national prevalence of 2.1% (Onovo et al., 2023). This translates to an estimated 97,429 people living with HIV (PLHIV) in the state.

Geographic Distribution

HIV prevalence is not uniform across Anambra's 21 Local Government Areas (LGAs). Urban LGAs such as Onitsha North (4.1%), Onitsha South (3.8%), and Awka South (3.5%) report the highest rates, while some rural LGAs have lower but still significant prevalence.

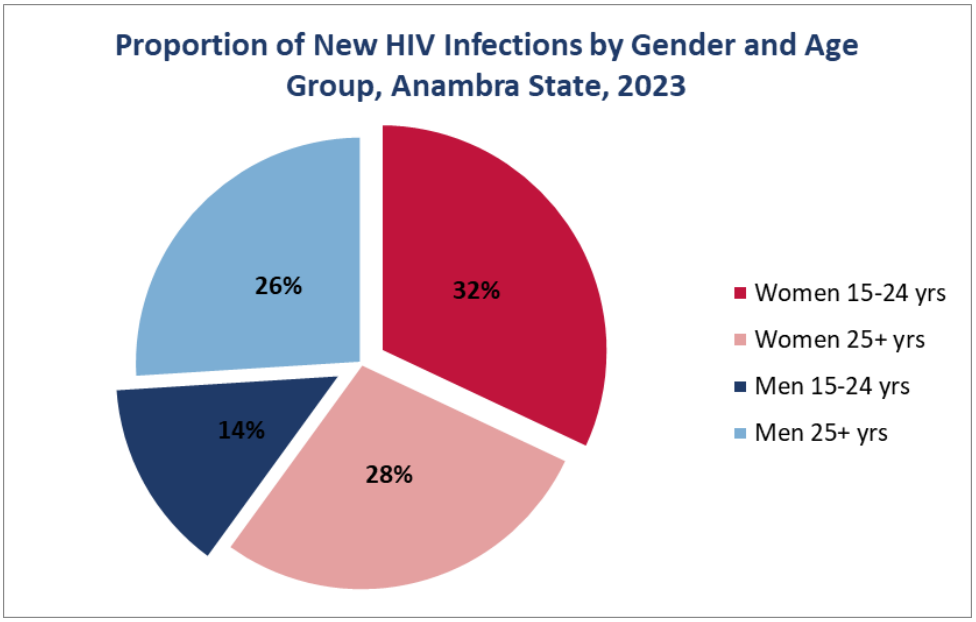
Figure 1: ***HIV Prevalence by LGA, Anambra State, 2023***



Source: 2023, ANSACA Internal Report

Gender and Age Distribution

Women and girls, especially those aged 15–24, are disproportionately affected, accounting for nearly 60% of new infections. The gender disparity is linked to socio-cultural and economic vulnerabilities.



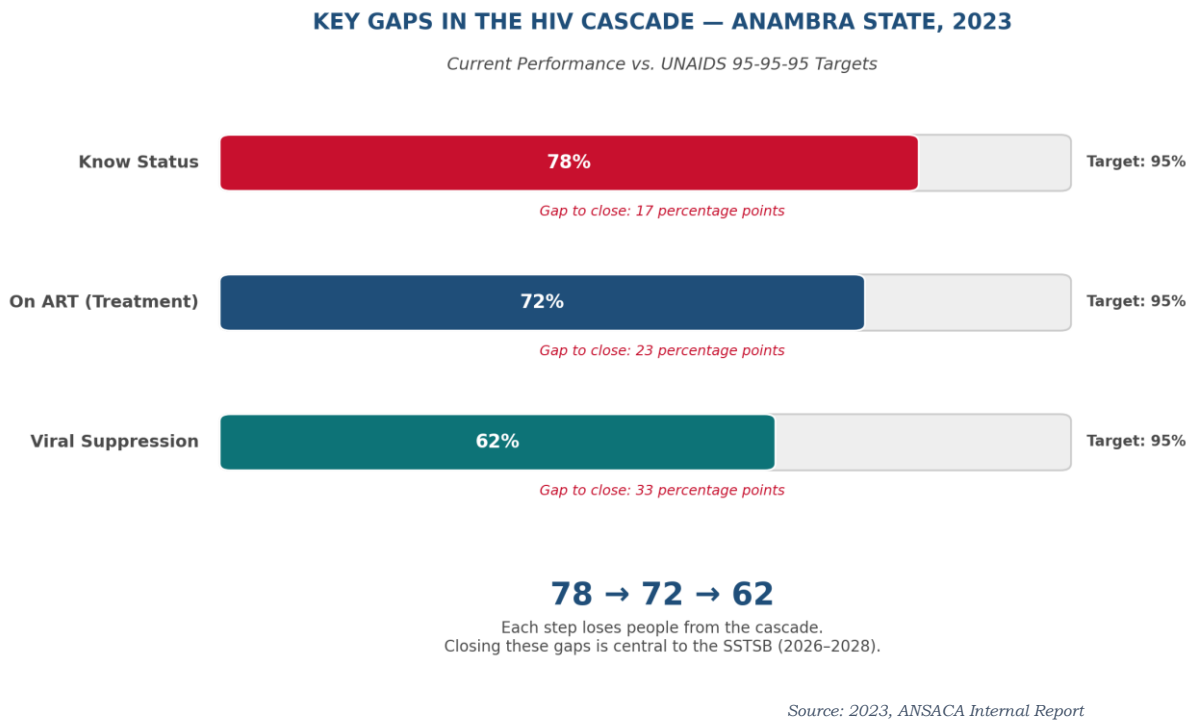
Source: 2023 ANSACA Internal Report

Figure 2: ***Proportion of New HIV Infections by Gender and Age Group, Anambra State, 2023***

1.2.2 Gap Analysis

Despite progress, several gaps persist in Anambra's HIV response:

- Testing and Case Identification: Only 78% of PLHIV are aware of their status, below the UNAIDS target of 95%.
- Treatment Coverage: ART coverage is at 72%, with viral suppression rates at 62%, indicating gaps in linkage and retention.
- Key Populations: Coverage of prevention and treatment services among KPs remains suboptimal due to stigma, discrimination, and legal barriers.
- Prevention: Uptake of PrEP and consistent condom use among KPs and young people is low.
- PMTCT: While progress has been made, mother-to-child transmission persists, especially in rural areas.
- Stigma and Discrimination: High levels of stigma in communities and health facilities deter access to services.
- Health Systems: Challenges in supply-chain management, human resources, and integration of HIV services with other health programmes.



Source: 2023, ANSACA Internal Report

Figure 3: ***Key Gaps in the HIV Cascade — Testing, Treatment, Viral Suppression***

1.3 National and Global Commitments

Anambra's HIV response is aligned with Nigeria's national and global commitments:

- National HIV/AIDS Strategic Framework (NSF) 2021–2025: Emphasises epidemic control, sustainability, and integration.
- UNAIDS 95-95-95 Targets: By 2025, 95% of PLHIV know their status, 95% of those diagnosed are on sustained ART, and 95% of those on ART achieve viral suppression.
- Sustainable Development Goals (SDG 3.3): End the AIDS epidemic as a public health threat by 2030.
- Global Fund, PEPFAR, and Other Partnerships: Ongoing support for prevention, treatment, and systems strengthening.
- National Agency for the Control of AIDS (NACA): Provides policy direction, technical support, and coordination at the federal level.

Table 1: ***National and Global HIV Commitments and Anambra's Progress, 2023***

Commitment / Framework	Target by 2025/2030	Anambra Progress (2023)	Anambra Progress (2026)
UNAIDS 95-95-95: Know Status	95% of PLHIV	78%	70%
UNAIDS 95-95-95: On ART	95% of diagnosed	72%	82%
UNAIDS 95-95-95: Viral Suppression	95% of those on ART	62%	94%
NSF: Reduce New Infections	50% reduction by 2025	~35% reduction	Progressing
NSF: Reduce AIDS-related Mortality	50% reduction by 2025	~40% reduction	Progressing
PMTCT (eMTCT)	95% maternal coverage	85% antenatal HIV testing	Progressing
SDG 3.3: End AIDS as Public Threat	By 2030	On phased pathway	On-Track
Global Fund Co-financing	Domestic share rising	Limited domestic share	Needs Action
PEPFAR COP Indicators	Annual targets	Mixed performance	Progressing

Sources: 2023 ANSACA Internal Reports.

1.4 Lessons from the 2021–2025 Strategic Plan

The 2021–2025 ANSACA Strategic Plan laid a strong foundation for the current plan. Key lessons include:

Achievements

- Expanded ART Coverage: ART sites increased from 45 to 70, with improved access in rural areas.
- Increased Community Engagement: Greater involvement of civil society and PLHIV networks in programme design and implementation.
- PMTCT Progress: Uptake of antenatal HIV testing rose to 85%, with a reduction in mother-to-child transmission rates.
- Data Systems: Introduction of electronic medical records (EMR) in select facilities improved data quality.

Challenges

- Sustainability: Heavy reliance on donor funding, with limited domestic resource mobilisation.
- Stigma: Persistent stigma and discrimination, particularly affecting KPs and adolescents.
- Service Gaps: Inconsistent supply of HIV commodities and weak integration with other health services.
- Human Resources: Shortages of trained health workers, especially in rural LGAs.

Opportunities

- Digital Health: Scale-up of EMR and mobile data collection.
- Multi-sectoral Partnerships: Enhanced collaboration with ministries of health, women affairs, youth, information, and finance.
- Innovative Financing: Potential for increased state budget allocations and private-sector engagement.

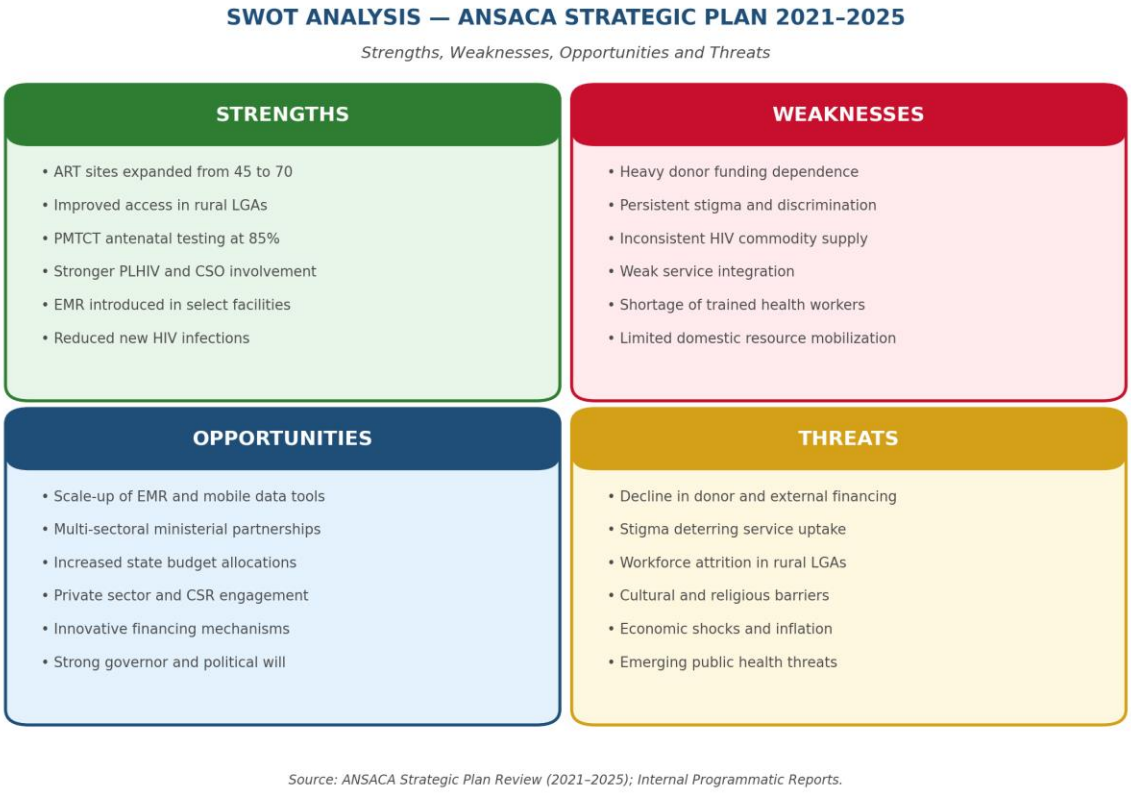


Figure 4: ***SWOT Analysis — ANSACA Strategic Plan 2021–2025***

1.5 Conclusion

Anambra State's HIV epidemic remains a significant public health concern, with the highest prevalence in the Southeast and among the highest in Nigeria. While notable progress has been made in expanding access to services and reducing new infections, persistent gaps, especially among key populations, in rural areas, and in sustaining gains, require urgent and strategic action. The SSTSP (2026–2028) is designed to address these gaps, leverage national and global partnerships, and build on the lessons learned to accelerate progress towards an AIDS-free Anambra.

CHAPTER 2

2.0 Vision, Mission, and Core Values

2.1 Vision Statement

An AIDS-Free Anambra State, with zero new infections, zero AIDS-related stigma and discrimination, and zero AIDS-related deaths, while ensuring a quality of life devoid of gender-based violence.

2.2 Mission Statement

To empower the people of Anambra State through comprehensive HIV/AIDS education, equitable access to prevention and care services, and an enabling policy environment driven by strategic partnerships and effective multi-sectoral coordination for a sustainable HIV response.

2.3 Core Values

1	**Equity**	We are committed to providing fair and just access to HIV prevention, treatment, care, and support services for all, especially the most vulnerable and marginalized populations.
2	**Respect for Human Rights**	We uphold the dignity, rights, and autonomy of every individual, ensuring a stigma-free and discrimination-free environment.
3	**Accountability**	We act with transparency and responsibility, holding ourselves and our partners to the highest standards of integrity and ethical conduct.
4	**Collaboration**	We foster strong partnerships and multi-sectoral coordination, recognizing that collective action is essential for sustainable impact.
5	**Innovation**	We embrace new ideas, technologies, and approaches to improve the effectiveness and efficiency of our HIV response.
6	**Empowerment**	We enable individuals and communities to take ownership of their health and well-being, promoting participation and leadership at all levels.

7	**Gender Sensitivity**	We are dedicated to eliminating gender-based violence and promoting gender equality in all our programs and policies.
8	**Excellence**	We strive for the highest quality in service delivery, program implementation, and outcomes, continuously learning and improving.
9	**Sustainability**	We are committed to building resilient systems and mobilizing resources to ensure long-term success in the fight against HIV/AIDS.

Together, guided by our vision, mission, and core values, we will achieve an AIDS-free Anambra State and ensure a healthier, more inclusive, and just society for all.

CHAPTER 3

3.0 Strategic Pillars

The ANSACA Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028 is anchored on eight strategic pillars, each addressing a critical domain in the journey towards an AIDS-Free Anambra. These pillars guide the implementation of all initiatives, projects, and interventions across the strategic period.



Figure 5: ***The Eight Strategic Pillars of the SSTSP (2026–2028)***

PILLAR 1

Comprehensive HIV Prevention & Epidemic Control (2026–2028)

3.1.1 Rationale

The continued burden of HIV/AIDS remains a major public health and socio-economic concern in Anambra State despite remarkable gains in HIV prevention, treatment, and care. Although significant progress has been made through increased access to testing, treatment expansion, prevention interventions, and stakeholder partnerships, the State continues to face persistent challenges including new HIV infections, inadequate knowledge among vulnerable populations, late diagnosis, stigma, poor risk perception, uneven access to prevention services, donor dependence, and inadequate community-led prevention systems.

Emerging realities within the HIV response demand a transition from traditional HIV programming to a more aggressive, targeted, technology-driven, and community-centered epidemic control strategy. Certain populations including young people, adolescents, key populations (female sex workers, men who have sex with men, people who inject drugs), transport workers, migrant populations, informal workers, and underserved rural communities continue to face disproportionate HIV vulnerabilities. Similarly, high-risk hotspots such as transport corridors, urban settlements, nightlife areas, educational institutions, and informal business hubs remain important drivers of transmission.

In addition, gaps persist in regular HIV testing uptake, behavioural prevention, comprehensive sexuality education, workplace HIV interventions, youth-focused prevention services, community ownership, and real-time epidemic intelligence needed for rapid response and informed decision-making.

To achieve epidemic control and align with the national HIV response framework, UNAIDS 95-95-95 targets, Sustainable Development Goals (SDGs), and the vision of an AIDS-Free Anambra State, ANSACA shall implement a comprehensive prevention and epidemic control framework anchored on innovation, community ownership, predictive intelligence, decentralized service delivery, and multi-sectoral collaboration.

This pillar therefore seeks to significantly reduce HIV transmission through targeted prevention, improved testing access, hotspot interventions, behavioural change communication, technology-enabled services, institutional partnerships, youth-focused programming, and data-driven epidemic surveillance systems.

3.1.2 Strategic Objectives

The strategic objectives of this pillar are to:

1. Expand equitable access to HIV prevention, testing, and counselling services across all 21 LGAs.
2. Reduce new HIV infections through targeted and evidence-based prevention interventions.
3. Improve HIV awareness, behavioural change communication, and prevention literacy among citizens.
4. Strengthen hotspot-focused and key population HIV response strategies.
5. Institutionalize workplace, educational, and community-based HIV prevention systems.
6. Leverage digital innovation and predictive intelligence for epidemic control and rapid response.
7. Promote community ownership and multi-sectoral participation in HIV prevention.
8. Build an LGA-driven HIV prevention accountability system aimed at achieving zero new infections.

3.1.3 Strategic Actions

Action 1: Know Your Status Week Initiative (KYS-WI) by LGAs

ANSACA shall institutionalize a quarterly "Know Your Status Week" campaign across all 21 LGAs aimed at dramatically increasing HIV testing uptake and early case identification.

The initiative shall include:

- mass community HIV screening
- mobile testing outreaches
- church and market-based testing
- testing at parks, workplaces, and social gatherings
- youth-focused campaigns
- community sensitization drives.

Each LGA shall be assigned annual testing targets with performance scorecards and rankings.

Action 2: Moonlight Testing Clinic Initiative (MTI)

ANSACA shall expand the Moonlight Testing Initiative, a night-time HIV testing intervention targeting hotspots and key populations.

The initiative will target:

- Female sex workers
- Transport hubs
- Nightlife locations
- Truck routes
- Motor parks
- Urban slums
- Entertainment corridors
- People who inject drugs

Testing shall be integrated with:

- STI screening
- Condom and lubricant distribution
- Psychosocial counselling
- Immediate referral for treatment.

Moonlight clinics shall operate weekly across high-burden LGAs.

Action 3: Steady HIV Testing Booths in all 21 LGAs

Permanent HIV Testing Booths shall be established in all LGAs to improve access to voluntary counselling and testing.

Testing booths shall be strategically located at:

- Markets
- Transport terminals
- LGA secretariats
- Youth centres
- Shopping clusters
- Health facilities

These booths shall provide:

- Confidential testing
- Counselling
- Prevention education
- Referrals
- Linkage to care

Action 4: TeleHealth HIV Services Initiative

ANSACA shall establish a digital TeleHealth HIV Service Platform to improve confidential access to HIV information and support.

Services shall include:

- Online counselling
- Adherence support
- Anonymous HIV risk consultation
- Appointment scheduling
- Psychosocial support
- Treatment follow-up

This initiative will improve access for youths, professionals, and persons concerned about confidentiality.

Action 5: ANSACA Toll-Free HIV Hotlines

A 24-hour toll-free HIV hotline shall be established for:

- HIV information
- Prevention guidance
- Stigma reporting
- Crisis counselling
- Referrals
- Linkage to testing and care

Multilingual operators shall support accessibility.

Action 6: Zero New Infections LGA Initiative (ZNI-LGA)

ANSACA shall launch a competitive Zero New Infections Initiative where all LGAs commit to measurable reductions in new HIV infections.

Each LGA shall:

- Develop local HIV prevention plans
- Establish HIV prevention task teams
- Track infection trends
- Receive annual performance ranking

High-performing LGAs shall receive recognition and incentives.

Action 7: Improved Prevention IEC Materials Distribution Strategy

ANSACA shall redesign and scale prevention information dissemination.

This includes:

- Multilingual IEC materials
- Culturally appropriate messages
- Social media prevention campaigns
- Radio and TV messaging
- Youth-friendly materials.

Distribution channels:

- Schools
- Markets

- Churches
- Workplaces
- Transport systems

Action 8: Workplace HIV Testing Initiative

ANSACA shall institutionalize workplace HIV testing across public and private sectors.

Target workplaces include:

- Ministries
- MDAs
- Banks
- Factories
- Transport unions
- SMEs

Annual workplace HIV screening and sensitization shall be encouraged.

Action 9: Family Life Health Education (FLHE) Initiative

ANSACA shall collaborate with education authorities to strengthen age-appropriate HIV prevention education in schools.

Focus areas:

- Sexuality education
- Abstinence and safer practices
- Stigma reduction
- Reproductive health

Action 10: Employee Wellness & Productivity Initiative

ANSACA shall integrate HIV prevention into workplace wellness frameworks to improve workforce productivity and reduce absenteeism.

Components include:

- Health talks
- Periodic HIV screening
- Wellness assessments

- Mental health support

Action 11: Higher Institutions HIV Prevention Plan

Dedicated HIV prevention frameworks shall be established in tertiary institutions.

Key interventions:

- Campus HIV testing weeks
- Peer educators
- Condom access points
- Student HIV ambassadors

Action 12: School HIV Clubs Initiative

Secondary schools shall establish HIV Prevention Clubs to drive peer education and behavioural change.

Activities include:

- Debates
- HIV awareness programs
- Drama
- Advocacy campaigns

Action 13: PTA HIV Engagement Framework

PTAs shall be engaged to:

- Improve parent-child communication
- Reduce misinformation
- Support adolescent HIV prevention.

Action 14: State HIV Epidemic Intelligence Model Initiative

ANSACA shall establish a real-time predictive HIV surveillance and epidemic intelligence model.

Components:

- Real-time HIV dashboard
- Hotspot forecasting

- GIS mapping,
- LGA HIV ranking
- Outbreak alerts
- Predictive analytics

This will support evidence-based decision-making.

Action 15: Hotspot Response Strategy (HRS)

ANSACA shall establish rapid response HIV prevention teams for hotspot interventions.

Priority hotspots:

- Brothels
- Transport corridors
- Informal settlements
- Campuses
- Urban nightlife centres

Interventions:

- Targeted testing
- Prep awareness
- Prevention commodities
- Linkage to care.

3.1.4 Annual Targets and Timelines (2026–2028)

To ensure measurable implementation and accountability, ANSACA shall adopt phased annual targets under the Comprehensive HIV Prevention & Epidemic Control Pillar. The implementation approach shall follow a Scale-Up (2026), Expansion & Optimization (2027), and Consolidation for Epidemic Control (2028) model.

A. 2026 TARGETS — FOUNDATION & SCALE-UP YEAR

The year 2026 shall focus on system establishment, infrastructure deployment, public sensitization, hotspot mapping, baseline generation, and rapid expansion of HIV prevention services.

Table 2: ***Pillar 1 — Annual Targets, 2026***

Strategic Action	2026 Target
Know Your Status Week Initiative	Conduct in all 21 LGAs quarterly (4 cycles annually)
Moonlight Testing Initiative	Reach minimum 150 hotspots state-wide
HIV Testing Booths	Establish at least one functional testing booth in all 21 LGAs
TeleHealth HIV Services	Launch state-wide digital HIV support platform
ANSACA Hotlines	Operationalize 24/7 toll-free hotline
Zero New Infections Initiative	Launch in all 21 LGAs with baseline infection mapping
IEC Materials Distribution	Distribute 500,000 prevention materials state wide
Workplace HIV Testing	Cover minimum 100 workplaces
FLHE Initiative	Implement in 40% of public secondary schools
Employee Wellness Initiative	Reach 50 government MDAs and major employers
Higher Institution HIV Plan	Implement in all tertiary institutions in Anambra
School HIV Clubs	Establish in 150 schools
PTA Engagement	Reach 40% of school PTAs
HIV Epidemic Intelligence Model	Develop HIV Dashboard & hotspot GIS mapping
Hotspot Response Strategy	Map and intervene in all identified high-risk hotspots

B. 2027 TARGETS — EXPANSION & OPTIMIZATION YEAR

The year 2027 shall prioritize program expansion, quality improvement, deeper community penetration, behavioural change outcomes, and stronger epidemic intelligence systems.

Table 3: ***Pillar 1 — Annual Targets, 2027***

Strategic Action	2027 Target
Know Your Status Week Initiative	Achieve 80% community participation across LGAs
Moonlight Testing Initiative	Increase hotspot outreach coverage by 50%
HIV Testing Booths	Establish additional satellite testing points
TeleHealth HIV Services	Achieve 50,000 annual users
ANSACA Hotlines	Handle minimum 100,000 prevention inquiries annually
Zero New Infections Initiative	Achieve 20% reduction in new HIV infections
IEC Distribution	Reach 1 million citizens
Workplace HIV Testing	Cover 250 workplaces state-wide
FLHE Initiative	Expand to 70% school coverage
Employee Wellness Initiative	Reach 150 organizations
Higher Institution HIV Plan	Establish active HIV Prevention Committees
School HIV Clubs	Expand to 300 schools
PTA Engagement	Reach 70% of PTA structures state-wide
HIV Epidemic Intelligence Model	Fully operational predictive surveillance
Hotspot Response Strategy	Reduce hotspot transmission clusters by 30%

C. 2028 TARGETS — CONSOLIDATION & EPIDEMIC CONTROL YEAR

The year 2028 shall focus on sustainability, epidemic control outcomes, and measurable reductions in HIV transmission.

Table 4: ***Pillar 1 — Annual Targets, 2028***

Strategic Action	2028 Target
Know Your Status Week Initiative	Institutionalized in all LGAs
Moonlight Testing Initiative	Coverage of all hotspot communities
HIV Testing Booths	Functional testing services in all LGAs
TeleHealth HIV Services	80% citizen awareness of digital HIV support
ANSACA Hotlines	Integrated referral and crisis response
Zero New Infections Initiative	50% reduction in new HIV infections state-wide
IEC Distribution	Reach 80% state-wide prevention awareness
Workplace HIV Testing	Institutionalized annual testing in major organizations
FLHE Initiative	Implemented in all schools
Employee Wellness Initiative	State-wide workplace adoption
Higher Institution HIV Plan	Functional in 100% institutions
School HIV Clubs	Functional in all public secondary schools
PTA Engagement	Integrated HIV education into PTA systems
HIV Epidemic Intelligence Model	Real-time epidemic monitoring operational
Hotspot Response Strategy	Reduce HIV transmission in hotspots by 50%

3.1.5 Key Performance Indicators (KPIs)

ANSACA shall monitor implementation using measurable indicators.

Prevention & Testing KPIs

- Number of persons tested annually.
- Percentage increase in HIV testing uptake.
- Percentage of citizens who know their HIV status.
- Number of hotspot outreaches conducted.
- Number of HIV prevention commodities distributed.

Epidemic Control KPIs

- Annual reduction in new HIV infections.
- HIV incidence rate per LGA.
- Hotspot transmission reduction index.
- Number of LGAs achieving "Zero New Infection" targets.

Community Engagement KPIs

- Number of schools implementing FLHE.
- Number of functional HIV clubs.
- PTA participation rates.
- Workplace participation rates.

Digital & Intelligence KPIs

- TeleHealth usage rate.
- HIV hotline utilization.
- HIV dashboard functionality score.
- Frequency of hotspot predictive reports.

Behavioural Change KPIs

- HIV prevention awareness levels.
- Condom uptake rates.
- Youth HIV literacy index.
- Stigma reduction indicators.

3.1.6 Cost Implications

Estimated Budget (2026–2028)

Projected Cost Range: ₦178 Million – 180 Million

Major Cost Components

Table 5: ***Pillar 1 — Estimated Cost Components, 2026–2028***

Area	Estimated Allocation
Moonlight Testing Initiative	₦33 Million
HIV Testing Booths	₦25 Million
TeleHealth & Hotlines	₦40 Million
IEC Materials & Media Campaigns	₦5 Million
Workplace & School Initiatives	₦10 Million
FLHE & HIV Clubs	₦5 Million
Higher Institution Programs	₦30 Million
HIV Epidemic Intelligence Model	₦25 Million
Hotspot Response Strategy	₦5 Million

Funding Sources

- Anambra State Government
- Federal Government HIV support
- National Agency for the Control of AIDS
- Private Sector CSR Partnerships
- Development Partners
- Global Fund
- Domestic Resource Mobilization Mechanisms
- Proposed ANSACA HIV Trust Fund

3.1.7 Responsible Units

Lead Coordinating Agency

Anambra State AIDS Control Agency

Internal ANSACA Responsible Units

- Prevention Unit
- Community Mobilization Unit

- Monitoring & Evaluation Unit
- Advocacy & Communications Unit
- Research and Intelligence Unit
- ICT & Digital Health Unit
- Partnership & Resource Mobilization Unit

Key External Stakeholders

- Ministry of Health
- Ministry of Education
- Ministry of Youth Development
- LGA Health Departments
- School Boards
- PTA Associations
- Tertiary Institutions
- Traditional & Religious Institutions
- Organized Private Sector
- Civil Society Organizations
- Networks of People Living with HIV
- Community-Based Organizations
- Implementing Partners

3.1.8 Risk Mitigation Framework

Table 6: ***Pillar 1 — Risk Mitigation Framework***

Potential Risk	Impact	Mitigation Strategy
HIV stigma and discrimination	Reduced testing uptake	Scale anti-stigma campaigns and confidentiality measures
Donor funding reduction	Program interruption	Strengthen domestic resource mobilization
Weak LGA ownership	Poor implementation	Introduce LGA ranking and incentives
Cultural resistance	Reduced community acceptance	Engage traditional and faith leaders

Poor youth engagement	Increased risky behaviour	Expand youth-focused prevention systems
Technology failure	Weak surveillance systems	Strengthen ICT infrastructure
Workforce shortages	Slow implementation	Capacity building and task shifting
Data quality issues	Poor planning	Introduce real-time monitoring and verification
Security challenges in hotspots	Restricted access	Collaborate with community security stakeholders

Expected Outcome

EXPECTED OUTCOME — PILLAR 1

By 2028, Anambra State shall record a significant reduction in new HIV infections, increased HIV prevention awareness, strengthened epidemic intelligence systems, expanded HIV testing access, reduced hotspot transmission, stronger workplace and school HIV prevention systems, and a coordinated state-wide movement towards achieving Zero New HIV Infections and Epidemic Control under the leadership of ANSACA.

PILLAR 2

Scaling Up Treatment, Care, Viral Suppression and Meaningful Involvement of People Living with HIV/AIDS (PLHIV) (2026–2028)

3.2.1 Rationale

The HIV response in Anambra State has recorded substantial progress in treatment access, care coordination, viral load monitoring, and reduction in HIV-related mortality through strategic collaboration between government, implementing partners, healthcare institutions, and community networks. However, despite these gains, major gaps still exist in treatment access among underserved populations, retention in care, treatment interruption, advanced HIV disease, viral suppression disparities, vertical transmission, stigma, weak psychosocial support systems, and the inadequate socio-economic inclusion of People Living with HIV (PLHIV).

Furthermore, emerging realities in HIV financing, declining donor dependence, and the need for sustainable epidemic control require a shift from a treatment-only approach to a whole-person, patient-centered, community-driven, and socio-economically inclusive HIV care model.

Particular concerns remain around:

- treatment access among riverine and hard-to-reach communities
- inadequate PMTCT uptake
- treatment interruption among key populations
- weak emergency systems for treatment continuity
- insufficient PrEP and PEP access
- limited formal inclusion of PLHIV in decision-making
- economic vulnerabilities affecting treatment adherence.

In alignment with the UNAIDS 95-95-95 targets, national HIV priorities, and the vision of achieving an AIDS-Free Anambra State, this pillar seeks

to strengthen HIV treatment, retention, viral suppression, psychosocial care, emergency response, and meaningful participation of PLHIV while addressing the structural and socio-economic barriers that undermine long-term treatment success.

This pillar therefore prioritizes expanding equitable treatment access, strengthening continuity of care, reducing AIDS-related mortality, scaling viral suppression, preventing mother-to-child transmission, institutionalizing community ownership, and ensuring that PLHIV are not only recipients of care but active partners in the HIV response.

3.2.2 Strategic Objectives

The strategic objectives of this pillar are to:

1. Expand equitable access to comprehensive HIV treatment and care services across all LGAs, including underserved and riverine communities.
2. Improve retention in care, treatment adherence, and viral suppression among PLHIV.
3. Strengthen HIV prevention-treatment integration through expanded PrEP, PEP, and PMTCT services.
4. Reduce HIV-related morbidity, mortality, and vertical transmission.
5. Institutionalize meaningful involvement of PLHIV in planning, implementation, monitoring, and accountability.
6. Strengthen treatment continuity through emergency response and community support systems.
7. Improve accountability and performance among HIV implementing partners.
8. Promote socio-economic inclusion, financial resilience, and improved quality of life for PLHIV.

3.2.3 Strategic Actions

Action 1: Improved Collaboration with First Lady's Healthy Living Initiative

ANSACA shall establish a strategic partnership with the State First Lady's Healthy Living Initiative to mainstream HIV prevention, treatment, PMTCT, maternal health, stigma reduction, and wellness programs into broader health campaigns.

Priority collaboration areas shall include:

- maternal HIV screening,
- PMTCT scale-up,
- women-centered HIV awareness,
- adolescent reproductive health,
- anti-stigma advocacy,
- HIV screening during maternal health outreaches.

This collaboration shall serve as a visibility, advocacy, and social mobilization platform for HIV epidemic control.

Action 2: Scale-Up of PrEP & PEP Distribution among Key Populations

ANSACA shall aggressively scale up access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) among vulnerable and high-risk populations.

Priority populations:

- Female Sex Workers (FSWs)
- Men who have Sex with Men (MSM)
- People Who Inject Drugs (PWID)
- Discordant couples
- Healthcare workers
- Survivors of sexual violence
- Transport workers and hotspot populations

Key interventions include:

- Hotspot prep outreach
- Moonlight prevention integration
- Mobile prep delivery
- Confidential counselling
- Digital adherence support

Action 3: Strengthening PMTCT Coverage to Drastically Reduce Vertical Transmission

ANSACA shall prioritize elimination of mother-to-child transmission (eMTCT) through strengthened PMTCT programming.

Interventions include:

- Universal antenatal HIV screening
- Repeat HIV testing during pregnancy
- Early infant diagnosis
- Maternal adherence monitoring
- PMTCT commodity availability
- Facility and community-based maternal tracking

PMTCT coverage shall be expanded into private hospitals, mission facilities, and traditional birth attendant networks.

Action 4: Expansion of Treatment Services to Riverine and Hard-to-Reach Areas

ANSACA shall expand HIV treatment access to underserved populations through:

- Mobile ART clinics
- Riverine treatment outreach
- Decentralized community ART refill systems
- Differentiated service delivery models
- Telemedicine follow-up

Priority hard-to-reach communities shall receive quarterly treatment outreaches.

Action 5: Strengthened Collaboration with SASCP (MOH) & NEPWHAN

ANSACA shall deepen coordination with the State AIDS and STI Control Programme (SASCP) under the Ministry of Health and networks of PLHIV.

Areas of collaboration:

- Treatment continuity
- Viral suppression tracking
- Patient retention
- Stigma reduction
- Adherence support
- Policy coordination

Joint review meetings shall be institutionalized quarterly.

Action 6: Partner Performance Model Initiative (PPMI)

ANSACA shall establish a performance accountability system for implementing partners and treatment facilities.

Partners shall be ranked annually using indicators including:

a. Case Identification Rate

b. Linkage to Treatment Rate

c. Viral Suppression Rate

d. Retention in Care

e. Data Quality & Reporting Timeliness

f. Community Engagement Score

A performance scorecard system shall be institutionalized to improve competitiveness, accountability, and service quality.

Outstanding partners shall receive recognition awards.

Action 7: HIV Emergency Response System (HERS)

ANSACA shall establish an HIV Emergency Response System to prevent treatment interruption and improve rapid crisis response.

Emergency support shall include:

- Emergency ART refill access,
- Hotline-supported treatment navigation,

- Patient transfer coordination,
- Stock-out response systems,
- Rapid intervention for treatment default.

This system will ensure continuity during insecurity, flooding, displacement, or health system shocks.

Action 8: PLHIV Socio-Economic Empowerment & Financial Inclusion

ANSACA shall facilitate socio-economic empowerment programs for PLHIV. Areas of empowerment include:

a. Micro-loans and Cooperative Schemes

Facilitated through partnerships with financial institutions to enable income generation and economic resilience.

b. Vocational Skills and Entrepreneurship Training

Targeted skills training and small business support for self-reliance.

c. Linkages to Social Welfare and Welfare Programs

- poverty alleviation programs,
- youth and women empowerment schemes,
- social welfare programs.

d. Financial Literacy Programs

Training on:

- savings,
- investments,
- budgeting,
- entrepreneurship.

Economic empowerment will improve treatment adherence and quality of life.

Action 9: Biannual Town Hall Meetings with PLHIV Networks

ANSACA shall institutionalize biannual HIV Town Hall Meetings to improve transparency, inclusion, accountability, and co-creation.

The meetings shall:

- gather feedback,
- identify service gaps,

- discuss stigma concerns,
- improve treatment experience,
- strengthen trust between government and PLHIV communities.

The Greater Involvement of People Living with HIV/AIDS (GIPA) principle shall guide implementation.

3.2.4 Annual Targets and Timelines (2026–2028)

Table 7: ***Pillar 2 — Annual Targets and Timelines, 2026–2028***

Strategic Action	2026	2027	2028
PrEP/PEP Scale-Up	40% increase	70% increase	90% coverage
PMTCT Coverage	85%	92%	98%
Vertical Transmission Reduction	20%	40%	70%
Riverine Treatment Access	10 LGAs	18 LGAs	Full Coverage
Partner Ranking Model	Pilot	Full implementation	Institutionalized
Viral Suppression	92%	95%	97%
Treatment Retention	85%	90%	95%
Emergency HIV Response	Establish	Optimize	Sustain
PLHIV Financial Inclusion	2,000 beneficiaries	5,000	10,000
Town Hall Meetings	2 annually	2 annually	2 annually

3.2.5 Key Performance Indicators (KPIs)

- ART retention rate
- Viral suppression rate
- PMTCT coverage rate
- Vertical transmission rate
- Number of PLHIV accessing micro-loans
- Number of treatment interruptions resolved
- Partner performance ranking score
- Prep/PEP uptake rate

- HIV mortality reduction rate
- PLHIV participation index

3.2.6 Cost Implications

Estimated Cost (2026–2028)

Projected Budget: ₦85 – ₦95 Million

Major cost drivers:

- PMTCT expansion
- Riverine treatment outreach
- Emergency HIV systems
- PrEP/PEP scale-up
- Financial inclusion programs
- Viral load monitoring
- Community adherence support
- PLHIV town halls

Funding Sources:

- State Government
- National Agency for the Control of AIDS
- Global Fund
- PEPFAR
- Development partners
- Private sector CSR
- HIV Trust Fund

3.2.7 Responsible Units

Lead Agency

Anambra State AIDS Control Agency

Supporting Units

- Treatment, Care & Support Unit
- Monitoring & Evaluation Unit
- Community Systems Unit
- SASCP (MOH)
- NEPWHAN

- Implementing Partners
- Financial Institutions
- Women & Youth Ministries

3.2.8 Risk Mitigation Framework

Table 8: ***Pillar 2 — Risk Mitigation***

Risk	Mitigation Strategy
Treatment interruption	HIV emergency response system
Stigma	Community sensitization
Poor retention	Peer navigators
Funding gaps	Domestic resource mobilization
Poor partner performance	Ranking and accountability
Low PLHIV inclusion	Institutionalized town halls
Economic hardship	Financial inclusion programs

Expected Outcome

EXPECTED OUTCOME — PILLAR 2

By 2028, Anambra State shall achieve stronger treatment continuity, higher viral suppression, drastically reduced vertical transmission, expanded access to PrEP/PEP, strengthened partner accountability, improved socio-economic wellbeing of PLHIV, and a fully integrated patient-centered HIV treatment ecosystem driven by meaningful participation of PLHIV.

PILLAR 3

Data, Digital Health & Intelligence-Driven HIV Response (2026–2028)

3.3.1 Rationale

The changing dynamics of the HIV epidemic require a shift from traditional programmatic approaches to a data-driven, digitally enabled, intelligence-led HIV response system capable of generating real-time evidence for decision-making, resource allocation, epidemic forecasting, service optimization, and accountability.

Historically, HIV response systems across sub-national levels in Nigeria have been challenged by delayed reporting, fragmented data systems, weak real-time surveillance mechanisms, poor feedback loops, inadequate dissemination of epidemiological intelligence, and limited integration of technology into HIV programming. In Anambra State, despite improvements in HIV response coordination, critical gaps remain in data timeliness, hotspot intelligence, digital visibility, LGA performance tracking, public communication, digital engagement, behavioural communication systems, and community-based information access.

As donor financing gradually declines and expectations for measurable outcomes increase, ANSACA must transition into a modern, digitally responsive, evidence-based HIV institution where policy, programming, prevention, treatment, resource mobilization, and epidemic control are guided by real-time intelligence and actionable data.

The increasing use of digital technology, social media, telehealth, artificial intelligence, geospatial analysis, and predictive surveillance presents enormous opportunities to redesign the HIV response in Anambra State. In addition, strengthening technical coordination platforms, data governance, public communication systems, and digital

citizen engagement is essential for epidemic control and sustainable HIV outcomes.

This pillar therefore seeks to institutionalize a robust data governance and digital health ecosystem that supports real-time HIV intelligence, rapid response systems, digital communication, evidence-based planning, improved accountability, stronger coordination, and citizen-centered HIV services across all 21 LGAs of Anambra State.

3.3.2 Strategic Objectives

1. Strengthen real-time HIV data collection, reporting, analytics, and intelligence systems.
2. Institutionalize digital health innovations for HIV prevention, treatment, and care.
3. Improve evidence-based decision-making, planning, and accountability at state and LGA levels.
4. Strengthen public HIV awareness through digital communication, media engagement, and technology platforms.
5. Improve technical coordination, stakeholder collaboration, and data review mechanisms.
6. Enhance transparency, visibility, and institutional branding of ANSACA.
7. Build a predictive HIV intelligence ecosystem for hotspot surveillance and epidemic forecasting.

3.3.3 Strategic Actions

Action 1: Design and Deployment of Real-Time ANSACA HIV Dashboard

ANSACA shall design and operationalize a real-time digital HIV intelligence dashboard to provide centralized, live HIV program monitoring and performance analytics.

The dashboard shall integrate the following core indicators: HIV testing uptake, case identification, linkage to treatment, viral suppression,

treatment interruption, hotspot mapping, HIV prevalence trends, key population service uptake, PMTCT performance, and partner performance scorecards.

Dashboard features include real-time data visualization, GIS hotspot mapping, LGA performance ranking, outbreak alerts, predictive epidemic analytics, automated reports, and partner comparison systems. The dashboard shall serve as the State HIV Situation Room for evidence-based decision-making.

Action 2: Establishment of Monthly HIV Activity Reports by LGAs

ANSACA shall institutionalize a Monthly HIV Activity Reporting System across all 21 LGAs. Each LGA shall submit monthly reports covering HIV testing statistics, prevention activities, treatment indicators, hotspot updates, outreach performance, stigma incidents, and community mobilization activities. LGA monthly performance scorecards shall be introduced to improve accountability and competitiveness.

Action 3: ANSACA Newsletter Initiative

ANSACA shall launch a quarterly digital and print ANSACA HIV Newsletter to improve institutional communication, transparency, visibility, and stakeholder engagement. The newsletter shall feature HIV epidemiological updates, intervention success stories, policy developments, stakeholder activities, donor and partner updates, LGA performance highlights, and innovation showcases.

Action 4: Quarterly Prevention Technical Working Group (TWG) Meetings

ANSACA shall institutionalize Quarterly Prevention Technical Working Group Meetings involving key stakeholders including implementing partners, SASCP, Ministry of Health, civil society, NEPWHAN,

development partners, academia, and youth representatives. TWG meetings shall review prevention performance, identify service gaps, strengthen collaboration, and improve accountability.

Action 5: Data Review, Gender & Human Rights State Response Team

ANSACA shall establish a Data Review, Gender and Human Rights Response Team to strengthen equitable HIV service delivery. The team shall analyze gender disparities, track human rights issues, monitor stigma and discrimination, review vulnerable population access, and recommend corrective actions. Biannual gender and human rights review reports shall be produced.

Action 6: Resource Mobilization Technical Working Group

ANSACA shall establish a Resource Mobilization Technical Working Group (RMTWG) to improve domestic financing and sustainability. Responsibilities include donor mapping, proposal development, partnership building, private sector engagement, CSR opportunities, and grant intelligence. This platform will reduce donor dependency.

Action 7: Biannual Monitoring and Supportive Visits to LGAs

ANSACA shall institutionalize biannual strategic field visits to all 21 LGAs. The visits shall review HIV program implementation, verify data quality, assess hotspot responses, monitor stakeholder participation, and strengthen local ownership. Annual LGA HIV rankings shall emerge from these visits.

Action 8: ANSACA Website Development Initiative

ANSACA shall develop and maintain a modern interactive website to improve visibility, transparency, information access, and digital engagement. Website functions include HIV information repository, prevention education, downloadable reports, dashboards, stakeholder portal, online referrals, and partner visibility. The website shall serve as ANSACA's digital institutional headquarters.

Action 9: Expanded Social Media HIV Awareness Network

ANSACA shall significantly expand its digital communication footprint through coordinated social media campaigns. Priority platforms include Facebook, Instagram, X, TikTok, YouTube, and WhatsApp Channels. Focus areas include HIV myths and facts, stigma reduction, testing campaigns, youth awareness, and prevention messaging.

Action 10: Comedians, Influencers & Content Creators HIV Awareness Initiative

ANSACA shall partner with comedians, skit makers, actors, musicians, and digital creators to improve HIV communication. This strategy will simplify HIV messaging, improve youth engagement, reduce stigma, and increase awareness. Localized and culturally relatable content shall be prioritized.

Action 11: TeleHealth HIV Services & ANSACA Hotlines

ANSACA shall establish digital HIV consultation services through TeleHealth services (virtual counseling, appointment scheduling, adherence support, anonymous risk assessment) and ANSACA HIV Hotlines (toll-free HIV information, referrals, psychosocial support, treatment navigation). This will improve confidentiality and access.

Action 12: Radio/TV Jingles and Digital Media Campaigns

ANSACA shall launch continuous HIV media campaigns using radio jingles, TV awareness campaigns, local language messaging, podcasts, and social media ads. Behavior change communication shall target adolescents, youths, transport workers, traders, key populations, and rural communities.

3.3.4 Annual Targets and Timelines (2026–2028)

Table 9: ***Table 10: Pillar 3 — Annual Targets and Timelines (2026–2028)***

Strategic Initiative	2026	2027	2028
Real-Time Dashboard	Design & Launch	Full Optimization	Institutionalized
Monthly LGA Reports	100% compliance	Improved analytics	Sustained
Newsletter	Quarterly	Quarterly	Quarterly
TWG Meetings	4 annually	4 annually	4 annually
LGA Monitoring Visits	21 LGAs	21 LGAs	21 LGAs
Website	Launch	Upgrade	Full digital repository
Social Media Reach	500,000 impressions	1M impressions	2M impressions
Content Creator Campaign	Pilot	Scale-up	Institutionalized
Hotlines	Operational	Expanded	Fully integrated
Media Jingles	Weekly airing	Expanded coverage	Sustained

3.3.5 Key Performance Indicators (KPIs)

- Percentage of real-time reporting compliance.
- Dashboard functionality index.
- Timeliness of monthly LGA reports.
- Website traffic analytics.
- Social media engagement rate.
- Number of hotline users.
- Number of TWG recommendations implemented.
- LGA performance score improvement.
- Partner engagement score.
- HIV awareness reach.

3.3.6 Cost Implications

Estimated Cost (2026–2028)

Projected Budget: ₦100 – ₦110 Million

Major Cost Areas:

- Dashboard development
- ICT infrastructure
- Website maintenance
- TeleHealth systems
- Media campaigns
- Hotline operations
- Field monitoring visits
- Newsletter production
- Content creator partnerships

3.3.7 Responsible Units

Lead Agency

Anambra State AIDS Control Agency

Responsible Units

- Monitoring & Evaluation Unit
- ICT & Digital Health Unit
- Advocacy & Communications Unit
- Resource Mobilization Unit
- Prevention Unit
- Research & Intelligence Unit
- LGA AIDS Coordinators

3.3.8 Risk Mitigation Framework

Table 10: ***Pillar 3 — Risk Mitigation Framework***

Risk	Mitigation Strategy
Poor internet access	Hybrid online/offline systems
Weak reporting compliance	LGA ranking incentives
Funding gaps	Resource mobilization
Misinformation	Strong media engagement

Data quality issues	Verification systems
Low digital literacy	Capacity building

EXPECTED OUTCOME

By 2028, ANSACA shall emerge as a digitally transformed, intelligence-driven HIV institution, equipped with real-time epidemic surveillance, strong public communication systems, predictive HIV intelligence, accountable LGA performance systems, enhanced citizen engagement, and evidence-based decision-making mechanisms capable of accelerating epidemic control in Anambra State.

PILLAR 4

Domestic Resource Mobilization & Sustainability (2026–2028)

3.4.1 Rationale

The HIV response in Nigeria, including Anambra State, has historically depended heavily on donor funding from multilateral and bilateral agencies. While donor-supported interventions have contributed significantly to HIV prevention, treatment, care, viral suppression, and health systems strengthening, emerging global financing realities increasingly indicate a gradual decline in external HIV financing and a stronger emphasis on country ownership, sustainability, and domestic financing.

The changing donor landscape, competing public health priorities, economic pressures, and uncertainty in international development assistance necessitate a strategic transition from donor dependency to a domestically sustainable HIV response system that guarantees continuity of services irrespective of external funding fluctuations.

In Anambra State, financing gaps continue to affect HIV prevention programming, treatment expansion, digital innovations, stigma reduction, hotspot interventions, community mobilization, research, and service delivery to vulnerable populations. Current budgetary allocations remain insufficient to meet the growing demands of epidemic control, especially as the State seeks to accelerate progress toward achieving Zero New Infections, Zero AIDS-Related Deaths, and Zero HIV-Related Stigma and Discrimination.

Furthermore, opportunities remain largely untapped in private sector financing, high-net-worth individual partnerships, philanthropy, innovative financing, social investments, diaspora support, workplace partnerships, and local community ownership.

To ensure sustainability, ANSACA must reposition itself as a strategic institution capable of mobilizing diversified funding streams through government ownership, private sector partnerships, philanthropy, trust funds, grant systems, and community participation.

This pillar therefore seeks to institutionalize a resilient, diversified, accountable, and sustainable HIV financing ecosystem that guarantees continuity of HIV interventions, improves state ownership, strengthens domestic investments, and reduces dependence on donor funding.

3.4.2 Strategic Objectives

1. Increase domestic financing and government ownership of the HIV response in Anambra State.
2. Establish sustainable and diversified HIV financing mechanisms.
3. Strengthen private sector participation and public-private partnerships in HIV programming.
4. Improve grant acquisition, donor engagement, and resource mobilization systems.
5. Institutionalize innovative HIV financing approaches.
6. Promote stakeholder ownership and community contribution to HIV sustainability.
7. Build a long-term financial sustainability framework for ANSACA.

3.4.3 Strategic Actions

Action 1: State Budget Inclusion & Strong Government Support Initiative

ANSACA shall strengthen advocacy for sustained state financing through institutionalized budgetary inclusion and stronger executive commitment. Priority interventions include annual HIV-specific budget lines, increased state counterpart financing, and dedicated HIV sustainability financing.

Regular strategic engagement shall be conducted with the Governor, State Executive Council, Ministry of Budget and Economic Planning,

Ministry of Finance, and the State House of Assembly. ANSACA shall advocate for HIV financing to become a protected public health priority.

Action 2: Establishment of the Anambra State HIV Trust Fund

ANSACA shall facilitate the establishment of a legally backed Anambra State HIV Trust Fund as a sustainable financing vehicle. The Trust Fund shall draw on State Government contributions, private sector donations, philanthropic giving, international partners, diaspora contributions, foundations, and high-net-worth individuals.

The Fund shall include a Board of Trustees, transparent financial management systems, annual independent audits, and multi-sector representation. The Trust Fund shall support prevention programs, treatment access, vulnerable populations, emergency HIV financing, and research and innovation.

Action 3: Corporate Social Responsibility (CSR) Funding Collaboration Initiative

ANSACA shall institutionalize strategic partnerships with private organizations to support HIV programming under Corporate Social Responsibility frameworks. Priority sectors include banking, telecommunications, hospitality, transport, manufacturing, pharmaceuticals, and media organizations.

Priority support areas include workplace HIV programs, HIV testing campaigns, prevention commodity sponsorship, youth interventions, digital campaigns, and hotspot response. An "ANSACA Corporate HIV Partnership Platform" shall be established.

Action 4: Community HIV Champion Honorarium Initiative (ANSACA Champion Day)

ANSACA shall establish an annual ANSACA Champion Honorarium Day to recognize and celebrate individuals and institutions contributing significantly to the HIV response. Honourees may include

philanthropists, traditional rulers, faith leaders, implementing partners, donors, advocates, mobilizers, and community champions.

Recognition categories include HIV Prevention Champion, Community Mobilization Champion, PLHIV Advocate Award, Corporate HIV Partner Award, and Youth HIV Ambassador Award. This initiative shall stimulate ownership, visibility, philanthropy, and healthy competition in HIV support.

Action 5: Domestication of the National Domestic Resource Mobilization Strategy

ANSACA shall domesticate the National HIV Domestic Resource Mobilization Strategy into an Anambra State HIV Sustainability and Financing Framework. The framework shall define state financing priorities, identify local funding streams, establish sustainability benchmarks, and provide annual financing targets. The strategy shall align with Anambra-specific realities and HIV burden.

Action 6: Establishment of ANSACA Grant & Proposal Development Unit

ANSACA shall establish a dedicated Grant & Proposal Development Unit to aggressively pursue funding opportunities. Core functions include donor intelligence, proposal writing, grant tracking, technical partnership development, fundraising strategy, and funding pipeline management.

Priority targets include the Global Fund, PEPFAR, foundations, research grants, private sector financing, and multilateral agencies. A grant calendar system shall be institutionalized.

Action 7: ANSACA Donor Roundtable Meetings

ANSACA shall institutionalize annual and biannual Donor Roundtable Meetings. Objectives include showcasing HIV financing gaps, presenting investment opportunities, building donor confidence, strengthening transparency, and mobilizing strategic partnerships.

Participants shall include development partners, philanthropists, foundations, international agencies, and private sector organizations. The roundtable shall serve as a strategic HIV investment forum.

Action 8: Strategic Partnership with High-Net-Worth Individuals (HNIs)

ANSACA shall engage influential philanthropists and wealthy citizens to support HIV interventions. The engagement strategy shall include private advocacy meetings, investment case presentations, naming opportunities, and recognition systems. Areas of support shall include treatment support, youth prevention, orphan care, hotspot interventions, and vulnerable population assistance.

Action 9: Private Sector HIV Sustainability Partnership Framework

ANSACA shall establish a co-financing partnership framework with organized private sector institutions. Areas of partnership shall include workplace HIV testing, employee wellness programs, HIV prevention sponsorship, digital health support, and prevention commodity financing. The framework shall encourage shared ownership of epidemic control.

3.4.4 Annual Targets and Timelines (2026–2028)

Table 11: ***Pillar 4 — Annual Targets and Timelines (2026–2028)***

Strategic Action	2026	2027	2028
HIV Budget Increase	20% increase	40% increase	Institutionalized
HIV Trust Fund	Framework established	Operational	Fully functional
CSR Partnerships	25 companies	60 companies	100 companies
Champion Honorarium Day	Launch	Annual	Institutionalized

DRM Strategy Domestication	Complete	Implement	Review
Grant Unit	Establish	Fully operational	Sustain
Donor Roundtables	1 annually	2 annually	2 annually
HNI Partnerships	20 HNIs	50 HNIs	100 HNIs
Private Sector Partnerships	30 organizations	75 organizations	150 organizations

3.4.5 Key Performance Indicators (KPIs)

- Annual HIV budget allocation growth.
- Amount mobilized domestically.
- Number of CSR partnerships.
- Funds generated through HIV Trust Fund.
- Number of successful grants won.
- Donor engagement score.
- Number of HNIs supporting HIV programs.
- Private sector contribution rate.
- Percentage reduction in donor dependency.

3.4.6 Cost Implications

Estimated Cost (2026–2028)

Projected Investment Requirement: ~~₦~~50 – ~~₦~~55 Million

This represents catalytic investment for resource mobilization systems.

Major Costs:

- Trust fund establishment
- Donor engagement
- Grant systems
- Advocacy
- Partnership development
- Stakeholder events
- Monitoring systems

Expected Return on Investment (ROI): Potential mobilization of ₦1–₦2 billion equivalent support over the medium term.

3.4.7 Responsible Units

Lead Agency

Anambra State AIDS Control Agency

Responsible Units

- Resource Mobilization Unit
- Finance & Accounts
- Partnerships Unit
- Monitoring & Evaluation Unit
- Office of the Executive Director
- Ministry of Budget & Planning
- Ministry of Finance
- State House of Assembly Committee on Health

3.4.8 Risk Mitigation Framework

Table 12: ***Pillar 4 — Risk Mitigation Framework***

Risk	Mitigation Strategy
Weak political will	High-level advocacy
Poor donor confidence	Transparency and audits
Economic downturn	Diversified funding streams
Low private sector participation	Incentive and recognition models
Weak grant success rate	Strong proposal unit
Governance concerns	Independent oversight mechanisms

EXPECTED OUTCOME

By 2028, Anambra State shall have transitioned toward a sustainable, domestically financed HIV response ecosystem, characterized by stronger government ownership, a functional HIV Trust Fund, expanded private sector investment, successful grant mobilization, stronger donor confidence, and resilient financing mechanisms capable of sustaining epidemic control efforts beyond donor dependence.

PILLAR 5

Research, Innovation, Knowledge Management & Academia (2026–2028)

3.5.1 Rationale

The evolving HIV epidemic increasingly demands evidence-based, locally generated, and context-specific solutions to improve prevention, treatment, care, viral suppression, and epidemic control outcomes. While substantial HIV programming has occurred in Anambra State, limited local operational research, weak knowledge management systems, inadequate HIV-focused academic collaboration, poor translation of evidence into policy, and insufficient institutional research capacity continue to constrain innovation and strategic decision-making.

Historically, many HIV interventions in sub-national settings have relied heavily on externally generated evidence, national-level assumptions, and donor-driven priorities which may not sufficiently reflect the unique epidemiological realities, behavioural drivers, sociocultural dynamics, hotspot vulnerabilities, and implementation challenges within Anambra State.

Furthermore, emerging priorities such as HIV prevention innovation, treatment interruption, advanced HIV disease, hotspot transmission dynamics, youth vulnerability, digital health adoption, key population programming, stigma and discrimination, and domestic resource mobilization, require sustained investment in operational research, implementation science, and locally relevant evidence generation.

As Anambra State accelerates toward epidemic control, there is an urgent need to reposition ANSACA beyond a coordinating institution into a research-driven, innovation-oriented, knowledge-producing HIV

institution capable of generating evidence, influencing policy, driving innovation, and supporting academic advancement.

This pillar therefore seeks to institutionalize a strong HIV research ecosystem through strategic surveys, academic partnerships, operational research, innovation systems, inter-state collaborations, scientific dissemination, and knowledge management frameworks that support evidence-based HIV programming and long-term sustainability.

Ultimately, this pillar envisions ANSACA as a State HIV Research Hub and Centre of Excellence for HIV intelligence, policy innovation, implementation science, and academic collaboration in Nigeria.

3.5.2 Strategic Objectives

1. Strengthen HIV research, operational studies, and evidence generation in Anambra State.
2. Promote innovation and evidence-based HIV programming.
3. Institutionalize knowledge management systems for policy and program improvement.
4. Strengthen collaboration between ANSACA, academia, and research institutions.
5. Position ANSACA as a leading HIV research and policy hub.
6. Encourage youth, students, and researchers to participate in HIV-related studies.
7. Improve translation of HIV evidence into policy and implementation.
8. Foster regional and cross-state HIV research collaboration.

3.5.3 Strategic Actions

Action 1: Establishment of ANSACA Research & Survey Unit

ANSACA shall establish a dedicated Research and Survey Unit responsible for HIV operational research, surveillance, implementation

science, and policy-oriented studies. The Unit shall conduct a minimum of two strategic HIV studies annually.

Priority study areas include HIV incidence and prevalence, treatment interruption, key population dynamics, adolescent HIV vulnerability, stigma and discrimination, hotspot epidemiology, PMTCT performance, viral suppression determinants, and HIV financing and sustainability. The Unit shall also coordinate rapid assessments, baseline studies, implementation research, and behavioural surveillance.

Action 2: Establishment of the Anambra State HIV Research Institute

ANSACA shall facilitate the establishment of the Anambra State HIV Research Institute (ASHRI) as a specialized multidisciplinary centre for HIV research and innovation.

The Institute shall focus on research areas including epidemiology, implementation science, HIV prevention innovations, digital HIV systems, behavioural science, treatment adherence, health financing, and stigma reduction. The Institute shall collaborate with universities, teaching hospitals, NACA, international institutions, and implementing partners. It shall serve as a centre for policy research, capacity building, postgraduate research, and scientific publications.

Action 3: Cross-State HIV Research Collaboration Initiative

ANSACA shall establish structured collaborations with leading SACAs and research institutions in Nigeria and beyond. Priority collaboration areas include comparative HIV studies, joint implementation research, best practice exchange, and operational learning. Potential collaborators include Lagos State AIDS Control Agency and other high-performing state HIV agencies. Annual inter-state HIV learning visits shall be institutionalized.

Action 4: Higher Institutions HIV Research Grant Initiative

ANSACA shall introduce a Competitive HIV Research Grant Scheme for tertiary institutions. Priority beneficiaries include undergraduate researchers, postgraduate students, lecturers, and professors. Funding shall prioritize state-specific HIV issues including youth HIV, treatment interruption, prevention models, stigma, digital health, and HIV financing. Winning proposals shall receive grants and mentorship.

Action 5: Inter-School HIV Research Contest Initiative

ANSACA shall organize annual Inter-School HIV Research Competitions across tertiary institutions. Categories include undergraduate research challenge, postgraduate innovation award, HIV public health competition, and digital innovation challenge. This initiative shall stimulate youth innovation and academic participation.

Action 6: Annual HIV Research Abstract Presentation Forum

ANSACA shall organize an annual State HIV Scientific Abstract Presentation Forum featuring scientific paper presentations, poster exhibitions, policy discussions, student presentations, and implementation learning. Outstanding abstracts shall receive recognition and publication support.

Action 7: Positioning ANSACA as a State HIV Research Hub

ANSACA shall establish itself as a State HIV Research Hub through a Central HIV Knowledge Repository containing epidemiological reports, datasets, policy briefs, intervention outcomes, partner reports, and research publications. A Research Data Warehouse shall provide a secure digital platform for HIV intelligence, trend analysis, and research access.

Action 8: Annual State HIV Scientific Conference

ANSACA shall institutionalize an annual scientific conference bringing together researchers, policymakers, development partners, students,

and healthcare workers. The conference shall support evidence translation into policy.

Action 9: HIV Innovation Challenge Fund

ANSACA shall establish a HIV Innovation Challenge Fund to support creative HIV solutions. Priority innovation areas include digital HIV tools, youth engagement, telehealth, adherence systems, and stigma reduction technologies. Selected innovations shall receive pilot funding.

Action 10: Knowledge Management & Digital Repository System

ANSACA shall institutionalize knowledge preservation and documentation systems. This includes digital archives, policy briefs, lesson-learning databases, and implementation manuals. Quarterly evidence briefs shall be produced.

Action 11: Research Publication & Policy Translation Initiative

ANSACA shall promote peer-reviewed publications and translation of research into policy. Outputs include scientific papers, policy briefs, executive evidence notes, and implementation guidance. Research findings shall directly inform planning.

Action 12: HIV Fellowship & Internship Programme

ANSACA shall introduce fellowships and internships for public health students, medical students, data analysts, and social scientists. This shall build future HIV experts.

Action 13: ANSACA Academic Partnership Framework

Formal MoUs shall be established with universities, colleges, research institutes, and teaching hospitals. These partnerships shall strengthen joint grants, technical support, and innovation ecosystems.

3.5.4 Annual Targets and Timelines (2026–2028)

Table 13: ***Pillar 5 — Annual Targets and Timelines (2026–2028)***

Strategic Action	2026	2027	2028
Strategic HIV Studies	2	3	4
HIV Research Institute	Framework	Establish	Operational
Research Grants	10 grants	20 grants	30 grants
Inter-School Contest	Launch	Expand	Institutionalized
Scientific Conference	1 annually	1 annually	1 annually
Research Abstract Forum	Annual	Annual	Annual
Publications	5	10	20
Academic MoUs	5 institutions	10	15
Innovation Fund Projects	5 pilots	10	20

3.5.5 Key Performance Indicators (KPIs)

- Number of HIV studies conducted.
- Number of policy briefs produced.
- Number of grants awarded.
- Scientific publication count.
- Number of institutional partnerships.
- Research utilization rate in policy.
- Innovation adoption score.
- Student participation levels.
- Conference participation numbers.

3.5.6 Cost Implications

Estimated Cost (2026–2028)

Projected Budget: ~~₦~~220 – ~~₦~~350 Million

Major Cost Drivers:

- Research institute establishment
- Grant funding
- Conferences

- Innovation fund
- Surveys
- Fellowships
- Digital repository systems

3.5.7 Responsible Units

Lead Agency

Anambra State AIDS Control Agency

Supporting Units

- Research & Innovation Unit
- Monitoring & Evaluation Unit
- Universities & Teaching Hospitals
- Ministry of Health
- Ministry of Education
- Development Partners
- Academic Institutions

3.5.8 Risk Mitigation Framework

Table 14: ***Pillar 5 — Risk Mitigation Framework***

Risk	Mitigation Strategy
Weak funding	Grants & partnerships
Low research participation	Incentives and awards
Poor policy uptake	Policy translation framework
Weak collaboration	Formal MoUs
Data access challenges	Central repository

EXPECTED OUTCOME

By 2028, ANSACA shall emerge as a nationally recognized HIV knowledge and research hub, generating high-quality evidence, strengthening policy innovation, supporting academic advancement, attracting grants, and driving a data-informed HIV response capable of accelerating epidemic control in Anambra State.

PILLAR 6

Institutional Strengthening, Governance & Workforce Excellence (2026–2028)

3.6.1 Rationale

The complexity and changing dynamics of the HIV epidemic demand strong institutions, accountable leadership, responsive governance systems, and a technically competent workforce capable of coordinating a sustainable, evidence-driven HIV response. While the Anambra State HIV response has made commendable progress through partnerships, donor support, and government interventions, the growing burden of epidemic control, donor transition realities, increasing demand for accountability, and emerging public health threats require a stronger and more modern institutional framework for ANSACA.

Historically, State AIDS Control Agencies have faced systemic challenges including weak institutional structures, fragmented coordination systems, inadequate workforce development, overdependence on ad-hoc staffing arrangements, inconsistent performance accountability, weak technical coordination, and insufficient institutionalization of policies and operational systems. These limitations often undermine program effectiveness, data quality, service delivery outcomes, staff productivity, stakeholder coordination, and sustainability.

In Anambra State, there is increasing need to reposition ANSACA into a high-performing, performance-driven, digitally responsive, technically strong, and globally competitive institution capable of delivering measurable HIV outcomes while responding effectively to changing epidemiological, governance, and financing realities.

Furthermore, the growing shift toward domestic ownership of HIV programs requires stronger governance systems, institutional reforms, policy modernization, improved staff capacity, inter-sectoral coordination, and innovative workforce management approaches. To sustain HIV gains and accelerate epidemic control, ANSACA must strengthen internal systems, modernize governance frameworks, institutionalize performance management, improve workforce productivity, enhance visibility, and strengthen local government structures for service delivery.

The HIV response also requires stronger workplace prevention systems, improved coordination with national agencies, continuous stakeholder engagement, strengthened Local AIDS Control Agency (LACA) structures, community mobilization platforms, and institutional recognition of important HIV-related health events to sustain awareness and policy attention.

This pillar therefore seeks to reposition ANSACA into a high-impact, accountable, policy-driven, workforce-efficient, and institutionally resilient HIV coordination agency through governance reforms, workforce excellence, policy strengthening, institutional restructuring, performance accountability, staff development, and strategic stakeholder engagement.

The ultimate goal is to establish ANSACA as one of the leading State AIDS Control Agencies in Nigeria, recognized for institutional excellence, workforce professionalism, technical innovation, accountability, sustainability, and measurable HIV outcomes.

3.6.2 Strategic Objectives

1. Strengthen institutional governance, accountability, and operational efficiency across ANSACA.
2. Improve workforce productivity, staff welfare, technical capacity, and professional excellence.
3. Institutionalize performance management systems across ANSACA units, implementing partners, and stakeholders.
4. Strengthen policy development, domestication, and implementation for HIV sustainability and epidemic control.
5. Improve technical coordination and collaboration with national and sub-national HIV response structures.
6. Strengthen Local AIDS Control Agency (LACA) systems and community HIV governance structures.
7. Enhance institutional visibility, stakeholder engagement, and HIV advocacy through strategic public events.
8. Promote staff motivation, organizational culture, and succession planning.
9. Strengthen institutional structures through the creation of strategic units necessary for sustainability and innovation.
10. Improve revenue generation and sustainability through institutional
    accreditation and service frameworks.

3.6.3 Strategic Actions

Action 1: Partner Performance Model Initiative (PPMI)

ANSACA shall institutionalize a Partner Performance Model Initiative (PPMI) to improve accountability, competitiveness, performance quality, and measurable outcomes among implementing partners, treatment facilities, and program stakeholders.

A standardized annual performance ranking framework shall be developed based on key indicators including Case Identification Performance, ANSACA Program Support and Responsiveness, Linkage to Treatment Rate, Viral Suppression Outcomes, Data Quality and

Reporting Timeliness, Community Engagement Performance, Hotspot Coverage, and Retention in Care.

Annual performance scorecards shall be published, and high-performing partners shall receive recognition awards during stakeholder summits. This initiative will strengthen accountability, improve service delivery standards, and promote healthy competition among partners.

Action 2: HIV-Free Workforce Initiative

ANSACA shall establish a state-wide HIV-Free Workforce Initiative to improve HIV awareness, workplace prevention, testing uptake, productivity, and employee wellness across government institutions and private organizations.

Key components include routine HIV workplace testing, HIV prevention sensitization, stigma reduction programs, workplace HIV policy development, access to condoms and prevention tools, and referral and treatment linkage systems.

Priority institutions shall include Ministries, Departments and Agencies (MDAs), organized private sector, markets and transport unions, and educational institutions. The initiative shall position HIV prevention as an essential workplace productivity intervention.

Action 3: Policy Review and Strategic Policy Update Framework

ANSACA shall conduct periodic review, domestication, and update of HIV-related policies to align with emerging realities and sustainability priorities. Priority policy areas include the Integrated HIV, TB & Malaria Sustainability Policy (to improve coordinated disease programming and sustainability); HIV Workplace Strategy Plan (to institutionalize HIV workplace prevention systems state-wide); HIV Prevention Plan (to align prevention interventions with hotspot realities and emerging trends);

and Domestic HIV Sustainability Framework (to reduce donor dependency and strengthen local financing). Policy review shall occur every two years.

Action 4: Domestication of National HIV Policies & Strengthened Collaboration with NACA

ANSACA shall strengthen policy alignment and technical collaboration with the National Agency for the Control of AIDS. This shall include domestication of national HIV policies, technical assistance, alignment with national priorities, joint implementation reviews, and participation in national HIV coordination platforms. Quarterly coordination meetings with national stakeholders shall be institutionalized.

Action 5: Employee Wellness & Productivity Initiative

ANSACA shall institutionalize an Employee Wellness & Productivity Initiative to improve staff performance, morale, physical wellbeing, and mental resilience. The initiative shall include annual health screening, psychosocial support, mental health counselling, fitness programs, productivity seminars, and workplace stress management. This initiative shall strengthen organizational culture and workforce motivation.

Action 6: Agency-Wide KPI Performance Framework

ANSACA shall establish a comprehensive Key Performance Indicator (KPI) Framework for all units and departments. Each unit shall operate under measurable timelines and deliverables. Sample unit KPIs include: Prevention Unit (number of HIV tests conducted, prevention outreach coverage); M&E Unit (timeliness of reports, data quality score); Research Unit (number of surveys conducted); and Resource Mobilization Unit (funds mobilized annually). Quarterly performance reviews shall be conducted by management.

Action 7: UNDP Fellowship Programme for Adhoc Staff Capacity Building

ANSACA shall collaborate with development partners to strengthen staff technical capacity through a UNDP Fellowship Programme. Priority areas include monitoring and evaluation, HIV programming, proposal writing, digital health, project management, and leadership development. This initiative shall improve workforce professionalism and retention.

Action 8: Facilitation of Adhoc Staff Conversion to Civil Service

ANSACA shall advocate for structured pathways toward conversion of qualified adhoc staff into the State Civil Service. Priority considerations include years of service, performance, technical competence, and workforce gaps. This shall improve workforce stability and institutional memory.

Action 9: Institutional Restructuring Through Creation of Strategic Units

ANSACA shall strengthen institutional efficiency through establishment of key strategic units: Domestic Resource Mobilization Unit (responsible for financing and partnerships); Research & Survey Studies Unit (responsible for operational research and surveys); Grant & Proposal Writing Unit (responsible for proposal development and donor intelligence); and ICT & Communication Unit (responsible for digital health, visibility, and technology systems). These units shall improve organizational efficiency and sustainability.

Action 10: Week-Long World AIDS Day (WAD) Activity Pack Initiative

ANSACA shall institutionalize a Week-Long World AIDS Day Celebration Framework every year to improve state-wide HIV awareness, stakeholder participation, visibility, prevention education,

policy engagement, scientific dialogue, and community ownership of the HIV response.

Rather than limiting World AIDS Day to a one-day ceremony, ANSACA shall coordinate a 7-day state-wide HIV advocacy and action campaign involving government institutions, schools, communities, private organizations, implementing partners, media, and citizens.

Components of the Week-Long Activity Pack

- State HIV Scientific Symposium — bringing together researchers, healthcare workers, academia, implementing partners, policymakers, and development agencies to discuss HIV epidemiological trends, innovation, treatment interruption, viral suppression, stigma reduction, and financing.
- Social Media Content Creators Contest — a state-wide HIV Digital Awareness Challenge involving comedians, influencers, skit makers, youth creators, and social media advocates.
- Research Abstract Presentation Forum — annual HIV research abstract presentations to encourage local evidence generation.
- HIV Unity Football Competition — using sports as a platform for HIV awareness, prevention education, and stigma reduction.
- High-Level HIV Policy Panel Sessions — executive-level panel discussions on epidemic control, sustainability, HIV financing, and workforce prevention.
- HIV Advocacy Walks & Road Shows — state-wide awareness walks and roadshows across LGAs.
- Community Champions Honorarium Night — annual recognition of outstanding contributions to the HIV response.
- Press Conferences & Media Engagement — coordinated media engagements to disseminate HIV data, share achievements, communicate priorities, and strengthen public trust.

- High-Level Advocacy to the Governor — a special high-level HIV briefing presenting state HIV status and advocating for stronger support.

Action 11: Institutional Recognition of Important HIV & Health Days

ANSACA shall institutionalize annual observance of strategic HIV and public health days to sustain awareness, prevention, advocacy, and stakeholder engagement. Priority observances include World AIDS Day (1st December) for state-wide awareness campaigns and annual HIV report launch; International Condom Day (13th February) for promotion of prevention commodities and safer sexual practices; 16 Days of Activism Against Gender-Based Violence (25 November – 10 December) focusing on HIV and GBV intersection, sexual violence prevention, and access to PEP; and World TB Day (24th March) focusing on HIV/TB co-infection and integrated service delivery. Additional strategic observances may include International Youth Day, International Women's Day, and World Hepatitis Day.

Action 12: Strengthening HIV Awareness Brigade Initiative

ANSACA shall strengthen and scale the HIV Awareness Brigade across communities and LGAs. The Brigade shall comprise youth volunteers, peer educators, students, community mobilizers, and civil society actors. Key responsibilities include awareness campaigns, school outreach, hotspot sensitization, referral support, and anti-stigma advocacy. Each LGA shall maintain a functional Brigade structure.

Action 13: Strengthening Local AIDS Control Agency (LACA) Structures

ANSACA shall revitalize and strengthen LACA structures in all 21 LGAs to improve decentralized HIV coordination. Interventions include technical training, reporting tools, supportive supervision, operational plans, and performance monitoring. LACA coordinators shall be

integrated into state-wide HIV accountability systems. Annual LACA performance rankings shall be introduced.

Action 14: Workplace Accreditation / Registration Levy Framework

ANSACA shall develop a structured HIV-Friendly Workplace Accreditation System to strengthen institutional HIV compliance and sustainability financing. Target organizations include private companies, hospitality businesses, transport associations, large employers, and factories.

Accreditation criteria include workplace HIV policy, staff HIV testing, anti-stigma framework, and wellness programs. A modest annual accreditation/registration levy shall support HIV awareness and workplace interventions. Certified organizations shall receive the "ANSACA HIV-Compliant Workplace Certification".

Action 15: Annual Anambra HIV Stakeholder Response Summit

ANSACA shall institutionalize an annual Anambra HIV Stakeholder Response Summit. Participants shall include government agencies, development partners, implementing partners, traditional rulers, academia, private sector, PLHIV networks, and civil society organizations.

Objectives include annual performance review, presentation of HIV scorecards, financing discussions, policy dialogue, and stakeholder recognition. The summit shall serve as the highest annual HIV accountability and coordination platform in Anambra State.

EXPECTED INSTITUTIONAL TRANSFORMATION OUTCOME

By 2028, Anambra State AIDS Control Agency shall emerge as a high-performing, governance-driven, workforce-efficient, digitally responsive, and nationally recognized State AIDS Control Agency, characterized by strong institutional systems, measurable accountability, motivated staff, revitalized LACA structures, stronger policy implementation, sustainable partnerships, and a coordinated state-wide HIV response aligned with global best practices.

3.6.4 Annual Targets and Timelines (2026–2028)

Implementation of the Institutional Strengthening, Governance & Workforce Excellence Pillar shall follow a phased approach: 2026 — Institutional Reform & Foundation Year (institutional restructuring, governance systems, policy review, workforce strengthening, foundational reforms); 2027 — Optimization & Performance Year (scale-up, performance accountability, workforce excellence, stakeholder integration); 2028 — Consolidation & Institutional Excellence Year (sustainability, institutional maturity, policy impact, national recognition).

Annual Targets Matrix

Table 15: ***Pillar 6 — Annual Targets Matrix (2026–2028)***

Strategic Action	2026 Target	2027 Target	2028 Target
Partner Performance Model Initiative	Develop framework & pilot	Full implementation	Institutionalized
HIV-Free Workforce Initiative	50 MDAs & workplaces	120 institutions	200+ institutions

Policy Reviews	Review 3 major policies	Implement	Update & sustain
National Policy Domestication	70% alignment	90% alignment	100% alignment
Employee Wellness Initiative	Launch	Quarterly implementation	Institutionalized
KPI Framework for Units	Develop & deploy	Quarterly performance reviews	Full performance culture
UNDP Fellowship Programme	20 staff	50 staff	100 staff
Adhoc Staff Civil Service Conversion	Advocacy framework	First batch support	Sustained process
Creation of Strategic Units	Establish 4 units	Strengthen operations	Full functionality
World AIDS Day Activity Pack	Full state-wide launch	Expand participation	Institutionalized
Recognition of Health Days	Observe 4 annual days	Expand awareness	Full integration
HIV Awareness Brigade	10 LGAs	21 LGAs	Full state-wide structure
LACA Strengthening	Capacity building in 21 LGAs	Annual performance ranking	Institutionalized
Workplace Accreditation System	Develop framework	Pilot registration	Full implementation
Stakeholder HIV Summit	1 summit	Annual	Annual

3.6.5 Key Performance Indicators (KPIs)

ANSACA shall monitor progress under this pillar using measurable institutional performance indicators.

A. Governance & Institutional Performance KPIs

- Percentage of strategic plan milestones achieved.
- Number of reviewed and implemented HIV policies.
- Percentage compliance with national HIV policy domestication.
- Partner performance score improvement.
- LACA functionality index.

B. Workforce Excellence KPIs

- Staff productivity score.
- Percentage of staff trained annually.
- Number of staff enrolled in fellowship programs.
- Employee wellness participation rate.
- Staff retention rate.

C. Performance Accountability KPIs

- Quarterly KPI compliance rate by units.
- Timeliness of departmental reporting.
- Annual partner ranking performance index.
- Data quality score.

D. Institutional Visibility KPIs

- Number of HIV awareness events conducted.
- Media visibility score.
- Social media engagement during awareness campaigns.
- Participation rate during World AIDS Day activities.

E. Community Systems KPIs

- Number of functional HIV Awareness Brigades.
- Number of active LACA structures.
- Stakeholder summit attendance and engagement score.

F. Sustainability & Revenue KPIs

- Revenue generated from accreditation systems.
- Number of HIV-friendly workplaces accredited.

- Number of organizations registered under workplace HIV framework.

3.6.6 Cost Implications

Estimated Cost of Implementation (2026–2028)

Projected Budget Range: ₦170 Million – ₦175 Million

This pillar represents a high-value institutional investment aimed at strengthening governance, staff productivity, policy implementation, institutional visibility, and sustainability.

Major Cost Areas

Table 16: ***Pillar 6 — Major Cost Areas***

Cost Area	Estimated Allocation
Workforce Capacity Building	₦10 Million
UNDP Fellowship & Training	At the expense of UNDP
Employee Wellness Programmes	₦5 Million
Strategic Unit Establishment	₦5 Million
ICT & Communications Strengthening	₦8 Million
World AIDS Day Activity Pack	₦85 Million
HIV Awareness Brigade Support	₦25 Million
LACA Strengthening	₦5 Million
Stakeholder HIV Summit	₦10 Million
Workplace Accreditation System	₦150 Million (Estimated Revenue)
Monitoring & Governance Systems	₦20 Million

Funding Sources

- State Government allocation
- Federal HIV coordination support
- National Agency for the Control of AIDS technical support
- Development partners
- UNDP workforce support
- Private sector partnerships
- Workplace accreditation levies
- CSR partnerships
- Domestic Resource Mobilization initiatives

3.6.7 Responsible Units

Lead Coordinating Agency

Anambra State AIDS Control Agency

Internal Responsible Units

Table 17: ***Pillar 6 — Internal Responsible Units***

Unit	Responsibility
Office of the Executive Director	Strategic oversight
Human Resources/Admin	Staff development & welfare
Monitoring & Evaluation Unit	KPI tracking
ICT & Communications Unit	Digital visibility
Resource Mobilization Unit	Partnerships & financing
Research & Survey Unit	Evidence generation
Prevention Unit	Workforce HIV programmes
Finance & Accounts	Financial accountability

External Stakeholders

- Ministry of Health
- Office of the Head of Service
- Ministry of Budget & Planning
- Ministry of Finance
- State Civil Service Commission
- Development partners
- UNDP
- Private sector organizations
- LGA Councils
- Civil Society Organizations
- PLHIV networks
- Traditional and faith leaders

3.6.8 Risk Mitigation Framework

Table 18: ***Pillar 6 — Risk Mitigation Framework***

Potential Risk	Potential Impact	Mitigation Strategy
Weak political support	Delayed reforms	High-level advocacy to Governor and EXCO
Inadequate funding	Slow implementation	Diversified financing and DRM
Staff resistance to reforms	Reduced performance	Change management & incentives
Poor partner cooperation	Weak accountability	Partner ranking system
High staff turnover	Institutional memory loss	Workforce retention strategies
Weak LACA functionality	Poor local coordination	Capacity strengthening & incentives
Poor KPI compliance	Weak accountability	Quarterly performance review
Technology limitations	Weak communication	ICT strengthening
Event fatigue	Reduced participation	Strategic packaging and incentives

EXPECTED OUTCOME

By 2028, Anambra State AIDS Control Agency shall be transformed into a high-performing, governance-driven, workforce-efficient, institutionally resilient, and nationally recognized HIV coordination agency, characterized by strong institutional systems, measurable performance accountability, revitalized workforce productivity, strengthened local government HIV structures, improved policy implementation, stronger stakeholder ownership, sustainable partnerships, and a coordinated state-wide HIV response capable of accelerating epidemic control in Anambra State.

PILLAR 7

Community Systems, Partnerships & Stakeholder Engagement (2026–2028)

3.7.1 Rationale

Achieving sustainable HIV epidemic control requires strong community systems, decentralized ownership, effective stakeholder engagement, and meaningful partnerships that extend beyond government-led interventions. Global evidence increasingly demonstrates that HIV responses are more effective, inclusive, and sustainable when communities are empowered to drive prevention, treatment, advocacy, stigma reduction, and service uptake.

Despite progress recorded in HIV coordination and service delivery in Anambra State, persistent gaps remain in grassroots HIV awareness, local ownership, ward-level engagement, community mobilization, stigma reduction, treatment adherence support, and sustained multi-sectoral participation in the HIV response. Many interventions remain facility-centered or partner-driven, with insufficient institutionalization of structured community-led systems capable of reaching citizens at the grassroots.

In addition, socio-cultural factors, misinformation, religious beliefs, stigma, poor health-seeking behaviours, youth vulnerability, and weak community structures continue to influence HIV outcomes across several communities and vulnerable populations. Local Government AIDS Control Agency (LACA) systems in many settings remain underutilized and insufficiently strengthened to provide effective decentralized HIV coordination.

Furthermore, the complexity of HIV prevention and treatment requires stronger collaboration among ministries, departments, agencies, traditional institutions, faith-based organizations, civil society

organizations, youth groups, women associations, community influencers, and private actors to ensure integrated and sustained responses.

To accelerate progress toward Zero New HIV Infections, Zero AIDS-Related Stigma and Discrimination, and Zero AIDS-Related Deaths, ANSACA must transition toward a community-owned HIV response model that empowers citizens as active participants rather than passive beneficiaries.

This pillar therefore seeks to strengthen community systems, institutionalize grassroots HIV structures, deepen partnerships, improve stakeholder ownership, strengthen local governance mechanisms, and establish sustainable ward-level HIV engagement systems capable of driving epidemic control across all communities in Anambra State.

Ultimately, this pillar envisions a whole-of-society HIV response model where communities, ministries, traditional institutions, faith-based organizations, local governments, and stakeholders collectively drive HIV prevention, treatment support, and sustainability.

3.7.2 Strategic Objectives

1. Strengthen community ownership and grassroots participation in HIV prevention, treatment, and care.
2. Establish a sustainable ward-level HIV engagement structure across Anambra State.
3. Strengthen Local AIDS Control Agency (LACA) systems for decentralized HIV coordination.
4. Improve multi-sectoral collaboration among ministries, agencies, civil society, and development actors.
5. Strengthen partnerships with traditional rulers, faith-based institutions, youth groups, women groups, and local influencers.

6. Improve HIV awareness, stigma reduction, treatment linkage, and community referral systems.
7. Institutionalize community-driven HIV advocacy and accountability systems.
8. Strengthen stakeholder participation in achieving epidemic control and sustainability.

3.7.3 Strategic Actions

Action 1: Establishment of the State HIV Awareness Brigade (HAB)

ANSACA shall establish a structured state-wide HIV Awareness Brigade (HAB) as a decentralized volunteer HIV mobilization and engagement system extending to all wards in Anambra State. The HAB shall function as a community HIV prevention, surveillance, referral, awareness, and mobilization structure responsible for strengthening grassroots HIV response and accelerating epidemic control.

HAB Structure

State Level: ANSACA shall coordinate the overall implementation, supervision, reporting, training, and operational standards of the Brigade.

LGA Level: Each LGA shall have three (3) HIV Awareness Brigade Supervisors responsible for supervision, mentorship, reporting, monitoring of ward brigadiers, hotspot escalation, and technical coordination. Across the 21 LGAs, this equals 63 LGA Supervisors.

Ward Level Structure: Each ward shall have five (5) Ward HIV Brigadiers drawn from: Ward Primary Healthcare Representative, Ward Youth Wing Representative, Ward Women Wing Representative, Faith-Based Community Representative, and Traditional Institution Representative. The traditional representative shall be recommended by the traditional ruler of the ward.

This creates a state-wide structure of approximately 1,693 HIV Awareness Brigade Volunteers, making HAB one of the largest structured grassroots HIV mobilization systems in Nigeria.

Responsibilities of HAB Volunteers

The Brigade shall support HIV awareness campaigns, stigma reduction and anti-discrimination advocacy, community HIV sensitization, condom and IEC distribution, referral to HIV testing services, treatment linkage support, hotspot intelligence reporting, school/community outreach, support during HIV health campaigns, and mobilization during World AIDS Day activities. Volunteers shall receive training, branded identification, modest operational support, and recognition awards.

Action 2: Improved Multi-Sectoral Collaboration Among Ministries

ANSACA shall institutionalize a Multi-Sectoral HIV Coordination Framework involving key ministries and government agencies. Priority Ministries include: Ministry of Health, Ministry of Education, Ministry of Youth Development, Ministry of Women Affairs, Ministry of Local Government & Chieftaincy Affairs, Ministry of Information, Ministry of Justice, Ministry of Social Welfare, Ministry of Transport, and Ministry of Commerce & Industry.

Each ministry shall designate HIV Focal Persons whose responsibilities include integrating HIV into sector programs, workplace HIV interventions, awareness campaigns, referral systems, and youth and vulnerable population programming. Quarterly inter-ministerial HIV coordination meetings shall be institutionalized.

Action 3: Strengthening Local AIDS Control Agency (LACA) Structures

ANSACA shall strengthen LACA structures in all 21 LGAs to improve local ownership, implementation, and accountability. Strengthening interventions shall include capacity building (technical trainings, reporting systems, HIV program planning, data quality improvement); operational strengthening (annual work plans, supportive supervision, quarterly reviews, performance scorecards); and accountability systems through an annual LACA Performance Ranking Framework with indicators on prevention coverage, testing uptake, reporting quality, and community engagement. Outstanding LGAs shall receive recognition.

Action 4: Community HIV Champion Network Initiative

ANSACA shall establish a Community HIV Champion Network (CHCN) comprising influential individuals committed to HIV prevention and advocacy. Target Champions include traditional rulers, clergy, youth leaders, women leaders, philanthropists, market union leaders, entertainers, and media personalities. Roles shall cover HIV advocacy, stigma reduction, prevention messaging, referral support, and fundraising. Annual recognition shall encourage participation.

Action 5: Faith-Based HIV Partnership Framework

ANSACA shall strengthen partnerships with churches, mosques, and faith institutions. Priority areas include HIV awareness, premarital HIV counselling, anti-stigma campaigns, youth engagement, and referral systems. Faith leaders shall be trained as HIV advocates.

Action 6: Traditional Institution HIV Engagement Framework

Traditional rulers shall be integrated into HIV prevention and mobilization systems. Functions include community mobilization, advocacy, cultural barrier reduction, and endorsement of HIV

prevention programs. Traditional councils shall host annual HIV dialogues.

Action 7: Community HIV Dialogue & Town Hall Initiative

ANSACA shall institutionalize Community HIV Town Hall Meetings. The purpose shall be to discuss HIV concerns, address myths, improve trust, and strengthen accountability. Priority communities shall include hotspots, underserved LGAs, and vulnerable populations.

Action 8: Private Sector & Civil Society Partnership Platform

ANSACA shall establish stakeholder engagement platforms involving NGOs, CSOs, professional bodies, and the organized private sector. The platform shall strengthen coordination, co-financing, and technical collaboration.

Action 9: Ward HIV Action Committees

Ward-level HIV Action Committees shall be established to support community prevention, referrals, hotspot response, and awareness. The HAB shall provide technical support to committees.

Action 10: Annual Community HIV Stakeholder Recognition Awards

ANSACA shall institutionalize annual awards recognizing the Best LACA, Outstanding HIV Champion, Best Ward Brigade, Best Faith-Based Partner, Best Traditional Institution Supporter, and Youth HIV Ambassador. This will strengthen motivation and ownership.

3.7.4 Annual Targets and Timelines (2026–2028)

Implementation of the Community Systems, Partnerships & Stakeholder Engagement Pillar shall follow a phased model: 2026 — Community Mobilization & Systems Establishment Year (establishing structures, stakeholder mapping, community engagement frameworks, institutional coordination systems); 2027 — Expansion & Optimization

Year (scale-up, improved community ownership, strengthened coordination, measurable HIV outcomes); 2028 — Sustainability & Community Ownership Year (institutionalization, sustainability, stronger local governance, full state-wide community participation).

Annual Targets Matrix

Table 19: ***Pillar 7 — Annual Targets Matrix (2026–2028)***

Strategic Action	2026 Target	2027 Target	2028 Target
HIV Awareness Brigade (HAB)	Establish state-wide structure	Full operationalization	Institutionalized
HAB Volunteers	Recruit & train 1,693 volunteers	Refresher training	Sustain
LGA Supervisors	Recruit 63 supervisors	Performance optimization	Sustain
Ward Brigadiers	Functional in all wards	Quarterly reporting	Sustain
Multi-Sectoral Ministry Engagement	10 ministries onboarded	Quarterly coordination	Full integration
LACA Strengthening	Capacity building in 21 LGAs	Annual scorecards	Institutionalized
Community HIV Champion Network	Recruit 100 champions	Expand to 250	Expand to 500
Faith-Based HIV Framework	Pilot in major churches/mosques	Expand state-wide	Sustain
Traditional Institution Engagement	50 traditional rulers onboarded	100 rulers	Full coverage
Community Town Hall Meetings	42 meetings annually	63 meetings	Institutionalized

Ward HIV Action Committees	Pilot in 50% wards	State-wide coverage	Sustain
Stakeholder Partnership Platform	Establish	Quarterly engagements	Sustain
Stakeholder Recognition Awards	Launch	Annual	Institutionalized

3.7.5 Key Performance Indicators (KPIs)

ANSACA shall measure implementation performance through clear and measurable indicators.

A. Community Systems KPIs

- Number of functional HIV Awareness Brigade volunteers.
- Percentage of wards with active HAB presence.
- Number of HIV awareness campaigns conducted.
- Number of community referrals for HIV testing.
- Number of hotspot alerts reported by HAB.

B. Stakeholder Engagement KPIs

- Number of ministries actively implementing HIV-related actions.
- Number of faith-based organizations engaged.
- Number of traditional institutions participating.
- Number of HIV Champions actively supporting interventions.

C. LACA Performance KPIs

- Percentage of functional LACAs.
- Timeliness of LACA reports.
- HIV activity implementation score.
- Community mobilization index.

D. Community Awareness KPIs

- HIV awareness reach.
- Reduction in HIV myths and misinformation.
- Number of community town halls conducted.

- Condom/IEC distribution reach.

E. Referral & Linkage KPIs

- Number of persons referred for HIV testing.
- Linkage-to-treatment rates from community referrals.
- Community-led case identification.

F. Partnership KPIs

- Number of active stakeholder collaborations.
- Number of community-led interventions.
- Participation rate in stakeholder forums.

3.7.6 Cost Implications

Estimated Cost of Implementation (2026–2028)

Projected Budget Range: ~~₦~~85 Million – ~~₦~~90 Million

This investment reflects the cost of building and sustaining a robust state-wide grassroots HIV structure.

Major Cost Areas

Table 20: ***Pillar 7 — Major Cost Areas***

Cost Area	Estimated Allocation
HIV Awareness Brigade Recruitment & Training	~~₦~~30 Million
HAB Volunteer Logistics & Operations	~~₦~~15 Million
LACA Strengthening	Already captured in previous pillars
Community Town Hall Meetings	~~₦~~5 Million
Multi-Sectoral Coordination Meetings	~~₦~~5 Million
Faith-Based & Traditional Institution Engagement	~~₦~~5 Million
Community HIV Champion Network	~~₦~~10 Million
Stakeholder Recognition Awards	~~₦~~10 Million
Monitoring & Supportive Supervision	~~₦~~5 Million
IEC/Community Mobilization Materials	~~₦~~5 Million

Potential Funding Sources

- State Government support
- Community systems grants
- Development partners
- CSR support
- Private philanthropy
- Faith-based partnerships
- Domestic resource mobilization initiatives

3.7.7 Responsible Units

Lead Coordinating Agency

Anambra State AIDS Control Agency

Internal Responsible Units

Table 21: ***Table 22: Pillar 7 — Internal Responsible Units***

Unit	Responsibility
Community Mobilization Unit	HAB coordination
Prevention Unit	Community HIV education
Monitoring & Evaluation Unit	Tracking KPIs
Partnerships Unit	Stakeholder engagement
Advocacy & Communications Unit	Awareness campaigns
Office of the Executive Director	Strategic oversight

Key External Stakeholders

- Local Government Councils
- LACA Structures
- Traditional Rulers Councils
- Faith-Based Organizations
- Community-Based Organizations
- Youth & Women Groups
- Civil Society Organizations
- Professional Associations
- Ministry of Health
- Ministry of Education

- Ministry of Women Affairs
- Ministry of Youth Development
- Ministry of Local Government Affairs

3.7.8 Risk Mitigation Framework

Table 22: ***Pillar 7 — Risk Mitigation Framework***

Potential Risk	Potential Impact	Mitigation Strategy
Volunteer fatigue or dropout	Weak grassroots implementation	Incentives, recognition, refresher training
Weak LACA functionality	Poor local HIV coordination	Capacity building and supervision
Community resistance/stigma	Reduced participation	Community sensitization and traditional leader engagement
Funding constraints	Program interruption	Diversified financing and partnerships
Weak ministry collaboration	Poor multisectoral response	Formalized HIV focal systems
Religious/cultural misconceptions	Reduced uptake	Faith-based partnerships and advocacy
Poor reporting from ward level	Weak accountability	Standardized reporting templates
Political transition	Disruption of structures	Institutionalize systems legally

EXPECTED OUTCOME

By 2028, Anambra State shall have established a fully decentralized, community-owned, and stakeholder-driven HIV response system, supported by a functional 1,693-member HIV Awareness Brigade (HAB) structure, strengthened LACA systems, active community champions, faith-based and traditional institution engagement, and robust multi-sectoral partnerships capable of accelerating HIV prevention, treatment linkage, stigma reduction, and sustainable epidemic control across all communities in the State.

PILLAR 8

Stigma Reduction, Human Rights & Social Protection (2026–2028)

3.8.1 Rationale

Despite major advances in HIV prevention, treatment, care, and viral suppression, stigma, discrimination, gender inequality, human rights violations, and socio-economic vulnerabilities continue to undermine progress toward epidemic control. Across many communities, misconceptions about HIV, fear of disclosure, workplace discrimination, social exclusion, and harmful socio-cultural beliefs remain major barriers to HIV testing uptake, treatment adherence, retention in care, and psychosocial wellbeing of People Living with HIV (PLHIV).

In many instances, HIV-related stigma manifests in denial of employment opportunities, workplace discrimination, social isolation, family rejection, denial of healthcare services, gender-based violence, forced disclosure, and discrimination against vulnerable and key populations. Furthermore, weak enforcement of anti-discrimination protections and delayed legislative action on HIV-related rights continue to expose PLHIV and vulnerable persons to abuse and exclusion.

Gender-Based Violence (GBV), sexual violence, intimate partner violence, and economic vulnerability remain important drivers of HIV transmission, particularly among women, adolescents, young girls, and vulnerable populations. Survivors of GBV often experience increased HIV vulnerability due to delayed access to care, poor psychosocial support, and limited access to Post-Exposure Prophylaxis (PEP).

In addition, many citizens avoid HIV testing due to fear of being singled out or stigmatized. Integrating HIV testing with broader health

screening services such as malaria, hepatitis, TB screening, and vital sign assessments provides an opportunity to normalize testing and improve service uptake.

As Anambra State advances toward epidemic control, there is an urgent need for a rights-based, stigma-free, gender-sensitive, and socially protective HIV response system capable of protecting human dignity, reducing discrimination, promoting access to justice, strengthening psychosocial support, and improving inclusion.

This pillar therefore seeks to strengthen legal protections, reduce stigma and discrimination, improve workplace inclusion, strengthen GBV response systems, promote social protection, and institutionalize a culture of dignity, equity, human rights, and social inclusion for all persons affected by HIV.

Ultimately, this pillar envisions an Anambra State where HIV status no longer limits opportunities, dignity, employment, education, healthcare access, or social participation.

3.8.2 Strategic Objectives

1. Reduce HIV-related stigma and discrimination across communities, institutions, and workplaces.
2. Strengthen legal and policy frameworks for protection of PLHIV and vulnerable populations.
3. Improve access to justice, reporting, and response systems for stigma, discrimination, and rights violations.
4. Strengthen integrated HIV, GBV, and psychosocial support systems.
5. Improve social protection and socio-economic inclusion for PLHIV and vulnerable persons.
6. Increase uptake of HIV testing through integrated and non-stigmatizing service delivery models.

7. Promote workplace inclusion, anti-discrimination practices, and employee wellbeing.
8. Strengthen community awareness and public education on HIV rights and inclusion.

3.8.3 Strategic Actions

Action 1: Review and Passage of the Anambra HIV Anti-Stigma Bill

ANSACA shall facilitate the review, advocacy, and accelerated passage of the pending Anambra State HIV Anti-Stigma and Anti-Discrimination Bill. The law shall provide protection against workplace discrimination, denial of healthcare, educational exclusion, forced HIV disclosure, employment discrimination, and social exclusion.

Key interventions include legal review of the existing bill, stakeholder consultations, advocacy to State House of Assembly, legislative engagement, media advocacy, and civil society mobilization. High-level advocacy to the Governor and lawmakers shall be prioritized.

Action 2: Establishment of HIV Stigma Reporting Hotline

ANSACA shall establish a confidential HIV Stigma Reporting Hotline to support rapid reporting and resolution of discrimination cases. The hotline shall receive complaints relating to workplace stigma, healthcare discrimination, school-related stigma, family/social discrimination, and GBV-related HIV violations. Functions include case documentation, referrals, psychosocial support, and legal support referrals. The hotline shall operate under confidentiality protocols.

Action 3: Anti-Workplace Stigma Unit Initiative

ANSACA shall establish an Anti-Workplace Stigma & Inclusion Unit to improve workplace HIV rights and protections. Priority functions include workplace sensitization, compliance monitoring, workplace mediation, anti-stigma policy development, and staff sensitization. The

Unit shall support implementation of workplace HIV policies across public institutions, banks, industries, transport organizations, and schools.

Action 4: Integrated HIV Testing & Wellness Package

ANSACA shall redesign HIV testing services into a broader Integrated Wellness Screening Model to reduce stigma and improve uptake. The testing package shall include HIV testing, malaria testing, hepatitis screening, tuberculosis screening, blood pressure check, blood sugar testing (where feasible), BMI/weight assessment, and temperature/basic vitals. This approach will reduce fear of HIV-only testing and encourage voluntary participation.

Action 5: HIV & Gender-Based Violence (GBV) Integrated Response Framework

ANSACA shall institutionalize an integrated GBV-HIV Response Framework. Key components include routine GBV screening integrated into HIV service delivery points; emergency PEP access for survivors ensuring rapid access within 72 hours; safe referral pathways with partnerships through the Ministry of Women Affairs, legal aid institutions, and psychosocial support centres; psychosocial support counselling services for survivors; legal support referrals for protection and justice; and survivor-centered care that is confidential, respectful, and trauma-informed.

Action 6: HIV Human Rights Protection Desk

ANSACA shall establish a dedicated Human Rights Protection Desk. Responsibilities include rights education, complaint handling, legal referrals, rights documentation, and anti-discrimination advocacy. Quarterly rights reports shall be produced.

Action 7: PLHIV Social Protection & Welfare Referral Framework

ANSACA shall strengthen social protection systems for PLHIV through linkages to poverty alleviation programs, micro-loans, vocational training, SME support, cash transfer programs, and youth/women empowerment schemes. Priority shall be given to vulnerable households.

Action 8: Faith-Based & Traditional Anti-Stigma Campaign

Faith leaders and traditional rulers shall be engaged as anti-stigma ambassadors. Focus areas include dignity, compassion, inclusion, HIV education, and myth reduction. Faith-based sermons and community dialogues shall be promoted.

Action 9: State-wide Anti-Stigma Media Campaign

ANSACA shall implement a sustained media campaign targeting myths, stigma, misinformation, and discrimination. Channels shall include radio, TV, social media, influencers, and community media.

Action 10: Community Safe Space Initiative

ANSACA shall establish safe spaces for PLHIV, adolescents, vulnerable women, and GBV survivors. These spaces shall provide counselling, support groups, referral services, and mental health support.

Action 11: School & Youth Anti-Stigma Education Framework

Schools shall implement anti-stigma education through HIV clubs, peer education, school campaigns, and youth dialogues.

Action 12: Annual HIV Human Rights & Stigma Index Report

ANSACA shall publish an annual report documenting stigma prevalence, workplace compliance, GBV/HIV trends, and rights violations. The report shall inform policy decisions.

3.8.4 Annual Targets and Timelines (2026–2028)

Implementation of the Stigma Reduction, Human Rights & Social Protection Pillar shall adopt a phased approach focused on legal reform, systems strengthening, public awareness, GBV integration, social protection, and institutionalization of anti-discrimination systems: 2026 — Foundation & Legal Systems Year (legal advocacy, establishment of reporting systems, stigma reduction campaigns, GBV integration); 2027 — Expansion & Community Protection Year (strengthening response systems, expanding social protection, scaling anti-stigma interventions, workplace compliance); 2028 — Institutionalization & Social Inclusion Year (sustainability, enforcement, state-wide normalization of integrated testing, measurable reduction in stigma and discrimination).

Annual Targets Matrix

Table 23: ***Pillar 8 — Annual Targets Matrix (2026–2028)***

Strategic Action	2026 Target	2027 Target	2028 Target
Anti-Stigma Bill	Review & legislative advocacy	Passage into law	Enforcement & implementation
HIV Stigma Hotline	Establish & operationalize	Expand state-wide use	Institutionalized
Workplace Anti-Stigma Unit	Establish	Cover 100 workplaces	Cover 200+ workplaces
Integrated Testing Package	Pilot in 8 LGAs	Expand to 21 LGAs	Institutionalized state-wide
GBV-HIV Integrated Framework	Develop framework	Full implementation	Institutionalized
Emergency PEP Access	70% facility availability	90% availability	100% coverage
Human Rights Protection Desk	Establish	Quarterly reporting	Fully functional

Social Protection Referral System	1,000 beneficiaries	3,000 beneficiaries	7,000 beneficiaries
Faith & Traditional Anti-Stigma Campaign	50 leaders trained	150 leaders	State-wide institutionalization
Media Anti-Stigma Campaign	Quarterly state-wide campaigns	Monthly engagement	Sustained
Community Safe Spaces	Pilot in 5 LGAs	Expand to 12 LGAs	All 21 LGAs
School Anti-Stigma Education	100 schools	250 schools	400 schools
HIV Human Rights & Stigma Index Report	First publication	Annual report	Annual report

3.8.5 Key Performance Indicators (KPIs)

ANSACA shall monitor implementation using measurable indicators focused on stigma reduction, rights protection, GBV response, workplace inclusion, and social protection.

A. Legal & Policy KPIs

- Status of Anti-Stigma Bill passage.
- Number of legal/policy reforms implemented.
- Percentage compliance with workplace anti-discrimination standards.

B. Stigma Reduction KPIs

- Number of stigma cases reported.
- Percentage of resolved stigma complaints.
- Reduction in reported discrimination incidents.
- Community stigma perception index.

C. Hotline & Rights KPIs

- Number of calls received through stigma hotline.
- Response time to reported cases.

- Number of referrals completed.
- Number of human rights violations documented.

D. Integrated Testing KPIs

- Number of persons receiving integrated testing services.
- HIV testing uptake increase rate.
- Malaria/TB/hepatitis co-screening rates.
- Reduction in stigma associated with HIV testing.

E. GBV-HIV KPIs

- Number of GBV survivors screened for HIV.
- Percentage of eligible survivors receiving PEP within 72 hours.
- Number of GBV referrals completed.
- Number of psychosocial support cases handled.

F. Social Protection KPIs

- Number of PLHIV benefiting from empowerment schemes.
- Number linked to micro-loans or livelihood support.
- Economic vulnerability reduction index.

G. Public Awareness KPIs

- Number of media campaigns conducted.
- Reach of anti-stigma awareness campaigns.
- Number of schools implementing anti-stigma education.

3.8.6 Cost Implications

Estimated Cost of Implementation (2026–2028)

Projected Budget Range: ₦60 Million – ₦64 Million

This investment reflects the cost of legal reform, anti-stigma systems, GBV integration, community support structures, and social protection programming.

Major Cost Areas

Table 24: ***Pillar 8 — Major Cost Areas***

Cost Area	Estimated Allocation
Anti-Stigma Bill Advocacy & Legal Engagement	₦3 Million
HIV Stigma Hotline Operations	₦5 Million
Workplace Anti-Stigma Systems	₦5 Million
Integrated Testing Package	₦10 Million
GBV-HIV Response Framework	₦10 Million
Human Rights Protection Desk	₦5 Million
Social Protection & Welfare Referral	₦5 Million
Media & Anti-Stigma Campaigns	₦10 Million
Community Safe Spaces	₦5 Million
School Anti-Stigma Education	₦3 Million
Monitoring & Annual Stigma Index Report	₦5 Million

Potential Funding Sources

- State Government allocation
- HIV-focused development partners
- Gender and GBV grants
- CSR partnerships
- Social protection funds
- Ministry of Women Affairs partnerships
- International human rights agencies
- Domestic resource mobilization initiatives

3.8.7 Responsible Units

Lead Coordinating Agency

Anambra State AIDS Control Agency

Internal Responsible Units

Table 25: ***Pillar 8 — Internal Responsible Units***

Unit	Responsibility
Human Rights & Social Protection Desk	Rights protection
Prevention Unit	Integrated testing
Advocacy & Communications Unit	Anti-stigma campaigns
Monitoring & Evaluation Unit	KPI tracking
Community Mobilization Unit	Community awareness
Legal & Policy Coordination Team	Bill advocacy

Key External Stakeholders

- Ministry of Health
- Ministry of Women Affairs
- Ministry of Education
- Ministry of Justice
- State House of Assembly
- Legal Aid Council
- Traditional Rulers Council
- Faith-Based Organizations
- Civil Society Organizations
- PLHIV Networks
- Youth and Women Groups
- Security Agencies
- GBV Service Providers

3.8.8 Risk Mitigation Framework

Table 26: ***Pillar 8 — Risk Mitigation Framework***

Potential Risk	Potential Impact	Mitigation Strategy
Delay in passage of Anti-Stigma Bill	Weak legal protection	High-level legislative advocacy
Persistent HIV stigma	Reduced service uptake	Aggressive media & community campaigns
Low reporting of discrimination	Weak accountability	Confidential hotline & awareness
Cultural/religious misconceptions	Poor community acceptance	Faith and traditional leader engagement
Weak GBV referral systems	Poor survivor outcomes	Strengthen referral pathways
Funding constraints	Delayed implementation	Diversified financing
Workplace resistance	Weak compliance	Accreditation and sensitization
Poor psychosocial support systems	Low retention in care	Strengthen safe spaces & counselling

EXPECTED OUTCOME

By 2028, Anambra State shall have established a rights-based, stigma-free, gender-sensitive, and socially protective HIV response system, characterized by passage and implementation of a functional HIV Anti-Stigma Law, strengthened legal and human rights protections, reduced HIV-related discrimination, expanded GBV-HIV integrated services, improved integrated testing uptake, stronger workplace inclusion systems, enhanced social protection for PLHIV, and a state-wide culture of dignity, inclusion, and non-discrimination that supports epidemic control and sustainable HIV outcomes.

CHAPTER 4

4.0 Monitoring, Evaluation and Learning (MEL) Framework

4.1 Introduction

The successful implementation of the ANSACA Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028 shall depend significantly on a robust, responsive, data-driven, and results-oriented Monitoring, Evaluation and Learning (MEL) Framework capable of measuring progress, improving accountability, strengthening decision-making, promoting adaptive learning, and ensuring that strategic priorities translate into measurable outcomes.

The MEL framework shall serve as the principal mechanism for tracking implementation of strategic priorities, monitoring program effectiveness, evaluating impact, documenting lessons learned, identifying performance gaps, and strengthening evidence-based planning across all pillars of the Strategic Plan.

Given the dynamic nature of the HIV epidemic and evolving donor, policy, and domestic financing realities, ANSACA recognizes the need for a real-time, intelligence-driven MEL system capable of supporting epidemic control, program optimization, institutional accountability, and sustainability.

The framework shall align with National HIV Strategic priorities, the National Monitoring and Evaluation Framework, UNAIDS Global AIDS Monitoring (GAM) indicators, Sustainable Development Goals (SDGs), NACA reporting systems, State HIV priorities, and donor reporting obligations. The MEL framework shall also strengthen ANSACA's transition into a data-driven, digitally responsive, performance-oriented HIV coordination agency.

4.2 Goal of the MEL Framework

The goal of the Monitoring, Evaluation and Learning Framework is to:

MEL GOAL

"Ensure systematic tracking, measurement, accountability, adaptive learning, and evidence-informed decision-making for effective implementation of the ANSACA Strategic Transformation & Sustainability Plan (2026–2028)."

4.3 Objectives of the MEL Framework

The objectives of the MEL framework are to:

- Monitor implementation progress across all strategic pillars and interventions.
- Track achievement of strategic outputs, outcomes, and impact indicators.
- Strengthen accountability among implementing partners, units, LACAs, ministries, and stakeholders.
- Improve data quality, reporting timeliness, and evidence generation.
- Facilitate adaptive management and real-time decision-making.
- Strengthen institutional learning and documentation of best practices.
- Support donor reporting, resource mobilization, and performance management.
- Enable continuous program improvement through data utilization.

4.4 MEL Implementation Framework

The SSTSP shall adopt a results-based Monitoring, Evaluation and Learning model, linking strategic inputs to outputs, outcomes, and long-term impact.

Inputs

- Funding
- Workforce
- Policies
- Partnerships

- Technology
- Community systems
- HIV commodities

Outputs

- HIV testing expansion
- Increased prevention activities
- Workforce strengthening
- Community mobilization
- Improved treatment access
- Digital systems deployment

Outcomes

- Increased HIV awareness
- Improved viral suppression
- Reduced stigma
- Better service coverage
- Improved institutional performance
- Stronger domestic resource mobilization

Impact

- Reduced HIV incidence
- Reduced AIDS-related deaths
- Reduced HIV-related stigma
- Improved quality of life for PLHIV
- Sustainable HIV response system

4.5 Strategic Monitoring Mechanisms

ANSACA shall adopt multiple monitoring systems to strengthen implementation oversight.

A. Real-Time ANSACA Dashboard

A centralized digital dashboard shall track HIV testing, case identification, linkage to treatment, viral suppression, hotspot response, partner performance, LGA rankings, and KPI performance. This dashboard shall support real-time corrective action.

B. Monthly Activity Reports

All units, partners, and LACA structures shall submit standardized monthly reports. Reports shall include implementation progress, achievements, bottlenecks, financial utilization, and lessons learned.

C. Quarterly Performance Reviews

Quarterly performance review meetings shall assess progress against KPIs, pillar implementation, financial performance, data quality, and stakeholder commitments.

D. Annual Strategic Performance Assessment

ANSACA shall conduct annual performance reviews to measure strategic progress, implementation effectiveness, outcome achievement, and institutional performance. Annual scorecards shall be published.

4.6 Evaluation Framework

To assess effectiveness and strategic relevance, the SSTSP shall adopt three evaluation mechanisms:

Baseline Evaluation (2026)

To establish starting benchmarks.

Mid-Term Evaluation (2027)

To assess progress, identify gaps, and make strategic adjustments.

End-Term Evaluation (2028)

To measure overall impact, outcomes, and lessons for the next strategic cycle.

Evaluation focus areas shall include HIV prevention outcomes, treatment performance, viral suppression, stigma reduction, domestic resource mobilization, institutional strengthening, and community systems effectiveness.

4.7 Learning & Knowledge Management

ANSACA shall institutionalize a Learning and Knowledge Management System to ensure continuous improvement.

Lesson Learning Sessions

Quarterly internal reflection meetings.

Best Practice Documentation

Successful interventions shall be documented and replicated.

Knowledge Products

Production of policy briefs, newsletters, annual HIV reports, and learning papers.

Peer Learning

Cross-state exchanges and learning visits with high-performing HIV institutions.

4.8 Data Quality Assurance

ANSACA shall strengthen data integrity through routine data quality assessments, supportive supervision, verification visits, harmonized reporting templates, digital reporting systems, and staff capacity building.

Data quality dimensions shall include accuracy, timeliness, completeness, consistency, and reliability.

4.9 MEL Governance Structure

The Monitoring & Evaluation Unit of ANSACA shall serve as the lead coordinating body for implementation of the MEL framework. Supporting actors include Strategic Pillar Leads, LACA Coordinators, Implementing Partners, Ministries and MDAs, Community Structures, Development Partners, and Research Institutions.

The Executive Director shall receive quarterly strategic performance briefs to guide executive decision-making.

EXPECTED MEL OUTCOME

By 2028, ANSACA shall operate a high-performing, data-driven, intelligence-led Monitoring, Evaluation and Learning system capable of tracking HIV epidemic trends, strengthening accountability, improving institutional performance, generating actionable insights, and accelerating progress toward achieving Zero New HIV Infections, Zero AIDS-Related Deaths, and Zero HIV-Related Stigma and Discrimination in Anambra State.

CHAPTER 5

5.0 Annexes

5.1 Introduction

The annexes to the ANSACA Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028 provide supplementary operational, technical, institutional, and implementation information required to support effective execution of the Strategic Plan.

The annex section serves as an implementation reference guide, containing operational tools, frameworks, templates, governance structures, performance indicators, and technical supporting documents that will guide programme implementation, monitoring, reporting, coordination, and sustainability efforts.

These annexes are intended to improve clarity, strengthen accountability, support institutional learning, and ensure that implementation of the Strategic Plan remains measurable, coordinated, evidence-driven, and aligned with national and global HIV priorities.

The annexes shall remain dynamic and may be reviewed periodically to reflect emerging HIV realities, epidemiological changes, institutional reforms, technological innovations, financing opportunities, and policy updates.

5.2 List of Annexes

The following annexes shall accompany and support implementation of the SSTSP (2026–2028):

Annex 1: Strategic Implementation Matrix

A detailed implementation matrix outlining:

- Strategic pillars
- Objectives
- Interventions

- Timelines
- Responsible units
- Budget implications
- Implementation milestones

The matrix shall serve as the principal implementation tracking tool for ANSACA management and partners.

Annex 2: Monitoring, Evaluation & Learning Indicator Framework

A detailed MEL framework containing:

- Performance indicators
- Data sources
- Reporting frequency
- Responsible units
- Baseline values
- Annual targets

This annex shall guide monitoring and performance reporting.

Annex 3: Annual Work Plan Template

A standardized template for annual operational planning by:

- ANSACA units
- LACA structures
- Implementing partners
- Ministries and stakeholders

The template shall support harmonized implementation and budgeting.

Annex 4: LGA HIV Performance Scorecard

A structured scorecard for ranking Local Government Areas based on:

- HIV testing uptake
- Linkage to treatment
- Viral suppression
- Prevention coverage
- Data quality
- Hotspot response
- Stigma reduction efforts

This scorecard shall promote healthy competition and accountability among LGAs.

Annex 5: Partner Performance Ranking Framework

A detailed performance ranking system for implementing partners based on:

- Case identification
- Treatment linkage
- Viral suppression
- Data quality
- Community engagement
- ANSACA program support

Outstanding performers shall be recognized annually.

Annex 6: HIV Awareness Brigade (HAB) Operational Framework

A detailed operational guide for the state-wide HIV Awareness Brigade (HAB) structure.

This shall include:

- Volunteer recruitment framework
- Reporting structure
- Training modules
- Code of conduct
- Supervision mechanisms
- Incentive framework

The framework shall operationalize the 1,693-member ward-level HIV volunteer system across Anambra State.

Annex 7: ANSACA Organogram and Institutional Structure

An updated institutional organogram reflecting:

- Governance hierarchy
- Strategic units
- Reporting lines
- Technical units
- Newly proposed departments

Including:

- Domestic Resource Mobilization Unit
- Grant & Proposal Writing Unit
- Research & Survey Studies Unit
- ICT & Communications Unit

Annex 8: HIV Hotspot Mapping Framework

A technical guide for:

- Hotspot identification
- Hotspot classification
- Risk prioritization
- Intervention planning
- Hotspot surveillance

The framework shall guide targeted prevention interventions.

Annex 9: HIV Communication & Media Strategy

A comprehensive framework guiding:

- Social media campaigns
- Radio and tv jingles
- Community messaging
- Influencer engagement
- Public advocac.

Annex 10: Workplace HIV Accreditation Framework

Guidelines for workplace HIV compliance and accreditation including:

- Workplace HIV standards
- Anti-stigma requirements
- Testing expectations
- Wellness programs
- Accreditation levies

Annex 11: HIV Human Rights & Anti-Stigma Framework

A legal and operational framework for:

- Stigma reporting

- Rights protection
- GBV referrals,
- Workplace discrimination prevention

Annex 12: HIV Research & Innovation Framework

A guide for:

- Operational research
- Surveys
- Academic partnerships
- Research grants
- Scientific conferences
- Innovation challenges

Annex 13: Annual HIV Events Calendar

A structured annual calendar for strategic observances including:

- World AIDS Day (1 December)
- International Condom Day (13 February)
- World TB Day (24 March)
- 16 Days of Activism Against GBV
- Annual HIV Summit
- HIV Scientific Symposium
- Stakeholder Meetings

Annex 14: Resource Mobilization & Sustainability Framework

Guidelines for:

- HIV Trust Fund operations
- Donor engagement
- CSR partnerships
- High-net-worth partnerships
- Grant mobilization

Annex 15: Risk Management Register

A consolidated institutional risk register documenting:

- Implementation risks
- Mitigation strategies
- Responsible officers
- Monitoring timelines

This annex shall support proactive risk management and sustainability planning.

5.3 Review and Updating of Annexes

The annexes shall be reviewed periodically to ensure alignment with:

- Emerging epidemiological trends
- Policy reforms
- Institutional changes
- Financing realities
- Digital health innovations
- National HIV priorities

ANSACA reserves the right to update implementation tools, templates, scorecards, and operational frameworks where necessary to strengthen delivery and ensure continuous strategic relevance.

CHAPTER 6

6.0 References

The development of the Anambra State AIDS Control Agency (ANSACA) Strategic Transformation & Sustainability Plan (SSTSP) 2026–2028 was informed by national policies, global HIV strategic frameworks, epidemiological evidence, technical guidelines, implementation science, sustainability models, and best practices in HIV prevention, treatment, governance, digital health, and public health systems strengthening.

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Additional sources consulted include stakeholder consultations, technical working group discussions, HIV programmatic reports, implementing partner data, state-level epidemiological trends, lessons from high-performing State AIDS Control Agencies, and global best practices in HIV prevention, treatment, governance, digital health, community systems strengthening, stigma reduction, and domestic resource mobilization.

"A RESILIENT HIV RESPONSE IS BUILT ON VISIONARY GOVERNANCE, EMPOWERED COMMUNITIES, AND UNWAVERING COMMITMENT TO HUMAN DIGNITY."

- PROF CHARLES CHUKWUMA SOLUDO, CFR



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ACHIEVING HEALTH NIGERIA INITIATIVE

KNCV NIGERIA
Knowledge Network for disease Control and Vigilance

AHF
AIDS HEALTHCARE FOUNDATION

unicef

UNDP

Joint United Nations Programme on HIV/AIDS
UNAIDS