

COP23 Midterm Review SDS Addendum Template

For COP23 Midterm Review, teams are asked to submit an addendum that describes any new data resulting in a need for a change to the two-year strategy and plans to address any change in strategy. Summarize priority focus areas and resource commitments for Sustainability Roadmap process and development. **The COP SDS Addendum should not exceed five pages** and should be added to the end of the SDS submitted at the time of COP23 approval. Contents will include:

- New decisions, agreements, and significant geographic or strategic shifts for CO23 Year 2
- Key agreements with community and civil society organizations
- Key activities that have ended or been delayed affecting the anticipated progress leading into FY25
- For target updates, add an updated version of relevant tables 1-4
- For budget updates, add an updated version of tables B.1.1-B.1.4
- For above site updates, add an updated version of table C. 1
- For USG staffing updates, add in new positions, repurposed positions, or eliminated positions by agency
- Brief summary of priority areas for sustainability roadmap development discussions, based upon the review of COP23 investments in strengthening and sustaining public health systems
- Brief summary of PEPFAR resource commitments to the Sustainability Roadmap Development process vis a vis UNAIDS and country commitments to the process (convening, consultants, or other resource commitments)

Please do not summarize or re-summarize what is already stated in the COP23 SDS. Instead focus on sections above to keep the length of content short/focused.

For Reference: [LINK to COP23 Approved SDS](#)

Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the COP/ROP plan.

Over the last 20 years, the United States (U.S.) government through the President's Emergency Plan for AIDS Relief (PEPFAR) has worked collaboratively with the Government of Nigeria (GoN) to accelerate access to comprehensive, patient-centered HIV prevention, care, and treatment services. Today, over 1.7 million Nigerians living with HIV are accessing life-saving antiretroviral therapy (ART), indicating that Nigeria is making progress towards controlling the global HIV/AIDS pandemic. Nigeria has made incredible progress towards the UNAIDS 95-95-95 Fast-track targets; A top priority in COP23 year 2 will continue efforts from year 1 in "getting the data right" and determine exactly how many people are on HIV treatment across each State and routinize the collection of client demographic and fingerprint biometrics at every clinic visit to better understand our progress towards HIV epidemic control in Nigeria. PEPFAR Nigeria will also focus on closing the gap in the 1st 95 to identify PLHIV through various HTS modalities.

1. Strategic Shifts and Key Agreements

Key Populations

PEPFAR will support all costs associated with NSP service delivery and program implementation across the six states that were transferred from the Global Fund. New PrEP options (CAB-PrEP) will be made available for persons at substantial risk for HIV infections across KP typologies. Furthermore, the program will facilitate structured discussions on biometric recapture towards addressing fears, concerns, and miscommunication connected to using biometrics for client validation. This will form the basis for PEPFAR Nigeria enhanced collaborative engagements with the Key Population Health and Rights Network (KPHRN) and the Network of People living with HIV and AIDS in Nigeria (NEPWHAN) at national and state levels.

PMTCT

In COP23 Year 2 in accordance with the Nigeria's Basic Healthcare Provision Sector-Wide Approach (BHCP-SWAp) and alignment with the health sector renewal strategy to improve Maternal and Child Health care, PEPFAR Nigeria will support demand generation for ANC, and continue to work

with GoN to reduce barriers to access through elimination of user fees in ANC and postnatal settings. Family-centered models of HIV care with same appointment dates, one stop shop for comprehensive maternal and infant care during pregnancy and postpartum, and structured peer mentor mother's program will be enhanced to improve retention. Importantly, pregnant women receiving their HIV care within a differentiated service delivery model will not be referred out of this model when they become pregnant, but rather supported to have their ANC care.

PEPFAR Nigeria will scale up point-of-care (POC) testing for EID for HEIs using GeneXpert and m-PIMA machines. This will help to improve the EID coverage at birth and at 2 months for optimal service delivery to HEIs. PEPFAR will not scale up PMTCT beyond present non-conventional points, the GoN and GF will scale up PMTCT to sites not supported by PEPFAR to bridge service gaps. PEPFAR will support the GoN and GF in delineation of sites at the state level and encourage routine data review led by the GoN in the states to prevent duplication of efforts and numbers. PEPFAR will leverage on the triple test kits (HIV, Syphilis, and hepatitis) supplied under GC7 grant for the community HTS for PBFW and make appropriate referrals.

OVC

PEPFAR Nigeria will leverage on existing GoN and other donor interventions to address food insecurity through HES and other nutritional activities as part of a wholistic national response. OVC platforms will integrate the appropriate capacity building of case workers and caregivers to prevent, identify and address sexual violence directed at children, adolescents and young people and work with the appropriate community and GON structures to adequately respond to sexual and gender-based violence.

AYP

For older adolescents (15-19 yrs) and young people (20-24 yrs), implementation of social network testing modality will be scaled up. Furthermore, availability of HIV self-testing (HIVST) will be expanded for AYPs leveraging on community and virtual platforms that can facilitate AYP reach. PEPFAR Nigeria will strengthen its collaboration with youth-led organizations on the use of virtual spaces to reach AYPs for prevention and treatment services, leveraging on funding that will be made available through the Ambassadors Small Grants

program. In addition to expanding access to PrEP for older adolescents and young adults, inclusion of high-risk adolescents in CAB-LA services implementation will be given attention.

In COP23 Year 2, PEPFAR Nigeria will scale up the creation of AYP incubation hubs and safe spaces in collaboration with youth networks, relevant stakeholders which can help address health equity gaps amongst AYPs. The innovation hubs will also serve as incubation centers for the development of technical and leadership skills for AYPs. As part of its commitments towards ensuring an equitable and sustainable program in Nigeria and in alignment with the recently launched Nigeria's Health Sector Renewal Initiative, PEPFAR will leverage on the capacity building plan for frontline healthcare workers to build capacity for implementing adolescent friendly services including the provision of the adolescent package of care services in Nigeria. The positive outcomes of Operation Triple Zero (OTZ) interventions will be further enhanced through the activation of community and virtual based OTZ models. Lastly, following recent approval for use of LIFT Equity funds, PEPFAR Nigeria will focus on obtaining final legislative, ministerial approval, and operationalization of the age of access to Health services. This will contribute towards addressing barriers to HIV services for AYPs in Nigeria.

Clinical Cascade

1st 95

In COP23 Year 2, PEPFAR Nigeria will be conducting a robust reorientation (retraining and job aids) of service providers in identifying clients returning for repeat testing. This will mitigate against the existing issue of expending HTS resources on clients who are already known to be HIV positive. Furthermore, PEPFAR will support the modification of community HTS models to reach PLHIV yet to be diagnosed and optimize HIV testing for all eligible persons visiting health facilities. This will be done by triangulating data summaries for HTS outreach in sentinel populations, collaboration with community care providers, operationalization of the virtual platforms to reach AYPs, KPs, and the integration of HTS in all specialty clinics including SRH.

2nd 95

In COP23 year 2, PEPFAR Nigeria will make the following shifts to ensure getting service delivery right using the following identified strategies; dissemination of guidelines and standard operating procedures for ART service provision; focus on underserved SNUs and subpopulations especially AYP and KP; intensive supportive supervision of healthcare providers to ensure adherence to the GoN standard and guidelines and streamlining of the facility and community service modalities. Other strategies to be implemented include the optimization of health facility DSD models of care to make them more attractive, client-centric, and quality-focused; Ensuring clients served through community DSD modalities visit health facilities at least once a year for clinical evaluation as recommended by the host government; geotagging of service delivery location directory and GIS mapping of service delivery points for easy implementation and monitoring of community ART models; Ensure involvement of communities and patients in planning, implementation and evaluation of DSD using the roles of NEPWHAN and CLM.

3rd 95

For NiSRN to be more efficient, PEPFAR is collaborating with Global Fund and GoN (NASCP) to conduct a diagnostic network review (DNR) to holistically assess the entire diagnostic network to identify key strengths and weaknesses and provide evidence-based recommendations to improve the whole diagnostic network. To support sustainability of the NiSRN, the FMOH is being supported by the Global Fund in collaboration with PEPFAR to pilot the National Integrated Specimen Referral Network (NiSRN) in Abia and Taraba States leveraging the Nigeria Postal Service (NIPOST). A Memorandum of Understanding (MoU) between NASCP/GON and NIPOST has been signed in preparation for the pilot. PEPFAR has put in place the following measures to ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time:

- Scaling up the use of Plasma Separation Card (PSC) to address the challenges of VL access for clients in hard-to-reach, security challenged and highly mobile KPs
- Scale up of high through put GeneXpert XVI at four PCR laboratories to integrated disease testing which include HIV-DNA (EID) testing. This will improve the turnaround of EID results.

Health Systems Strengthening

PEPFAR will align with the Health Sector Renewal agenda on the training of 120,000 HCWs across the country to empower statutory healthcare workers to increasingly provide integrated HIV/AIDS services. It will support the development of states HRH information system/health workforce registry to guide recruitment, employment, deployment, and re-deployment. PEPFAR will also actively engage appropriate government platforms - Forum of Commissioners of Health and Hospital Management Boards, to better understand processes of HRH management to facilitate the engagement of the appropriate mix and distribution of HCWs for the provision of integrated services that includes HIV.

Supply Chain (Placeholder)

Strategic Information

In our unwavering commitment to ensuring high-quality program data, in COP23 year 2 we will implement the following:

- A redesign of the national HIV Data Quality approach, institutionalizing the "Getting the Data Right" implementation through the development of policies, guides, and standard operating procedures (SOPs).
- A comprehensive review and enhancement of data collection and reporting systems, with a particular focus on community services.
- Implementation of an AIS in either Lagos or Rivers state
- A sustained effort to foster Government of Nigeria (GoN) ownership of data quality approaches, ensuring continued commitment to maintaining the accuracy and integrity of HIV-related data. These measures collectively reflect our ongoing dedication to optimizing data quality in our efforts to combat HIV.

1.2 Civil Society Organization Agreements

PMTCT

- PEPFAR will focus on opportunities to improve coverage among pregnant women by leveraging GF and PEPFAR resources.

AYP

- PEPFAR is aligning with the Nigeria health renewal initiative, social sector reforms and other relevant GON strategies.
- PEPFAR will continue working with the GoN for the Adolescent Friendly Package of Care to now include HIV prevention, and CAB-LA for high-risk adolescents.

OVC

- Scale up of OVC preventive services through trainings of GON at states and National and Non PEPFAR CSOs.

Biometrics

- PEPFAR Nigeria will work to incorporate these ideas into the current rollout of biometrics, in partnership with the Government and Civil Society Organizations.
- PEPFAR Nigeria will develop a short proposal to be shared with stakeholders based on this critical input.

1.3 Activities at risk of affecting FY25 performance

- Key activities that have ended or been delayed affecting the anticipated progress leading into FY25 **should not repeat activities indicated in the narratives above**

Description of the activity (include activity type, geographic location and any other key details	Status (delayed or ending) include end date if relevant	Causes: for delayed activities, include barriers resulting in the delay	Proposed resolution

Updated Target Tables (as of 3/5/2024, subject to change based on final tools)

SDS Table 1.1 95-95-95 Cascade: HIV diagnosis, treatment, and viral suppression

Sex	Age	FY24 Total Population	FY25 PLHIV Estimate	FY24 PLHIV Diagnosed	On ART	On ART Coverage	Viral Load Suppression	Tested for HIV	Diagnosed HIV Positive	Initiated on ART
Male	15-24	21,526,400	52,386	49,507	51,633	91.8%	95.6%	969,557	10,877	9,724
	25+	41,079,313	575,317	547,280	551,458	100.3%	97.0%	2,800,559	61,881	58,745
Female	15-24	20,739,998	85,667	85,416	84,192	66.0%	95.3%	2,109,236	22,135	21,139
	25+	40,888,975	1,043,727	1,007,110	1,029,738	116.7%	96.8%	4,837,119	93,385	89,159

Key Population	FY24 Total KP Population	FY25 PLHIV KP Estimate	FY25 HIV KP Prevalence	On ART	Viral Load Suppression	Tested for HIV	Diagnosed HIV Positive	Initiated on ART
FSW	0	139,792	6	127,119	99.2%	318,409	16,577	15,538
MSM	0	169,992	7	93,608	99.9%	180,995	9,488	9,477
People in prisons and other enclosed settings	0	952	1	1,856	97.8%	12,650	260	256
PWID	0	62,019	2	42,383	97.4%	151,346	9,306	8,866
TG	0	1,977	7	2,686	99.3%	7,549	363	328

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SDS Table 1.2: Current Status of ART Saturation

Prioritization (Planning Year)	FY25 PLHIV Estimate	Percent to Total (FY25 PLHIV)	Current on ART (FY23)	Count of PSNU FY24	Count of PSNU FY25
Missing	0	0.0%			1
	0	0.0%			1
Not Set	0	0.0%	53,393	1	1
	0	0.0%	53,393	1	1
Scale-Up: Saturation	376,045	19.9%	320,451	2	2
	376,045	19.9%	320,451	2	2
Scale-Up: Aggressive	291,509	15.5%	313,035	4	4
	291,509	15.5%	313,035	4	4
Sustained	1,217,913	64.6%	1,041,964	27	27
	1,217,913	64.6%	1,041,964	27	27
Not PEPFAR Supported	0	0.0%	40,132	2	
	0	0.0%	40,132	2	

SDS Target Table 1: ART Targets by Prioritization for Epidemic

Prioritization (Planning Year)	FY25 PLHIV Estimate	New Infections	Expected Current on ART (FY24)	Newly initiated (FY25)	FY25 ART Coverage	FY26 ART Coverage
Missing	0					
Missing	0					
Not Set	0		44,776	2,398		
Not Set	0		44,776	2,398		
Scale-Up: Saturation	376,045	10,474	453,979	13,571	84.6%	
Scale-Up: Saturation	376,045	10,474	453,979	13,571	84.6%	
Scale-Up: Aggressive	291,509	9,792	400,404	12,950	91.8%	
Scale-Up: Aggressive	291,509	9,792	400,404	12,950	91.8%	
Sustained	1,217,913	39,816	1,302,590	63,663	91.1%	
Sustained	1,217,913	39,816	1,302,590	63,663	91.1%	
Not PEPFAR Supported	0	588	47,343			

Not PEPFAR Supported	0	588	47,343		
Total	1,885,467	60,670	2,249,092	92,582	92.3%

SDS Target Table 2: Target Populations for Prevention Interventions

Operating Unit	Total Population	PLHIV	PLHIV	KP_PREV Target	KP_PREV Target
	2024	2024	2025	2024	2025
Nigeria	212,468,066	1,907,384	1,885,467	2,029,879	674,070
Total	212,468,066	1,907,384	1,885,467	2,029,879	674,070

SDS Target Table 3: Targets for OVC and Linkages to HIV Services

Fiscal Year	Estimated # of Orphans and Vulnerable Children	OVC_SERV Comprehensive	OVC_SERV Target Preventive	OVC_SERV Target DREAMS	OVC_HIVS TAT Target
2025		1,052,300	136,805		744,716
		1,052,300	136,805		744,716

2. Updated Budget Tables

Table B.1.1: Intervention

Table B.1.1: FY 24, FY25, FY26 Budget by Intervention

Operating Unit	Fiscal Year	2021	2022	2023	2024	2025
	Intervention	Budget	Budget	Budget	Budget	Budget
Total		\$375,016,536	\$444,139,487	\$402,075,000	\$396,833,500	\$375,699,996
Nigeria	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$3,111,508	\$4,318,453	\$3,728,017		
Nigeria	ASP>HMIS, surveillance, & research>Non Service Delivery>OVC	\$496,004	\$916,166	\$390,000		
Nigeria	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations				\$2,775,418	\$2,760,555

Nigeria	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC				\$345,400	\$340,233
Nigeria	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations				\$200,000	\$100,000
Nigeria	ASP>Laws, regulations & policy environment>Non Service Delivery>AGYW				\$400,000	
Nigeria	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations				\$400,000	
Nigeria	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations			\$78,750		
Nigeria	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations				\$1,834,800	\$1,704,900

Nigeria	ASP>Not Disaggregated>Non Service Delivery>Key Populations	\$300,000				
Nigeria	ASP>Not Disaggregated>Non Service Delivery>OVC			\$42,000		
Nigeria	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	\$1,000,000	\$1,204,000	\$1,041,500		
Nigeria	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$2,900,000	\$5,000,000	\$3,114,284	\$3,460,938	\$3,460,938
Nigeria	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	\$250,000	\$250,000	\$391,250	\$606,250	\$777,000
Nigeria	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations				\$2,500,000	\$4,173,435

Nigeria	C&T>HIV Clinical Services>Non Service Delivery>Children		\$2,145,198	\$3,996,068	\$3,744,341	\$3,258,802
Nigeria	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	\$1,998,852	\$868,925	\$819,758	\$1,090,612	\$941,533
Nigeria	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$25,498,564	\$23,356,190	\$22,658,679	\$18,797,616	\$16,434,118
Nigeria	C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women		\$5,169,094	\$6,057,724	\$4,662,539	\$4,123,524
Nigeria	C&T>HIV Clinical Services>Service Delivery>Children		\$4,673,836	\$10,837,971	\$11,299,458	\$9,860,033
Nigeria	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$8,982,105	\$7,390,576	\$6,373,304	\$7,006,019	\$6,365,110
Nigeria	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$46,361,684	\$46,359,082	\$49,145,775	\$46,345,376	\$39,696,620
Nigeria	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		\$5,421,222	\$5,674,284	\$5,981,999	\$5,251,666
Nigeria	C&T>HIV Drugs>Service Delivery>Children	\$6,743,124	\$8,405,973	\$6,722,369	\$2,899,063	\$1,274,585

Nigeria	C&T>HIV Drugs>Service Delivery>Non- Targeted Populations	\$73,920,11 5	\$90,787,39 8	\$56,920,30 4	\$58,048,46 3	\$66,630,88 9
Nigeria	C&T>HIV Laboratory Services>Non Service Delivery>Children			\$167,722	\$795,728	\$720,452
Nigeria	C&T>HIV Laboratory Services>Non Service Delivery>Key Populations		\$152,488	\$160,988	\$172,575	\$156,249
Nigeria	C&T>HIV Laboratory Services>Non Service Delivery>Non- Targeted Populations	\$4,128,580	\$5,902,144	\$2,748,264	\$3,577,651	\$3,143,765
Nigeria	C&T>HIV Laboratory Services>Service Delivery>Key Populations	\$1,284,380	\$1,982,348	\$2,092,847	\$2,243,476	\$2,031,243
Nigeria	C&T>HIV Laboratory Services>Service Delivery>Non- Targeted Populations	\$41,360,57 2	\$37,081,19 6	\$35,978,63 8	\$38,389,83 5	\$28,701,24 2
Nigeria	C&T>HIV/TB>Non Service Delivery>Non- Targeted Populations				\$620,442	\$523,306

Nigeria	C&T>HIV/ TB>Service Delivery>Non- Targeted Populations				\$1,854,117	\$1,489,987
Nigeria	C&T>Not Disaggregated>Non Service Delivery>Non- Targeted Populations	\$1,047,770				
Nigeria	C&T>Not Disaggregated>Serv ice Delivery>Non- Targeted Populations	\$522,910				
Nigeria	C&T>Not Disaggregated>Serv ice Delivery>OVC	\$151,701				
Nigeria	HTS>Community- based testing>Non Service Delivery>Children			\$693,823	\$753,393	\$624,090
Nigeria	HTS>Community- based testing>Non Service Delivery>Key Populations	\$642,190	\$2,093,041	\$2,041,969	\$2,035,520	\$1,833,061
Nigeria	HTS>Community- based testing>Non Service Delivery>Non- Targeted Populations	\$3,112,471	\$9,318,394	\$4,294,776	\$2,714,973	\$2,374,830
Nigeria	HTS>Community- based testing>Non Service Delivery>OVC	\$206,935	\$1,130,132	\$74,439		
Nigeria	HTS>Community- based testing>Service Delivery>Children			\$994,764	\$2,536,376	\$2,351,030

Nigeria	HTS>Community-based testing>Service Delivery>Key Populations	\$5,941,664	\$6,452,548	\$6,240,939	\$6,435,403	\$5,821,996
Nigeria	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$7,495,852	\$15,441,718	\$9,893,184	\$8,469,321	\$7,290,120
Nigeria	HTS>Community-based testing>Service Delivery>OVC	\$517,336	\$1,530,664	\$421,005	\$246,996	\$194,798
Nigeria	HTS>Facility-based testing>Non Service Delivery>Key Populations		\$1,449,991	\$1,445,059	\$1,171,546	\$1,055,089
Nigeria	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$7,500,682	\$5,530,720	\$5,075,736	\$4,199,491	\$3,657,520
Nigeria	HTS>Facility-based testing>Service Delivery>Key Populations	\$1,303,463	\$754,300	\$704,935	\$834,343	\$771,061
Nigeria	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$19,752,907	\$26,831,908	\$31,022,653	\$21,386,189	\$18,650,202
Nigeria	HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$303,032				

Nigeria	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations		\$1,810,246	\$0	\$1,517,915	\$2,490,994
Nigeria	PM>IM Closeout costs>Non Service Delivery>OVC				\$196,796	\$450,000
Nigeria	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$36,208,473	\$39,040,109	\$29,264,111	\$38,978,966	\$46,528,407
Nigeria	PM>IM Program Management>Non Service Delivery>OVC			\$1,928,954	\$1,907,107	\$2,038,973
Nigeria	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$32,666,121	\$32,902,871	\$39,754,481	\$35,910,268	\$35,782,435
Nigeria	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	\$418,999	\$520,460	\$564,527		
Nigeria	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Non-Targeted Populations		\$1,375,069	\$683,567		

Nigeria	PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	\$2,018,023	\$751,555	\$660,133		
Nigeria	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	\$8,025,898	\$1,324,897	\$1,512,201		
Nigeria	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	\$1,627,923	\$1,152,896	\$742,701		
Nigeria	PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations	\$513,750	\$630,952	\$804,942	\$463,280	\$419,454
Nigeria	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	\$513,750	\$735,945	\$965,930	\$1,262,471	\$1,143,041
Nigeria	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations		\$1,500,000	\$1,000,000	\$1,000,000	\$1,000,000
Nigeria	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations				\$813,950	\$730,152
Nigeria	PREV>Non-				\$598,815	\$506,513

	Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations					
Nigeria	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations				\$2,265,322	\$2,071,435
Nigeria	PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations				\$1,885,089	\$1,618,105
Nigeria	PREV>Non-Biomedical HIV Prevention>Service Delivery>OVC				\$1,304,490	\$681,789
Nigeria	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$1,273,117				
Nigeria	PREV>Not Disaggregated>Service Delivery>OVC				\$345,988	\$104,000
Nigeria	PREV>Not Disaggregated>Service Delivery>Pregnant & Breastfeeding Women	\$818,533				
Nigeria	PREV>PrEP>Non Service	\$642,190	\$954,105	\$1,001,496	\$1,044,980	\$941,179

	Delivery>Key Populations					
Nigeria	PREV>PrEP>Non Service Delivery>Non-Targeted Populations		\$2,978,888	\$3,098,821	\$2,355,162	\$2,075,023
Nigeria	PREV>PrEP>Service Delivery>Key Populations	\$899,065	\$1,812,378	\$1,817,278	\$2,223,961	\$2,017,416
Nigeria	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$833,414	\$11,332,347	\$11,335,934	\$9,275,789	\$5,547,726
Nigeria	PREV>Violence Prevention and Response>Service Delivery>OVC				\$350,000	\$325,000
Nigeria	SE>Case Management>Non Service Delivery>OVC		\$2,579,613	\$3,130,529	\$2,173,114	\$2,485,889
Nigeria	SE>Case Management>Service Delivery>OVC	\$3,957,594	\$2,987,001	\$3,184,906	\$5,850,355	\$5,160,037
Nigeria	SE>Economic strengthening>Non Service Delivery>OVC	\$290,334	\$2,199,715	\$2,544,917	\$1,057,231	\$1,153,876
Nigeria	SE>Economic strengthening>Service Delivery>OVC	\$6,852,322	\$5,687,210	\$5,411,065	\$5,942,702	\$5,577,631

Nigeria	SE>Education assistance>Non Service Delivery>OVC		\$1,109,950	\$1,135,501	\$992,856	\$698,062
Nigeria	SE>Education assistance>Service Delivery>OVC	\$4,515,702	\$2,945,723	\$3,169,925	\$2,293,658	\$2,120,659
Nigeria	SE>Legal, human rights & protection>Non Service Delivery>OVC		\$848,576	\$1,294,500		
Nigeria	SE>Legal, human rights & protection>Service Delivery>OVC	\$2,135,616	\$1,255,878	\$800,708		
Nigeria	SE>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$244,842				
Nigeria	SE>Not Disaggregated>Non Service Delivery>OVC	\$272,133	\$425,067	\$671,872		
Nigeria	SE>Not Disaggregated>Service Delivery>OVC	\$424,910	\$203,651	\$409,408		
Nigeria	SE>Psychosocial support>Non Service Delivery>OVC		\$1,798,977	\$1,737,298	\$1,926,485	\$1,771,818
Nigeria	SE>Psychosocial support>Service Delivery>OVC	\$3,029,426	\$1,357,703	\$1,405,517	\$2,061,083	\$1,716,400

Table B.1.2: Program Area

Operating Unit	Fiscal Year	2021	2022	2023	2024	2025
	Program	Budget	Budget	Budget	Budget	Budget
Total		\$375,016,536	\$444,139,487	\$402,075,000	\$396,833,500	\$375,699,996
Nigeria	C&T	\$212,000,357	\$239,695,670	\$210,354,695	\$207,529,310	\$190,603,124
Nigeria	HTS	\$46,776,532	\$70,533,416	\$62,903,282	\$50,783,551	\$44,623,797
Nigeria	PREV	\$17,584,662	\$25,069,492	\$24,187,530	\$25,189,297	\$19,180,833
Nigeria	SE	\$21,722,879	\$23,399,064	\$24,896,146	\$22,297,484	\$20,684,372

Nigeria	ASP	\$8,057,512	\$11,688,619	\$8,785,801	\$12,522,806	\$13,317,061
Nigeria	PM	\$68,874,594	\$73,753,226	\$70,947,546	\$78,511,052	\$87,290,809

Table B.1.3 Beneficiary

Operating Unit	Fiscal Year	2021	2022	2023	2024	2025
	Targeted Beneficiary	Budget	Budget	Budget	Budget	Budget
Total		\$375,016,536	\$444,139,487	\$402,075,000	\$396,833,500	\$375,699,996
Nigeria	AGYW	\$2,018,023	\$751,555	\$660,133	\$400,000	
Nigeria	Children	\$6,743,124	\$15,225,007	\$23,412,717	\$22,028,359	\$18,088,992
Nigeria	Key Populations	\$31,466,306	\$27,122,954	\$26,546,173	\$29,463,458	\$26,298,019
Nigeria	Non-Targeted Populations	\$311,120,537	\$363,473,629	\$311,971,425	\$307,302,884	\$297,118,630
Nigeria	OVC	\$22,850,013	\$26,976,026	\$27,752,544	\$26,994,261	\$24,819,165
Nigeria	Pregnant & Breastfeeding Women	\$818,533	\$10,590,316	\$11,732,008	\$10,644,538	\$9,375,190

Table B.1.4 Initiative

Operating Unit	Fiscal Year	2021	2022	2023	2024	2025
	Initiative Name	Budget	Budget	Budget	Budget	Budget
Total		\$375,016,536	\$444,139,487	\$402,075,000	\$396,833,500	\$375,699,996
Nigeria	Acceleration 20	\$65,431,381				

Nigeria	Community-Led Monitoring		\$300,000	\$300,000	\$300,000	\$300,000
Nigeria	Condoms (GHP-USAID Central Funding)		\$1,500,000	\$1,000,000	\$1,000,000	\$1,000,000
Nigeria	Core Program	\$281,568,447	\$442,339,487	\$373,746,854	\$370,792,179	\$347,769,686
Nigeria	General Population Survey					\$4,573,435
Nigeria	HKID Requirement	\$26,050,000				
Nigeria	KPIF	\$1,966,708				
Nigeria	LIFT UP Equity Initiative				\$800,000	
Nigeria	One-time Conditional Funding			\$1,700,000		
Nigeria	OVC (Non-DREAMS)			\$25,328,146	\$23,941,321	\$22,056,875

3. Above Site Updates

Nigeria State Level ART Impact Survey (AIS): In Year 2, Nigeria state-level ART Survey implementation will be expanded to either Lagos or Rivers state.

Advancing Capacity for Epidemic Preparedness through NCDC: PEPFAR Nigeria will provide direct support to NCDC to develop standard public finance management system as part of their overall organizational capacity building as a National Public Health Institute to meet USG funding recipient requirements.

Nigeria Sustainability and HIV Impact Program (N-SHIP): The National Clinical Mentors Program will sustain the strengthening of healthcare systems by providing continuous education to healthcare workers to promote workforce performance and enhance quality of clinical care.

Supply Chain TA (placeholder)

Local Health SS (LHSS) (Placeholder adding a state):

5. USG staffing updates

- **PEPFAR Coordinating Office (PCO)**

No new positions add. PCO expects full staffing compliment in FY2025.

- **Centers for Disease Control and Prevention**

No staffing updates to report

- **USAID**

USAID Nigeria will sustain its current staffing pattern, maintaining current positions in FY2025. Current vacant positions are in recruitment and or classification to provide ongoing support to the technical teams. TThis change will be made within the current budget based on savings from the repurposed position and exchange rate gains.

- **DOD**

Proposing one additional U.S. Direct Hire (USDH) position in FY2025. DOD already has an approved NSDD-38 for the position. The position will be focused on operations and communications – the title is TBD, but the overall scope of the position is:

- Perform operational and administrative functions across the WRAIR Africa team in support of the entire portfolio
- Support the Country Director in various Embassy fora and systems that require a USDH
- Coordinate information-sharing and knowledge management within WRAIR Africa, including the development of briefing materials, fact sheets, SITREPs, social media entries, and newsletters, as well as the archiving and management of all program files and documents
- Support communication across the interagency, Embassy Abuja, and with key Government of Nigeria stakeholders

6. Priority Areas for Sustainability Roadmap Development Process

PEPFAR Nigeria will collaborate with country stakeholders to develop the sustainability roadmap and tracker, drawing on existing and ongoing sustainability efforts such as the national alignment 2.0 new business model, national initiatives such as the Health Sector Renewal Initiative, the sector wide approach (SWaP), and the national strategic vision for the health sector (2023-2026), with leadership from the Nigerian government and technical guidance from UNAIDS. The country's objective is to enable federal and state governments, as well as civil society organizations, to lead and manage the national HIV response. Priorities include effective governance, sustainable health systems, unlocking value chains, and ensuring health security.