2017 Sustainability Index and Dashboard Summary: Nigeria

The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed every two years by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 89 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

Dark Green Score (8.50-10 points) **(sustainable and requires no additional investment at this time)**
Light Green Score (7.00-8.49 points) **(approaching sustainability and requires little or no investment)**
Yellow Score (3.50-6.99 points) **(emerging sustainability and needs some investment)**
Red Score (<3.50 points) **(unsustainable and requires significant investment)**

Nigeria Overview: With an estimated 180 million people, Nigeria is the most populous nation in Africa. The country bears the highest TB burden in Africa and second highest HIV burden globally (an estimated 3.4 million PLHIV). The country has made some progress in reducing HIV incidence over the last decade, during which it has experienced significant economic growth and achieved lower-middle income status.

The Nigerian Government has demonstrated leadership in crafting a national HIV/AIDS strategy and setting up national bodies to coordinate the response. More than 90% of human resources for health in the country is funded domestically. Beyond this, the country remains highly dependent on donors to fund its HIV response. The national supply chain continues to face operational challenges at the site level but despite this, there have been no stock-out of ARV at most sites in the recent past. The national strategic information system is fragmented and inefficient with different players operating different reporting systems and weak central level coordination.

With just about 30 percent of the PLHIV on treatment and a youth bulge looming, improving resource mobilization, implementing new service delivery models, and strengthening efficiencies will be integral to sustainably controlling the epidemic.

SID Process: In line with revised guidance, a core team of UNAIDS and PEPFAR staff met on the 21st of September to develop the roadmap for conducting the SID assessments in Nigeria. This core group was later expanded to include representatives from the National Agency for the Control of AIDS (NACA), Federal Ministry of Health (HIV/AIDS division), Implementing Partners and the Civil Society for HIV and AIDS in Nigeria (CiSHAN); the principal umbrella network of CSOs working in the national HIV/AIDS response. The core group received the buy-in of the Expanded Theme Group on the 19th of October, 2017 – to proceed with the SID assessment as planned.

A panel of about 50 subject matter experts from different stakeholder organizations convened on the 24th of October to develop an initial draft which was then disseminated by mail on 7th of November to a listserve of more than 600 individual stakeholders across the country for review and comments. Comments were received from fifteen CSO leaders and incorporated into the final draft which was then reviewed and validated by the expert panel again on the 17th and 20th of November. The final review framework sought to ensure the correctness of response provided based on available reference sources. The process was also used to validate

health system sustainability gaps and the areas where appropriate data/reference materials were not readily available. The framework was to itemize the next steps towards mitigating identified gaps. The expert panel also volunteered to conduct periodic reviews to evaluate the progress on the activities. The team agreed to package the SID in an acrobat pdf booklet for country-wide dissemination and for future reference purposes.

Sustainability Strengths:

- **Planning and Coordination (9.67, dark green):** The current existence of a multi-year costed national strategy for the HIV/AIDS response which was developed using a participatory approach was the main reason for the improvement recorded in this element. Stakeholders appreciated the leadership of Government on Nigeria in developing the national strategy document and applauded the broad stakeholder engagement. However, concerns were expressed about the lack of a routine process for monitoring and mapping the activities of CSOs and private sector services providers in the national response. Another missing piece was the lack of a structured national level sustainability plan, though it was noted that about 11 of the 36+1 sub-national units had been supported by implementing partners to develop such plans. Stakeholders recommended that the national Government should scale-up efforts to better coordinate the activities of CSOs and private sector services providers.

- **Civil Society Engagement (8.33, light green):** The sustainability score for this element mainly reflects the renewed efforts of CSOs to improve their engagement with other stakeholders and the success of the CSO Accountability Forum which now includes a framework to guide the oversight roles of CSOs at the national, sub-national and service delivery level. There is a clear improvement from the previous SID report. While it also reflects existing opportunities for CSOs to operate and contribute meaningful to the national HIV/AIDS response, there's concern about the lack of funding opportunities for CSOs in the country.

- **Private Sector Engagement (8.17, light green):** Stakeholders recognize opportunities to improve the coverage of HIV/AIDS services through private sector service providers and there is evidence to suggest that this is already happening to some considerable degree. Similarly, private businesses and corporations are contributing financially to the national HIV/AIDS response effort. In both instances, concerns remain about lack of coordination and visibility on these investments.

- **Quality Management (7.38, light green):** This is another element which has recorded significant improvement from the previous reports. The NigeriaQual program is now running smoothly with the Federal Ministry of Health leading the activity. Future efforts will focus on expanding the coverage of the program, strengthening the feedback mechanisms to service providers and improving domestic budgetary allocations to the program to complement that of the supporting PEPFAR-funded partner.

Sustainability Vulnerabilities:

- **Domestic Resource Mobilization (5.71, yellow):** This remains the most critical element and impacts on several other areas. Notably, there have been improvements in tracking and accountability for domestic budgetary investments since the Federal Government took over the responsibility of funding the HIV/AIDS programs in two states (Taraba and Abia states). Opportunities to source additional domestic funding for HIV through the National Health Insurance Scheme, commodity/service tax and private-sector contributions) have also been identified. Despite this, domestic funding for HIV and health in general remain considerably low and stakeholders recommend greater urgency to improve this element. The Federal Government has recently made budgetary commitments to increase funding with the addition of 50,000 patients on treatment on an annual basis.

- **Service Delivery (6.06, yellow):** The issues here are linked to the lack of domestic investments in the procurement of ARVs and other essential commodities for the national HIV/AIDS response. Domestic contributions to procurement of ARVs and other key commodities remains extremely low (10 percent for ARVs), despite the significant improvement in government finances in recent years. There is however a renewed confidence in the ability of Government to technically manage and provide oversight for the program.

Additional Observations: Overall, SID 3.0 documents a tangible improvement across almost all of the fifteen elements. Stakeholders once again suggested that the SID process could provide more useful data if the questionnaire focused more on the functionality and operations of systems and structures rather than just the existence of these. Across most of the domains, stakeholders recognized the need for better documentation of program outcomes. Where policies and guidelines exist, there is a need to ensure that the directives are internalized and acted on. To ensure that the current investments in national HIV/AIDS response remain on track to meet their expected objectives, stakeholders advocated for an independent mechanism to document the progress and outcomes of these activities.

Contact: For questions or further information about PEPFAR and UNAIDS efforts to support sustainability of the HIV response in Nigeria, please contact Murphy Akpu at akpumo@state.gov or Melissa Sobers at SobersM@unaids.org.

Sustainability Analysis for Epidemic Control: Nigeria

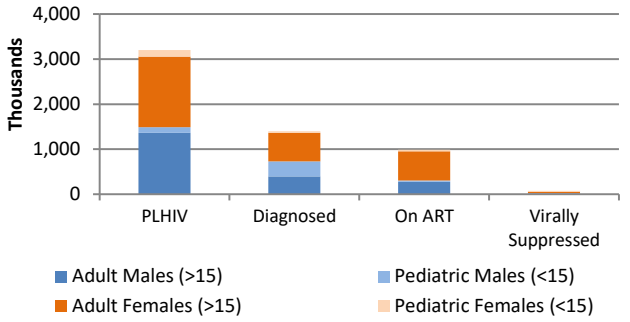
Epidemic Type: Generalized
Income Level: Lower middle income
PEPFAR Categorization: Long-term Strategy (Co-finance)
PEPFAR COP 17 Planning Level: $383,614,281

SUSTAINABILITY DOMAINS and ELEMENTS

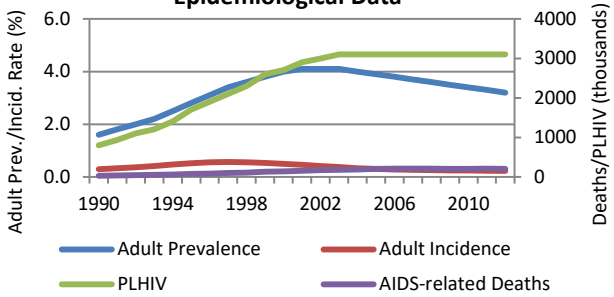
	2015 (SID 2.0)	2017 (SID 3.0)	2019	2021
Governance, Leadership, and Accountability				
1. Planning and Coordination	8.17	9.67		
2. Policies and Governance	5.44	6.57		
3. Civil Society Engagement	6.33	8.33		
4. Private Sector Engagement	4.93	7.42		
5. Public Access to Information	7.00	5.00		
National Health System and Service Delivery				
6. Service Delivery	2.50	6.06		
7. Human Resources for Health	4.92	6.09		
8. Commodity Security and Supply Chain	5.73	6.18		
9. Quality Management	6.24	7.38		
10. Laboratory	4.44	5.83		
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	3.06	5.71		
12. Technical and Allocative Efficiencies	4.51	8.00		
Strategic Information				
13. Epidemiological and Health Data	3.75	5.71		
14. Financial/Expenditure Data	5.00	8.33		
15. Performance Data	3.74	6.23		

CONTEXTUAL DATA

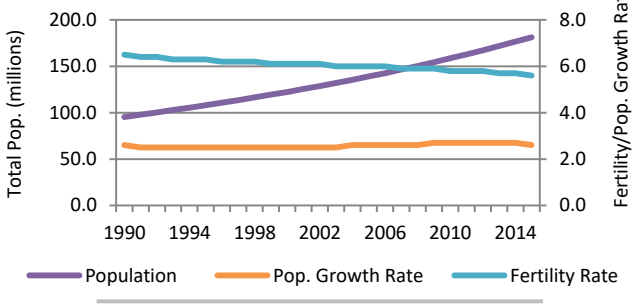
National Clinical Cascade



Epidemiological Data

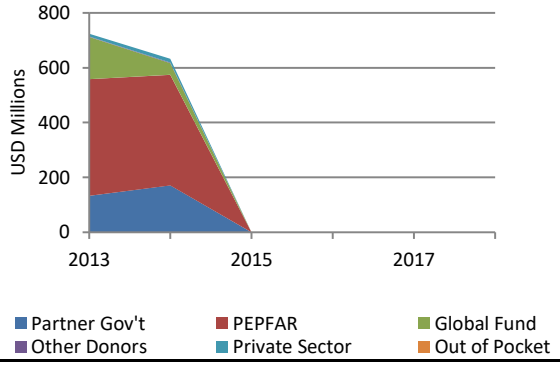


Population and Fertility

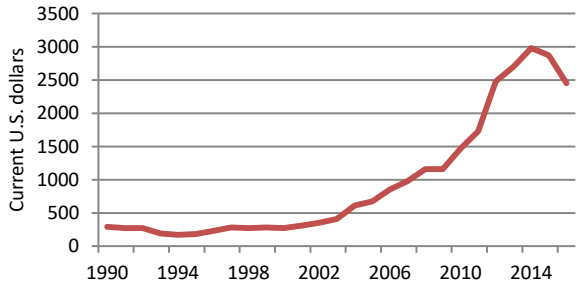


CONTEXTUAL DATA

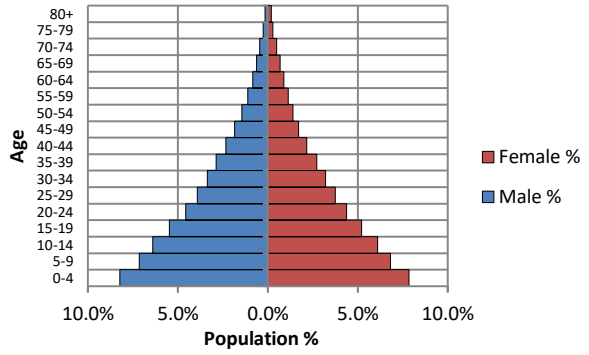
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2017)



Domain A. Governance, Leadership, and Accountability

What Success Looks Like: Host government upholds a transparent and accountable resolve to be responsible to its citizens and international stakeholders for achieving planned HIV/AIDS results, is a good steward of HIV/AIDS finances, widely disseminates program progress and results, provides accurate information and education on HIV/AIDS, and supports mechanisms for eliciting feedback. Relevant government entities take actions to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, create space for and promote participation of the private sector, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.			**Data Source**	**Notes/Comments**
1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?	○ A. There is no national strategy for HIV/AIDS ◉ B. There is a multiyear national strategy. Check all that apply: ☑ It is costed ☑ It has measurable targets. ☑ It is updated at least every five years ☑ Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics) ☑ Strategy includes explicit plans and activities to address the needs of key populations. ☑ Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children ☑ Strategy (or separate document) includes considerations and activities related to sustainability	1.1 Score: 2.50	1. National Agency for the Control of AIDS (2016), 'National Strategic Framework for HIV and AIDS: 2017 to 2021'. Nigeria. Available online from: (https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf). 2. State Plans for 2017-2021 (still in development) 3. National Agency for the Control of AIDS (2016), 'National HIV/AIDS Strategy for Adolescents and Young People 2016-2020', Nigeria. Available online from: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_532857.pdf	The States HIV/AIDS Strategic Plans will be collated and consolidated into a National HIV/AIDS Strategic Plan (2017-2020). The process of developing the Nigerian National Response Information Management System (NNRIMS) Operational Plan (NOP 2017-2021) will commence early 2018 to disaggregate the NSF targets to absolute numbers at national state levels. There are on-going efforts to support the states to develop Annual HIV/AIDS Operational Plans. - A national sustainability plan/roadmap is needed
1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?	○ A. There is no national strategy for HIV/AIDS ◉ B. The national strategy is developed with participation from the following stakeholders (check all that apply): ☑ Its development was led by the host country government ☑ Civil society actively participated in the development of the strategy ☑ Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy ☑ Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR) ☑ External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy	1.2 Score: 2.50	1. National Agency for the Control of AIDS (2016), 'National Strategic Framework for HIV and AIDS: 2017 to 2021'. Nigeria. Available online from: (https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf).	Private health sectors contribute to the process in limited numbers. There is a desire to increase participation in the future

1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS activities implemented in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?	Check all that apply: ☑ There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc. ☑ The host country government routinely tracks and maps HIV/AIDS activities of: ☐ civil society organizations ☐ private sector (including health care providers and/or other private sector partners) ☑ donors ☑ The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes. ☑ Joint operational plans are developed that include key activities of implementing organizations. ☑ Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.	1.3 Score: 2.17	1. National Agency for the Control of AIDS (2016), 'National Strategic Framework for HIV and AIDS: 2017 to 2021'. Nigeria. Available online from: (https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf). 2. State Plans for 2017-2021 (still in development) 3. National Agency for the Control of AIDS (2016), 'National HIV/AIDS Strategy for Adolescents and Young People 2016-2020', Nigeria. Available online from: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_532857.pdf	Activities of private sector and CSO are not routinely tracked.
1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for either checkbox under option B)	○ A. There is no formal link between the national plan and sub-national service delivery. ◉ B. There is a formal link between the national plan and sub-national service delivery. (Check the ONE that applies.) ☑ Sub-national units have performance targets that contribute to aggregate national goals or targets. ☐ The central government is responsible for service delivery at the sub-national level.	1.4 Score: 2.50	1. State Plans for 2017-2021 (still in development)	
		Planning and Coordination Score: 9.67		

2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.			**Data Source**	**Notes/Comments**
2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current WHO guidelines for initiation of ART, i.e. Test and START for all populations?	For each category below, check yes or no to indicate if current national HIV/AIDS technical practice follows current WHO guidelines for each of the following: A. Adults (>19 years) ☑ Yes ☐ No B. Pregnant and Breastfeeding Mothers ☑ Yes ☐ No C. Adolescents (10-19 years) ☑ Yes ☐ No D. Children (<10 years) ☑ Yes ☐ No	2.1 Score: 1.11	1. Federal Ministry of Health (2017), 'Integrated National Guidelines for HIV Prevention Treatment and Care', Available at: http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf	

2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery? Note: If one of the listed policies differentiates policy for specific groups, please note in the Notes/Comments column.	Check all that apply: ☑ A national public health services act that includes the control of HIV ☑ A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART ☑ A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits ☑ Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months) ☑ Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months) ☑ Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready ☑ Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS ☐ Policies that permit HIV self-testing ☑ Policies that permit pre-exposure prophylaxis (PrEP) ☑ Policies that permit post-exposure prophylaxis (PEP) ☑ Policies that allow HIV testing without parental consent for adolescents, starting at age 15 ☐ Policies that allow HIV-infected adolescents, starting at age 15, to seek HIV treatment without parental consent	2.2 Score: 0.93	1. Federal Ministry of Health (2017), 'Integrated National Guidelines for HIV Prevention Treatment and Care', Available at: http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf 2. Federal Ministry of Health (2014) Task-Shifting and Task-sharing Policy for essential Health Care Services in Nigeria. Available at: http://www.health.gov.ng/doc/TSTS.pdf 3. National Agency for the Control of AIDS (2016), 'National HIV/AIDS Strategy for Adolescents and Young People 2016-2020', Nigeria. Available online from: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_532857.pdf	As before, implementation is weak. 24 states have domesticated

2.3 Data Protection: Does the country have policies in place that support the collection and appropriate use of patient-level data for health, including HIV/AIDS?	The country has policies in place that (check all that apply): ☑ Govern the collection of patient-level data for public health purposes, including surveillance ☐ Govern the collection and use of unique identifiers such as national ID for health records ☑ Govern the privacy and confidentiality of health outcomes matched with personally identifiable information ☑ Govern the use of patient-level data, including protection against its use in crimincal cases	2.3 Score: 0.83	1. National Agency for the Control of AIDS, NACA (2011), 'The National HIV and AIDS Monitoring and Evaluation Plan 2011-2016: The Nigeria National Response Information Management System (NNRIMS) Operational Plan II', 3rd Edition, Abuja, Nigeria. Available from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjuo9bF_67XAhWERyYKHdZ6B1cQFggoMAA&url=http%3A%2F%2Fwww.ilo.org%2Fwcmsp5%2Fgroups%2Fpublic%2F---ed_protect%2F---protrav%2F---ilo_aids%2Fdocuments%2Flegaldocument%2Fwcms_201321.pdf&usg=AOvVaw2tUTD7Ab0nFmto61j8rAdU	
2.4 Legal Protections for Key Populations: Does the country have laws or policies that specify protections (not specific to HIV) for specific populations?	Check all that apply: Transgender people (TG): ☐ Constitutional prohibition of discrimination based on gender diversity ☐ Prohibitions of discrimination in employment based on gender diversity ☐ A third gender is legally recognized ☐ Other non-discrimination provisions specifying gender diversity (note in comments) Men who have sex with men (MSM): ☐ Constitutional prohibition of discrimination based on sexual orientation ☐ Hate crimes based on sexual orientation are considered an aggravating circumstance ☐ Incitement to hatred based on sexual orientation prohibited ☐ Prohibition of discrimiation in employment based on sexual orientation ☐ Other non-discrimination provisions specifying sexual orientation Female sex workers (FSW): ☐ Constitutional prohibition of discrimination based on occupation ☐ Sex work is recognized as work	2.4 Score: 0.00	1. UNAIDS NCPI (2016), Nigeria Report. 2. Same Sex Marriage Prohibition Act, 2014. [Webpage]. Available from: http://www.lawnigeria.com/LawsoftheFederation/Same-Sex-Marriage-Prohibition-Act,-2014.html	The constituition protects the rights of all citizens without regard for their sexual orientation or behaiviour. The Same Sex Marriage Act (2014) however prohibits the legal union and public display of amorous behaiviour between people of the same sex.

	☐ Other non-discrimination protections specifying sex work (note in comments) People who inject drugs (PWID): ☐ Specific antidiscrimination laws or other provisions for people who use drugs (specify in comments) ☐ Explicit supportive reference to harm reduction in national policies ☐ Policies that address the specific needs of women who inject drugs			
2.5 Legal Protections for Victims of Violence: Does the country have protections in place for victims of violence?	The country has the following to protect key populations and people living with HIV (PLHIV) from violence: ☑ General criminal laws prohibiting violence ☑ Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population ☑ Programs to address intimate partner violence ☑ Programs to address workplace violence ☑ Interventions to address police abuse ☑ Interventions to address torture and ill treatment in prisons ☑ A national plan or strategy to address gender-based violence and violence against women that includes HIV ☑ Legislation on domestic violence ☑ Criminal penalties for domestic violence ☑ Criminal penalties for violence against children	2.5 Score: 1.11	1. Violence Against Person Prohibition Act 2015; Available at: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104156/126946/F-1224509384/NGA104156.pdf 2. Note: This question is adapted from questions asked in the revised UNAIDS NCPI (2016). If your country has completed the new NCPI, you may use it as a data source to answer this question. 3. National Strategic Framework 2017-2021 4. Federal Ministry of Women Affairs and Social Development (2014), 'National Plan of Action: Addressing gender-based violence and HIV/AIDS (GBV/HIV/AIDS) intersections 2015-2017', Abuja, Nigeria. Available from: http://naca.gov.ng/test/article/national-plan-action-addressing-gbvhivaids-intersections20152017-0	Note: This question is adapted from questions asked in the revised UNAIDS NCPI (2016). If your country has completed the new NCPI, you may use it as a data source to answer this question.

2.6 Structural Obstacles: Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services?	**For each question, select the most appropriate option:** Are transgender people criminalized and/or prosecuted in the country? ☐ Both criminalized and prosecuted ☐ Criminalized ☐ Prosecuted ☐ Neither criminalized nor prosecuted Is cross-dressing criminalized in the country? ☐ Yes ☐ Yes, only in parts of the country ☑ Yes, only under certain circumstances ☐ No Is sex work criminalized in your country? ☐ Selling and buying sexual services is criminalized ☐ Selling sexual services is criminalized ☐ Buying sexual services is criminalized ☐ Partial criminalization of sex work ☑ Other punitive regulation of sex work ☐ Sex work is not subject to punitive regulations or is not criminalized. ☐ Issue is determined/differs at subnational level	2.6 Score: 0.93	1. UNAIDS NCPI (2016), Nigeria Report. 2. Same Sex Marriage Prohibition Act, 2014. [Webpage]. Available from: http://www.lawnigeria.com/LawsoftheFederation/Same-Sex-Marriage-Prohibition-Act,-2014.html	Note: This question is adapted from questions asked in the revised UNAIDS NCPI (2016). If your country has completed the new NCPI, you may use it as a data source to answer this question. - While there are no specific National Laws that prohibit sex work, the Sharia Law which is practiced in some states and the State Penal Code in Lagos States actually criminalize sexwork. Also, State Environmental Laws around vagrancy have been used systematically to harrass sex workers and women generally in some major towns.

Does the country have laws criminalizing same-sex sexual acts?

- ☐ Yes, death penalty
- ☐ Yes, imprisonment (14 years - life)
- ☑ Yes, imprisonment (up to 14 years)
- ☐ No penalty specified
- ☐ No specific legislation
- ☐ Laws penalizing same-sex sexual acts have been decriminalized or never existed

Does the country maintain the death penalty in law for people convicted of drug-related offenses?

- ☐ Yes, with high application (sentencing of people convicted of drug offenses to death and/or carrying out executions are a routine and mainstreamed part of the criminal justice system)
- ☐ Yes, with low application (executions for drug offenses may have been carried out in recent years, but in practice such penalties are relatively rare)
- ☐ Yes, with symbolic application (the death penalty for drug offenses is included in legislation, but executions are not carried out)
- ☐ No

Does the country have laws criminalizing the transmission of, non-disclosure of, or exposure to HIV transmission?

- ☐ Yes
- ☐ No, but prosecutions exist based on general criminal laws
- ☑ No

Does the country have policies restricting the entry, stay, and residence of people living with HIV (PLHIV)?

- ☐ Yes
- ☑ No

	Does the country have other punitive laws affecting lesbian, gay, bisexual, transgender, and intersex (LGBTI) people? ☐ Yes, promotion ("propaganda") laws ☐ Yes, morality laws or religious norms that limit LGBTI freedom of expression and association ☑ No			
2.7 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?	There are host country government efforts in place as follows (check all that apply): ☑ To educate PLHIV about their legal rights in terms of access to HIV services ☐ To educate key populations about their legal rights in terms of access to HIV services ☑ National law exists regarding health care privacy and confidentiality protections ☐ Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found	2.7 Score: 0.56	Government funded legal protection is provided by: 1. Legal AIDS Council, Nigeria - http://www.legalaidcouncil.gov.ng/index.php/en/ and 2. The National Human Rights Commission - http://www.nigeriarights.gov.ng/	
2.8 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?	○ A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry. ◉ B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more. ○ C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.	2.8 Score: 0.56	1. Nigeria Joint Annual Review (JAR) 2015 Report (Report Available on Request) 2.	Joint Annual Reviews (JARs) used to be conducted to audit the program elements of the National and Sub-national HIV/AIDS Response efforts. JAR reports were not readily available for review and referencing and stakeholders raised concerns with the reference to the JAR as a program audit process, suggesting that the information gathered from it was not rich anough to be considered a proper audit.
2.9 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?	○ A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted. ◉ B. The host country government does respond to audit findings by implementing changes as a result of the audit. ○ C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.	2.9 Score: 0.56	1. Federal Ministry of Health, Nigeria (2016), 'Fast Tracking HIV Treatment and PMTCT Programmes in Nigeria – An Emergency Plan of Action Towards Achieving the 90-90-90 Target by 2020. (Available in hardcopy)	Audit/Review reports are used for background and gap analysis to inform future plans like the Fast Track plan
		Policies and Governance Score: 6.57		

3. Civil Society Engagement: Local civil society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.			**Data Source**	**Notes/Comments**
3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?	○ A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response. ○ B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen. ◉ C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.	3.1 Score: 1.67	1. 2nd CSO Accountability Forum (2017) - Meeting Report (Available on request) 2. Nigeria CSO Accountability Framework, Available online from: http://nhvmas-ng.org/site/wp-content/uploads/2017/11/CSO-Accountability-Framework.pdf	The 2017 CSO Accountability Forum (13th Nov, 2017) saw the launch of CSO Accountability Framework an commitment going forward to conduct oversight assessment of service delivery implementation at site, sub-national and national levels.
3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?	Check A, B, or C; if C checked, select appropriate disaggregates: ○ A. There are no formal channels or opportunities. ○ B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback. ◉ C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply: ☑ During strategic and annual planning ☑ In joint annual program reviews ☑ For policy development ☑ As members of technical working groups ☑ Involvement on government HIV/AIDS program evaluation teams ☑ Involvement in surveys/studies ☑ Collecting and reporting on client feedback ☑ Service delivery	3.2 Score: 1.67	1. 2nd CSO Accountability Forum (2017) - Meeting Report (Available on request)	Expanded Theme Group meetings and CSO Accountability Forum are used to solicit feedback on implementation processes. Call centres exist in the country but the stakeholder feedback on issues raised and questions asked the call centres are not followed up on. A clear line of feedback is required

3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS?	○ A. Civil society does not actively engage, or civil society engagement does not impact policy, programming, and budget decisions related to HIV/AIDS. ◉ B. Civil society's engagement impacts HIV/AIDS policy, programming, and budget decisions (check all that apply): ☑ In policy design ☑ In programmatic decision making ☑ In technical decision making ☑ In service delivery ☑ In HIV/AIDS basket or national health financing decisions	3.3 Score: 1.67	Memorandum Submitted by CSOs in the Health Sector Reform Coalition (HSRC) to the public hearing on Primary Health care Financing (22-23, November, 2016) - Available on request	
3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)? (if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)	○ A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources. ○ B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ◉ C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).	3.4 Score: 1.67	Based on anecdotal reports from NEPHWAN and CiSHAN representatives	Civil Society Network Organizations - CiSHAN and NEPWHAN have previously served as Sub-recipients of Global Fund Grants (NEWPHAN has an on-going grant) Grants have been mostly focussed on service delivery components. CSOs will like to see more of the funding to them focussed on Oversight and Accountability of the HIV/AIDS response
3.5 Civil Society Enabling Environment: Are there laws, policies, or regulations in place which permit CSOs to be funded from a government budget for HIV services through open competition (from any Ministry or Department, at any level - national, regional, or local)? Note: This sometimes referred to as "social contracting" or "social procurement."	○ A. There is no law, policy, ore rgulation which permits CSOs to be funded from a government budget for HIV Services through open competition (not to include Global Fund or other donor funding to government that goes to CSOs). ◉ B. There is a law, policy or regulation which permits CSOs to be funded from a government budget for HIV services. Check all that apply: ☑ Competition is open and transparent (notices of opportunities are made public) ☑ Opportunities for CSO funding are made on an annual basis ☑ Awards are made in a timely manner (within 6-12 months of announcements) ☑ Payments are made to CSOs on time for provision of services	3.5 Score: 1.67	Public Procurement Act (2007), Available online from: http://www.bpp.gov.ng/index.php?option=com_joomdoc&view=documents&path=Public+Procurement+Act+2007pdf.pdf	The Public Procurement Act (2007) allows every registered legal entity including CSO to bid for public contracts through a competitive process. Payment is made subject to availablility of funds. CSOs are unoften out-competed by Private sector plays who may have substainally more expereince with the contract interests. There is a suggestion that some projects should be limited to CSOs only (to create capacity opportunities for these groups).
		Civil Society Engagement Score:	**8.33**	

4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.			**Data Source**	**Notes/Comments**
4.1 Government Channels and Opportunities for Private Sector Engagement: Does the host country government have formal channels and opportunities for diverse private sector entities (including service delivery, corporations, and private training institutions) to engage and provide feedback on its HIV/AIDS policies, programs, and services? (If option B is true, check all subsequent boxes that apply.)	○ A. There are no formal channels or opportunities for private sector engagement. ◉ B. There are formal channels or opportunities for private sector engagement. i. The following private sector stakeholders formally contribute input into national or sub-national processes for HIV/AIDS planning and strategic development (check all that apply): ☑ Corporations ☑ Employers ☑ Private training institutions ☑ Private health service delivery providers ii. Stakeholders contribute in the following ways (check all that apply): ☐ The private sector contributes technical expertise into HIV program planning ☑ Data and strategic input into supply chain management for HIV commodities ☑ Service delivery and/or client satisfaction data from private service delivery providers is included in health sector and HIV program planning ☐ Data on staffing in private health service delivery providers ☐ Data on private training institution's human resources for health (HRH) graduates and placements are included in health sector and HIV program planning ☐ For technical advisory on best practices and delivery solutions	4.1 Score: 1.11	Ezechi, Oliver & Oladele, David & F, Durueke & Anenih, James & K, Ogungbemi & Folayan, Morenike. (2014). Private Sector Engagement in the National HIV Response in Nigeria: Findings from a Nationally Representative Sample of Stakeholders. Nigerian Journal of Health Sciences. 14. 27. Available from: https://www.researchgate.net/publication/268223915_Private_Sector_Engagement_in_the_National_HIV_Response_in_Nigeria_Findings_from_a_Nationally_Representative_Sample_of_Stakeholders	1. Representatives of Corporations (Chevron) and Employers are members of the Country Coordinating Mechanism of the Global Fund & contribute to the planning process. 2. The National AIDS Trust fund currently being proposed will provide the opportunity for improved private sector contribution to the HIV response. 3. Not all Private sector health service providers report into the national system. Those that do are primarily supported by Donors or utillize Government resources. 4. Data on private institutions' HRH graduates placements are not included in the HIV program planning however they are included in the broader health sector planning process. 5. Regarding the development of a Total Market approach for HIV service delivery, the PEPFAR-funded SFI initiative under the SIDHAS project is currently piloting that in 2 states (Lagos and Rivers states) in the private sector. 6. NACA has also commenced the process of implementing that at the National Level.

	iii. The national HIV/AIDS strategic plan explicitly addresses private sector's role in the HIV/AIDS response (check all that apply): ☐ The national HIV/AIDS strategic plan has a specific section that specifies the private sector's role in the HIV/AIDS response. ☐ A recent (within past 4 years) market analysis informs the private sector strategy that is included in the HIV/AIDS strategic plan ☐ The government and private sector effectively coordinates and executes a total market approach for HIV service delivery, which accounts for whether people are able and/or willing to pay for HIV services.			
4.2 Enabling Environment for Private Corporate Contributions to HIV/AIDS Programming: Does the host country government have systems and policies in place that allow for private corporate contributions to HIV/AIDS programming?	Check all that apply: ☐ Tax policies and incentives are designed to encourage corporate social responsibility efforts from companies who are contributing financial commitments and/or non-financial resources (including, but not limited to, product donations, expertise, and employee staff time). ☑ The host country government has in-house expertise in contracting services to private sector corporations when appropriate and necessary (e.g., transportation and waste management). ☑ The host country government has standards for reporting and sharing data across public and private sectors. ☑ Regulations help ensure that workplace programs align with the national HIV/AIDS program (e.g., medical leave policies, on-site testing, on-site prevention and education, anti-discrimination policies). ☑ There are strong linkage and referral networks between on-site workplace programs and public health care facilities.	4.2 Score: 2.00	The Country has a National Workplace policy on HIV/AIDS (http://www.ilo.org/wcmsp5/groups/public/---africa/---ro-addis_ababa/---ilo-abuja/documents/publication/wcms_344217.pdf) which contains regulations that affect the workplace program.	1. The National Government has a strong PPP unit with experience and expertise in contracting services to private sector corporations. Examples include the National Supply Chain Integration Project (NSCIP) and the USG funded GHSC-PSM project . There are linkages and referral networks betwen onsite workplace programs and public health facilities but they are not strong.

4.3 Enabling Environment for Private Health Service Delivery: Does the host country government have systems and policies in place that allow for private health service delivery? Note: Full score possible without checking all boxes.	○ A. Private health service delivery providers are not legally allowed to deliver HIV/AIDS services. ○ B. The host country government plans to allow private health service delivery providers to provide HIV/AIDS services in the next two years. ◉ C. Private health service delivery providers are legally allowed to deliver HIV/AIDS services. In addition (check all that apply): ☐ Policies are in place to ensure that private providers receive, understand, and adhere to national guidelines/protocols for ART, and appropriate quality standards and certifications. ☑ Systems are in place for service provision and/or research reporting by private facilities to the government, including guidelines for data reporting. ☐ Joint (i.e., public-private) supervision and quality oversight of private facilities. ☐ The government offers tax deductions for private facilities delivering HIV/AIDS services. ☐ The government offers tax deductions for private training institutions. ☐ The private sector is eligible to procure HIV/AIDS and/or ART commodities via public sector procurement channels and/or national medical stores ☐ The host country government has formal contracting or service-level agreement procedures to compensate private facilities for HIV/AIDS services. ☐ HIV/AIDS services received in private facilities are eligible for reimbursement through national health insurance schemes ☑ There are open competitions for private health care providers to compete for government service contracts ☑ There is a systematic and timely process for private company registration and/or testing of new health products (e.g., drugs, diagnostic kits, medical devices, etc.) that support HIV/AIDS programming ☑ The government effectively regulates the flow of subsidized commodities into the private sector.	4.3 Score: 1.81	Banke, K., Stephen R., Jorge U., Jonathan J., Minki C., & Aisha Talib. 2014. Estimating the Untapped Capacity of the Private Sector to Deliver Antiretroviral Therapy in Lagos State, Nigeria. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.	1. The guidelines for data reporting to the GoN are applicable to both private and public sectors. 2. The process for private sector providers to procure HIV commodities through the National Pooled procurement system is in the process of being implemented also through the SFI initiative and GHSC-PSM. 3. Private health care providers are currently eligible to compete for Government service contracts i.e. Garki Hospital is run by a private provider. 4. NAFDAC is responsible for the coordinating and implementing the process for registration and testing of new health products 5. The GoN also grants waivers to regulate the folw of subsidized commodities into the private sector i.e. Condoms waiver is granted to SFH.

4.4 Private Sector Capability and Interest: Does the private sector possess the capability to support HIV/AIDS services, and do private sector stakeholders demonstrate interest in supporting the national HIV/AIDS response?	○ A. The host country government does not leverage the skill sets of the private sector for the national HIV/AIDS response. ○ B. The private sector does not express interest in or actively seek out opportunities to support the national HIV/AIDS response. ◉ C. The private sector has expertise and has expressed interest in or actively seeks out (check all that apply): ☑ Market opportunities that align with and support the national HIV/AIDS response ☑ Opportunities to contribute financial and/or non-financial resources to the national response (including business skills, market research, logistics, communication, research and development, product design, brand awareness, and innovation)	4.4 Score:	2.50	1. Banke, K., Stephen R., Jorge U., Jonathan J., Minki C., & Aisha Talib. 2014. Estimating the Untapped Capacity of the Private Sector to Deliver Antiretroviral Therapy in Lagos State, Nigeria. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.	1. Private sector has expressed interest in Market opportunities that support the National Response for instance Condoms, Logistics services and Pharmaceutical Manufacturing services.
		Private Sector Engagement Score:	**7.42**		

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			**Source of Data**	**Notes/Comments**
5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data and analyses are made available to stakeholders and general public in a timely and useful way?	◉ A. The host country government does not make HIV/AIDS surveillance and survey data available to stakeholders and the general public, or they are made available more than one year after the date of collection. ○ B. The host country government makes HIV/AIDS surveillance and survey data available to stakeholders and the general public within 6-12 months. ○ C. The host country government makes HIV/AIDS surveillance and survey data available to stakeholders and the general public within six months.	5.1 Score: 0.00	1. Federal Ministry of Health, Nigeria (2014), 'Integrated Biological and Behavioural Surveillance Survey (IBBSS)', Available from: https://naca.gov.ng/final-nigeria-ibbss-2014-report/	Survey data takes longer than one year after data collection. There are different timelines for collating and publishing surveillance and survey data. This question should be split into two - for survey and for surveillance. The time interval to conduct survey data is not clearly defined.
5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data available to stakeholders and the public in a timely and useful way?	○ A. The host country government does not track HIV/AIDS expenditures. ◉ B. The host country government does not make HIV/AIDS expenditure data available to stakeholders and the general public, or they are made available more than one year after the date of expenditures. ○ C. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within 6-12 months after date of expenditures. ○ D. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within six months after expenditures.	5.2 Score: 0.00	National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA). Available at: http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	The National AIDS Spending Assessment reports are produced more than one year after the date of expenditures. There is a lack of routine resource tracking mechanisms.
5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data available to stakeholders and the public in a timely and useful way?	○ A. The host country government does not make HIV/AIDS program performance and service delivery data available to stakeholders and the general public or they are made available more than one year after the date of programming. ◉ B. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within 6-12 months after date of programming. ○ C. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within six months after date of programming .	5.3 Score: 1.00	Federal Ministry of Health, Nigeria (2015), 'Annual HIV Health Sector Report: 2015', Available online from: https://www.slideshare.net/MorkaMercyChinenye/2015-annual-report-on-hivampaids-health-sector-response-in-nigeria	The 2016 report is not yet available online.

5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?	○ A. The host country government does not make any HIV/AIDS procurements. ○ B. The host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available. ○ C. The host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available. ◉ D. The host country government makes HIV/AIDS procurements, and both tender and award details available.	5.4 Score: 2.00	National Agency For The Control Of Aids (NACA) – Request For Expression Of Interest For The Selection Of A Technical Services Organisation For The Strengthening Of The Nigerian National Health Management Information System (NHMIS) (Nov 2017) http://eventsng.tk/blog/2017/11/27/national-agency-for-the-control-of-aids-naca-request-for-expression-of-interest-for-the-selection-of-a-technical-services-organisation-for-the-strengthening-of-the-nigerian-national-health/	Tenders are advertised in National dailies.
5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for providing scientifically accurate education to the public about HIV/AIDS?	○ A. There is no government institution that is responsible for this function and no other groups provide education. ○ B. There is no government institution that is responsible for this function but at least one of the following provides education: ☐ Civil society ☐ Media ☐ Private sector ◉ C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.	5.5 Score: 2.00	National Agency for the Control of AIDS (NACA) website - https://naca.gov.ng/	Structure exists in National Agency for the Control of AIDS (NACA) and National AIDS & STI Control Programme (NASCP) but needs strengthening.
		Public Access to Information Score: 5.00		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

What Success Looks Like: Host country institutions (inclusive of government, NGOs, civil society, and the private sector), the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. Optimally, national, sub-national and local governments have achieved high and appropriate coverage of a range of quality, life-saving prevention, treatment, and care services and interventions. There is a high demand for HIV/AIDS services, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. key populations, discordant couples, exposed infants), are infected and/or are affected by the HIV/AIDS epidemic.

6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.			**Data Source**	**Notes/Comments**
6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)	☑ Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow) ☑ Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics) ☑ There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services	6.1 Score: 1.11	Federal Ministry of Health (2017) National Guidelines for HIV Prevention Treatment And Care. Available at: http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf	Partners provide HIV/AIDS Services in communities using a differentiated Care Model that allow more flexibility and adaptation to patients needs
6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services? (Check all that apply.)	The host country has standardized the following design and implementation components of community-based HIV/AIDS services through (check all that apply): ☑ Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services ☑ National guidelines detailing how to operationalize HIV/AIDS services in communities ☑ Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities ☑ Providing financial support for community-based services ☐ Providing supply chain support for community-based services ☑ Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)	6.2 Score: 0.93	1) Federal Ministry of Health (2017) National Guidelines for HIV Prevention Treatment And Care. Available at: http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf 2) Federal Ministry of Health (2014) Task-Shifting and Task-sharing Policy for essential Health Care Services in Nigeria. Available at: http://www.health.gov.ng/doc/TSTS.pdf	Chapter Nine of the 2016 guidelines describes service delivery approaches including community services. The national task shifting policy officially recognised skilled community human resouces. The department of partnership coordination in NACA leads this agenda with CSOs (reference needed)
6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services (i.e. excluding any external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services ○ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services ◉ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services	6.3 Score: 0.83	National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA). Available at: http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	Government total spending is around 27% of total expenditure for HIV/AIDS service delivery. 10-40% is too wide of a range.

6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services without external technical assistance from donors?	○ A. HIV/AIDS services are primarily delivered by external agencies, organizations, or institutions. ○ B. Host country institutions deliver HIV/AIDS services but with substantial external technical assistance. ◉ C. Host country institutions deliver HIV/AIDS services with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services with minimal or no external technical assistance.	6.4 Score: 0.74	National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA). Available at: http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	HIV/AIDS services are provided with substantial donor assistance. About 70% of funding and support are still donor driven.
6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations (i.e. without external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations. ◉ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations. ○ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations. ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations. ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations.	6.5 Score: 0.42	National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA). Available at: http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	The Nigerian Government funds services to KPs along with the general population. MPPI report (NACA).
6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations without external technical assistance from donors?	○ A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions. ◉ B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance. ○ C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.	6.6 Score: 0.37	National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA). Available at: http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	Key populations access HIV/AIDS services through regular public/private owned health facilities. There are no specific services to KP funded by the government.
6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?	National health authorities (check all that apply): ☑ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☐ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☑ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engage with civil society in program planning and evaluation of services. ☑ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.7 Score: 0.93	National Agency for the Control of AIDS (2013) National Strategic Plan 2017-2021. Available at: https://naca.gov.ng/national-strategic-framework-nsf-2017-2021-draft-request-comments/	Government currently providing services to all HIV positive patients currently on ART in two states (Abia and Taraba). Government coordinates the HIV/AIDS services in Nigeria through the FMOH and NACA. NACA also coordinates the development of the National and State strategic plans. HIV/AIDS services need to be better integrated into existing staff performance monitoring systems (APER).

6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	Sub-national health authorities (check all that apply): ☑ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☐ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☐ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engage with civil society in program planning and evaluation of services. ☑ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.8 Score:	0.74	State-Level Operational Plans for Elimination of Mother-to-Child Transmission of HIV in Nigeria, 2013–2015. Available online from: https://www.fhi360.org/resource/state-level-operational-plans-elimination-mother-child-transmission-hiv-nigeria-2013%E2%80%932015	There are effective planning by states through SACAs and LACAs. However, activities are funded through monies from World bank grants that includes government counterpart funds.
		Service Delivery Score	**6.06**		

7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.			**Data Source**	**Notes/Comments**
7.1 HRH Supply: To what extent is the clinical health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or community site level?	Check all that apply: ☐ The country's pre-service education institutions are producing an adequate supply and skills mix of clinical health care providers ☐ The country's clinical health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden ☐ The country has developed retention schemes that address clinical health worker vacancy or attrition in high HIV burden areas ☐ The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children	7.1 Score: 0.00	WHO 2017 work force alliance country response (Nigeria), available at: http://www.who.int/workforcealliance/countries/nga/en/	Although relative to other African countries, Nigeria produces a large number of health workers. However, relative to her population, the country still has a huge gap in meeting the HRH needs for the country.
7.2 Role of Community-based Health Workers (CHWs): To what extent are community-based health workers' roles and responsibilities specified for HIV/AIDS service delivery?	Check all that apply: ☑ There is a national community-based health worker (CHW) cadre that has a defined role in HIV/AIDS service delivery (e.g., through a national strategy or task-sharing framework/guidelines). ☐ Data are made available on the staffing and deployment of CHWs, including non-formalized CHWs supported by donors. ☑ The host country government officially recognizes non-formalized CHWs delivering HIV/AIDS services.	7.2 Score: 0.74	Federal Ministry of Health (2014) Task-Shifting and Task-sharing Policy for essential Health Care Services in Nigeria. Available at: http://www.health.gov.ng/doc/TSTS.pdf	The country has a defined policy on the roles of formalised community health workers. Athough roles of non-formalised CHW is not defined. Many programs recognise and engage them in providing HIV/AIDS services to the community.
7.3 HRH transition: What is the status of transitioning PEPFAR and/or other donor supported HIV/AIDS health worker salaries to local financing/compensation? Note in comments column which donors have transition plans in place.	◉ A. There is no inventory or plan for transition of donor-supported health workers ○ B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support ○ C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented ○ D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan ○ E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated	7.3 Score: 0.00	Chamberlin Onuoha et al (2014), 'Enhancing Human Resources for HIV/AIDS Services Delivery through Pharmacists Volunteer Scheme: A Case Report of Global HIV/AIDS Initiative Nigeria Project', Public Health Research 2014, 4(1): 19-24	PEPFAR partner reports indicate that government of Nigeria is beginning to take up a lot more HRH previously paid for by PEPFAR

7.4 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) health worker salaries ○ B. Host country institutions provide minimal (approx. 1-9%) health worker salaries ○ C. Host country institutions provide some (approx. 10-49%) health worker salaries ○ D. Host country institutions provide most (approx. 50-89%) health worker salaries ◉ E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries	7.4 Score: 3.33	Federal Ministry of Health (2015) Global AIDS Response Country Progress Report	Across majority of sites in Nigeria over 90% of staff are paid by the Government of Nigeria
7.5 Pre-service: Do current pre-service education curricula for any health workers providing HIV/AIDS services include HIV content that has been updated in last three years? Note: List applicable cadres in the comments column.	○ A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years) ◉ B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply): ☑ Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services ☑ Institutions maintain process for continuously updating content, including HIV/AIDS content ☐ Updated curricula contain training related to stigma & discrimination of PLHIV ☐ Institutions track student employment after graduation to inform planning	7.5 Score: 0.83	Partner end of project award reports for SCOPE Project 2016	PEPFAR has funded its partners through Pre-service awards to introduce HIV contents into the pre-service curriculum for Midwives, Nurses and MPH students.
7.6 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control? (if exact or approximate percentage known, please note in Comments column)	Check all that apply among A, B, C, D: ☑ A. The host country government provides the following support for in-service training in the country (check ONE): ☐ Host country government implements no (0%) HIV/AIDS related in-service training ☑ Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training ☐ Host country government implements some (approx. 10-49%) HIV/AIDS in-service training ☐ Host country government implements most (approx. 50-89%) HIV/AIDS in-service training ☐ Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training ☑ B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS ☑ C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians ☐ D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)	7.6 Score: 0.63	1. Nigeria Medical and Dental Council, (2007), 'CPD Guidelines'. [Webpage]. Available from: https://www.mdcn.gov.ng/page/cpd-guidelines 2. Nursing and Widwifery Council of Nigeria: Requirements for renewal of annual license. [Webpage]. Available from: http://nmcnigeria.org/portal/index.php/2014-05-21-12-23-05/2014-05-21-12-23-39/2014-05-21-12-26-56	Most of the training is funded with external resources and organized by Implementing Partners. Some in-service training is conducted in form of CMEs for professional licensure (Doctors, pharmacists, nurses and medicla lab scientists)

7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	○ A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management ○ B. There is no HRIS in country, but some data is collected for planning and management ☐ Registration and re-licensure data for key professionals is collected and used for planning and management ☐ MOH health worker employee data (number, cadre, and location of employment) is collected and used ☐ Routine assessments are conducted regarding health worker staffing at health facility and/or community sites ◉ C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country: ☐ The HRIS is primarily financed and managed by host country institutions ☐ There is a national strategy or approach to interoperability for HRIS ☐ The government produces HR data from the system at least annually ☐ Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)	7.7 Score: 0.56	1. Federal Ministry of Health, (2007), NATIONAL HUMAN RESOURCES FOR HEALTH STRATEGIC PLAN 2008 - 2012. [Online]. Available from: http://www.who.int/workforcealliance/countries/Nigeria_HRHStrategicPlan_2008_2012.pdf 2. Labiran, A., Mafe, M., Onajole, B. & Lambo, E. (2008), 'Health Workforce Country Profile for Nigeria'. Africa Heal Workforce Observatory. [Online]. Available from: http://www.hrh-observatory.afro.who.int/images/Document_Centre/nigeria_country_profile.pdf	International development partner funded projects are collaborating with Health Professional councils and associations to develop iHRIS systems. The Medical Lab Scientists iRIS platform is partly functional. iRIS for Nurses and Doctors is still in development.
	Human Resources for Health Score	**6.09**		

8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.				**Data Source**	**Notes/Comments**
8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known. ○B. No (0%) funding from domestic sources ◉C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50 – 89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.1 Score:	0.21	1. National HIV/AIDS Commodities Stock Status Report 2. National HIV/AIDS ARVs & OIs Quantification Report 3. National Lab Commodities Quantification Report	
8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known ○B. No (0%) funding from domestic sources ◉C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50-89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.2 Score:	0.21	1. National HIV/AIDS Commodities Stock Status Report 2. National Lab Commodities Quantification Report 3. State level Stock Status Reports	Some RTK procurement may be occuring outside of the National pooled procurement arrangement especially by sub-national Governments and agencies. (Reports are not readily assessible online for reference and informational purposes)
8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? *Note:* The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs. (if exact or approximate percentage known, please note in Comments column)	◉A. This information is not known ○B. No (0%) funding from domestic sources ○C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50-89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.3 Score:	0.00		Some condom procurement may be occuring outside of the National pooled procurement arrangement especially by sub-national Governments and agencies. (Information and data on condom procurement is readily available).

8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?	○ A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP). ◉ B. There is a plan/SOP that includes the following components (check all that apply): ☑ Human resources ☑ Training ☑ Warehousing ☑ Distribution ☑ Reverse Logistics ☑ Waste management ☑ Information system ☑ Procurement ☑ Forecasting ☑ Supply planning and supervision ☑ Site supervision	8.4 Score: 2.22	1. Bi-annual Supply Planning Reports 2. Quarterly MSV Reports	(Reports are not readily accessible online for reference and informational purposes)
8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)? (if exact or approximate percentage known, please note in Comments column)	○ A. This information is not available. ○ B. No (0%) funding from domestic sources. ◉ C. Minimal (approx. 1-9%) funding from domestic sources. ○ D. Some (approx. 10-49%) funding from domestic sources. ○ E. Most (approx. 50-89%) funding from domestic sources. ○ F. All or almost all (approx. 90%+) funding from domestic sources.	8.5 Score: 0.21	National Quantification Reports (available on request)	Current domestic contributions include - 1. Warehousing Space at two National and four State Warehouses & 2. Staffing and office spaces at State Logistics Management Coordinating Units

8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock in all levels of the system?	Check all that apply: ☑ The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities ☑ Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time ☑ MOH or other host government personnel make re-supply decisions with minimal external assistance: ☑ Decision makers are not seconded or implementing partner staff ☑ Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects ☑ Team that conducts analysis of facility data is at least 50% host government	8.6 Score: 2.22	National Stock Reports (Available on request)	Data storage is both with MOH and IP staff. State level LMCUs warehouse state level data and make re-supply decisions with support from the IP staff
8.7 Assessment: Was an overall score of above 80% achieved on the National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years? (if exact or approximate percentage known, please note in Comments column)	○ A. A comprehensive assessment has not been done within the last three years. ◉ B. A comprehensive assessment has been done within the last three years but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments ○ C. A comprehensive assessment has been done within the last three years and the score was higher than 80% (for NSCA) or in the top quartile for the assessment	8.7 Score: 1.11	National Supply Chain Assessment Report 2015 (Available on request)	National Supply Chain Assessment not done.
	Commodity Security and Supply Chain Score:	**6.18**		

9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services			**Data Source**	**Notes/Comments**
9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?	○ A. The host country government does not have structures or resources to support site-level continuous quality improvement ◉ B. The host country government: ☑ Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement ☐ Has a budget line item for the QM program ☑ Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions	9.1 Score: 1.33	1. National QA/QI and CQI strategic framework 2. Website - http://nigeriaqual.ng/ 3. FMOH (2016), 'National Quality Improvement Project (NQIP) Standard Operating Procedures', Federal Ministry of Health (FMOH) in collaboration with Nigerian Alliance for Health Systems Strengthening (NAHSS). Available online from: http://nigeriaqual.mgic-nigeria.org/wp-content/uploads/2017/09/Standard-Operating-Procedure.pdf	The host country has a CQI Team at the central and subnational levels. Currently CQI Teams are being constituted at SNU2 (for priority LGAs). Knowledege management platforms exist inform of quaterly meetings to review performances and share best practices. Plans are in place to establish web-base knowledge management platform
9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)	○ A. There is no HIV/AIDS-related QM/QI strategy ○ B. There is a QM/QI strategy that includes HIV/AIDS, but it is not utilized ◉ C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements, and it is partially utilized. ○ D. There is a current HIV/AIDS program specific QM/QI strategy, and it is fully utilized.	9.2 Score: 1.33	Same as above	Partially here refers to site coverage which currently less than 50%
9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?	○ A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting. ◉ B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply): ☑ The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement ☑ There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities ☑ There is documentation of results of QI activities and demonstration of national HIV program improvement through sharing and implementation of best practices across HIV/AIDS sites at all levels	9.3 Score: 2.00	National QA/QI and CQI strategic framework, NigeriaQual software, National CQI performance indicators	Bi-annual data collection, analysis and dissemination of results to inform program and service quality improvement. Challenge is that this needs to be scale-up to all facilities.

9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?	○ A. There is no training or recognition offered to build health workforce competency in QI. ◉ B. There is health workforce competency-building in QI, including: ☐ Pre-service institutions incorporate modern quality improvement methods in curricula ☑ National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services	9.4 Score: 1.00	NigeriaQual Website - http://nigeriaqual.ng/	The NigeriaQual Program was started by Nigerian Alliance for Health Systems Strengthening (NAHSS) Under the Partnership Framework on HIV/AIDS for sustainable transition of PEPFAR to GoN ownership, the (NAHSS) award was made to UMB by CDC commencing October 1, 2012. UMB has supported the GoN to develop and implement a successful unified nationally-standardized Quality Management program termed NigeriaQual. NigeriaQual provides a platform for standardizing the quality of Healthcare and treatment in Nigeria by: - Engaging all stakeholders at all levels - Routinely collecting performance data to inform improvements of Healthcare services at all levels - Creating opportunities to share best practices and successful improvement strategies - Fostering the development of local and regional quality management infrastructures
9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?	The national-level QM structure: ☑ Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services ☑ Regularly convenes meetings that include health services consumers ☑ Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement Sub-national QM structures: ☑ Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convene meetings that includes health services consumers ☑ Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement Site-level QM structures: ☑ Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement	9.5 Score: 1.71	NigeriaQual Website - http://nigeriaqual.ng/	
	Quality Management Score:	**7.38**		

10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.			**Data Source**	**Notes/Comments**
10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?	○A. There is no national laboratory strategic plan ○B. National laboratory strategic plan is under development ○C. National laboratory strategic plan has been developed, but not approved ○D. National laboratory strategic plan has been developed and approved ○E. National laboratory plan has been developed, approved, and costed ◉F. National laboratory strategic plan has been developed, approved, costed, and implemented	10.1 Score: 1.67	Federal Ministry of Health (2014), Nigeria Medical Laboratory Strategic Plan (NMLStP) 2015-2019 http://www.mlscn.gov.ng/files/mlscn_docs/FIVE_YEAR_STRATEGIC_FRAMEWORK_REVISED_Finals07092013.pdf	Plan is being implemented through various initiatives. However, content is tilted toward HIV. It is not adeqauately inclusive of other disease areas. The costing done is not made known and/or available to stakeholders. It is not however reflected in the national health budget. A national Laboratory technical working group (TWG) was innaugurated in January, 2017 to support the implmentation of the NMLStP
10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)	○A. Regulations do not exist to monitor minimum quality of laboratories in the country. ○B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). ○C. Regulations exist, but are minimally implemented (approx.. 1-9% of laboratories and POCT sites regulated). ○D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). ◉E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). ○F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).	10.2 Score: 1.25	All the documents of last year are still available. The recorded performance of the laboratories enrolled in the national EQA program coordinated by IHVN. Audit performance of the PEPFAR supported sites enrolled for QI implementation	Quality monitoring of the PEPFAR supported laboratories is adequately done. Implementation of the MLSCN approved document is becoming more evident, as the laboratory audit and inspection activities are now publisized; with the announcement of nationally accredited laboratories earlier in the year. However, the the QM of POCs is limited, due to lack of guidance and regulation.
10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?	◉A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control ○B. There are adequate qualified laboratory personnel to perform the following key functions: ☐ HIV diagnosis by rapid testing and point-of-care testing ☐ Routine laboratory testing, including chemistry, hematology, microbiology, serology, blood banking, and malaria ☐ Complex laboratory testing, including HIV viral load, CD4 testing, and molecular assays ☐ TB diagnosis	10.3 Score: 0.00	Federal Ministry of Health (2014), Nigeria Medical Laboratory Strategic Plan (NMLStP) 2015-2019 http://www.mlscn.gov.ng/files/mlscn_docs/FIVE_YEAR_STRATEGIC_FRAMEWORK_REVISED_Finals07092013.pdf	Large workforce in place. But, skills for complex testing yet to be adequate. Workforce distribution, attitudes and lack of motivation are issues to be considered rather than workforce size

10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?	○A. There is not sufficient infrastructure to test for viral load. ◉B. There is sufficient infrastructure to test for viral load, including: ☑ Sufficient HIV viral load instruments ☑ All HIV viral load laboratories have an instrument maintenance program ☑ Sufficient supply chain system is in place to prevent stock outs ☐ Adequate specimen transport system and timely return of results	10.4 Score: 1.25	1. Meeting notes from Review of Lab Systems for Nationla HIV/AIDS reponse meeting (Nov 2017) - Available on request 2. National Lab TWG Meeting notes (Available on request)	With the structure in place, the challenges of stockout and extended TAT still persists. Factors other than sufficient structure may be considered to be responsible for this. All the PEPFAR supported PCR laboratories are automated. Equipment maitenance contracts are in place. The available staff, though few compare to need are well trained in the required technology for the test. Pool procurement of supplies and last mile distribution in place. Program at the onset on implementing specimens referral/transportation network system
10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)? (if exact or approximate percentage known, please note in Comments column)	○A. No (0%) laboratory services are financed by domestic resources. ○B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources. ◉C. Some (approx. 10-49%) laboratory services are financed by domestic resources. ○D. Most (approx. 50-89%) laboratory services are financed by domestic resources. ○E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.	10.5 Score: 1.67	National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA). Available at: http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	Few laboratories are financed by local big business like MTN Foundation, Nigerian Brewery and Oil companies. However, these lab resources are yet to be mapped within the national lab network. Out of pocket payment for lab services is considerable.
		Laboratory Score:	**5.83**	

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

What Success Looks Like: Host country government is aware of the financial resources required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets. HCG actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments.

Fiscal Context for Health and HIV/AIDS This section will not be assigned a score, but will provide additional contextual information to complement the questions in Domain C.			**Data Source**	**Notes/Comments**
1. What percentage of general government expenditures goes to health?	5%		National Health Accounts (NHA) 2014	
2. What is the per capita health expenditure all sources?	112$			The target per WHO guide is 86. However consistently there has been an increase in the per-capita Total Health Expenditure from US$ 81 in 2010 to US$ 112 in 2014.
3. What is the total health care expenditure all sources as a percent of GDP?	3.50%			Total Health Expenditure per GDP has stagnated around 3.5% and 3.6% between 2010 and 2014 and has consistently fallen short of the target of 4-5%.
4. What percent of total health expenditures is financed by external resources?	13%			The external resources per Total Health Expenditure has more than doubled between 2010 and 2014 increasing from 5.9% to 13% respectively. (5.9%, 7.2%, 8.1%, 11.8% and 13.0% annually from 2010 to 2014 respectively)
5. What percent of total health expenditures is financed by out of pocket spending net of household contributions to medical schemes/pre-payment schemes?	68.60%			The normal out of pocket expenditure on health per Total Health Expenditure is to range between 30-40%. However, this has consistently remained very high between 66% and 72% range over the past 5 years of the reporting year. (72.7%, 68.4%, 69.8%, 66.5%, 68.8% annually from 2010 to 2014 respectively)

11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.			**Data Source**	**Notes/Comments**
11.1 Long-term Financing Strategy for HIV/AIDS: Has the host country government developed a long-term financing strategy for HIV/AIDS?	Check all that apply: ☑ A. Yes, there is a universal, comprehensive financing scheme that integrates social health insurance, public subsidies, and national budget provisions for public health aspects (e.g., disease surveillance). It includes the following (check all that apply): ☑ ARVs are covered ☑ Non-ARV care and treatment is covered ☑ Prevention services are covered ☑ B. Yes, there is an affordable health insurance scheme available (check one of the following). ☑ It covers 25% or less of the population. ☐ It covers 26 to 50% of the population. ☐ It covers 51 to 75% of the population. ☐ It covers more than 75% of the population. ☑ C. The affordable health insurance scheme in (B.) includes the following (check all that apply): ☐ ARVs are covered. ☐ Non-ARV care and treatment services are covered. ☑ Prevention services are covered. ☐ It includes public subsidies for the affordability of care.	11.1 Score: 0.60	National Strategic Framework 2017 to 2021 and National Strategic Plan 2017 to 2021 Fast track Plan launched by the President, Catch Up plan to put 100,000 Nigerians on Treatment and President's commitment to put annually increase the number of people on ART by 50,000. National Health Insurance Scheme (2016), 'Revised Operational Guidelines', Abuja, Nigeria. Available online from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwiinJPnu8_XAhWslOAKHcwgC-0QFggyMAI&url=http%3A%2F%2Fwww.dhmlnigeria.com%2Fdownloads%2FNHIS_OPERATIONAL_GUIDELINES(Revised).pdf&usg=AOvVaw3_MAdOl1cRadn-4vlf11xU	The NSP 2017-2021 is being finalized. However, Some States have increased their allocation for HIV and AIDS. Example: Lagos State increased Lagos State AIDS Control Agency and State AIDS Control Program (Ministry of Health) budget from NGN86,475,000 in 2016 to NGN630,000,000 in 2017. The current NHIS coverage is less than 5%. There is concern that even though the NHIS benefit package includes "HIV testing services", in reality this benefit is not operational. The Vice President has instructed the Minister Of Health to ensure that HIV services are adequately catered for and implemented under the NHIS.

11.2 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?	○ A. There is no explicit funding for HIV/AIDS in the national budget. ◉ B. There is explicit HIV/AIDS funding within the national budget. ☐ The HIV/AIDS budget is program-based across ministries ☐ The budget includes or references indicators of progress toward national HIV/AIDS strategy goals ☑ The budget includes specific HIV/AIDS service delivery targets ☐ National budget reflects all sources of funding for HIV, including from external donors	11.2 Score: 0.60	2017 Health Budget http://yourbudgit.com/	The 2017 Health budget has a line item for placing 100,000 Nigerians on HIV Treatment
11.3 Annual Goals/Targets: To what extent does the national budget contain HIV/AIDS goals/targets?	○ A. There are no HIV/AIDS goals/targets articulated in the national budget ◉ B. There are HIV/AIDS goals/targets articulated in the national budget. ☑ The goals/targets are measurable. ☑ Budget items/programs are linked to goals/targets. ☑ The goals/targets are routinely monitored during budget execution. ☑ The goals/targets are routinely monitored during the development of the budget.	11.3 Score: 0.95	2017 Health Budget http://yourbudgit.com/	The Health budget has a line item for placing 100,000 Nigerians on HIV Treatment
11.4 HIV/AIDS Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level? (If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)	○ A. There is no HIV/AIDS budget, or information is not available. ◉ B. 0-49% of budget executed ○ C. 50-69% of budget executed ○ D. 70-89% of budget executed ○ E. 90% or greater of budget executed	11.4 Score: 0.00	National Health Act 2014, Available online from: http://www.lawnigeria.com/LawsoftheFederation/National-Health-Act,-2014.html	Of the N2.5b naira allocated to HIV in 2016 only 751 million naira was released (30.4%). NACA to provide updated information for 2017 and source for 2016.

11.5 Donor Spending: Does the Ministry of Health or Ministry of Finance routinely, and at least on an annual basis, collect all donor spending in the health sector or for HIV/AIDS-specific services?	○ A. Neither the Ministry of Health nor the Ministry of Finance routinely collects all donor spending in the health sector or for HIV/AIDS-specific services. ○ B. The Ministry of Health or Ministry of Finance routinely collects all donor spending for only HIV/AIDS-specific services. ◉ C. The Ministry of Health or Ministry of Finance routinely collects all donor spending all the entire health sector, including HIV/AIDS-specific services.	11.5 Score: 0.95	The Development Assistance System (DAD) Nigeria under Budget and National Planning http://www.nationalplanning.gov.ng/index.php/initiatives/dad-nigeria	
11.6 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding? (Domestic funding excludes out-of-pocket, Global Fund grants, and other donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. None (0%) is financed with domestic funding. ○ B. Very liitle (approx. 1-9%) is financed with domestic funding. ◉ C. Some (approx. 10-49%) is financed with domestic funding. ○ D. Most (approx. 50-89%) is financed with domestic funding. ○ E. All or almost all (approx. 90%+) is financed with domestic funding.	11.6 Score: 1.67	NASA 2014	Public=27% Private=2.12% International=70.81%
11.7 Health Budget Execution: What was the country's execution rate of its budget for health in the most recent year's budget?	○ A. There is no budget for health or no money was allocated. ◉ B. 0-49% of budget executed. ○ C. 50-69% of budget executed. ○ D. 70-89% of budget executed. ○ E. 90% or greater of budget executed.	11.7 Score: 0.00	NHA 2016 (Unpublished)	
11.8 Data-Driven Reprogramming: Do host country government policies/systems allow for reprograming domestic investments based on new or updated program data during the government funding cycle?	○ A. There is no system for funding cycle reprogramming. ○ B. There is a policy/system that allows for funding cycle reprogramming, but is seldom used. ○ C. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, but not based on data. ◉ D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, and is based on data.	11.8 Score: 0.95	National Agency for the Control of AIDS (2016), 'National Strategic Framework for HIV and AIDS: 2017 to 2021'. Nigeria. Available online from: (https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf).	While not called virement - Section 81(4) of the Constitution of the Federal Republic of Nigeria 1999 allows for funds reprogramming as well as supplementary fund provison.
Domestic Resource Mobilization Score:		**5.71**		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			**Data Source**	**Notes/Comments**
12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources? If yes, please note in the comments section when the model was last used and for what purpose (e.g., for Global Fund concept note development) (note: full score achieved by selecting one checkbox)	○ A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources. ◉ B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply): ☐ Optima ☐ Spectrum (including EPP and Goals) ☑ AIDS Epidemic Model (AEM) ☐ Modes of Transmission (MOT) Model ☐ Other recognized process or model (specify in notes column)	12.1 Score: 2.00	Spectrum Report 2016	Spectrum files have been generated for National and for each State. The PLHIV burden is 3.2 million (2016). Was used for the GF fund proposal.
12.2 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)? (if exact or approximate percentage known, please note in Comments column)	◉ A. Information not available. ○ B. No resources (0%) are targeting the highest burden geographic areas. ○ C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas. ○ D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas. ○ E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas. ○ F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.	12.2 Score: 0.00	National Agency for the Control of AIDS (2016), 'National Strategic Framework for HIV and AIDS: 2017 to 2021'. Nigeria. Available online from: (https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf).	

12.3 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes? (note: full score can be achieved without checking all disaggregate boxes).	○ A. The host country government does not have/use recent expenditure data or cost analysis to estimate unit costs ◉ B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply): ☑ HIV Testing ☑ Laboratory services ☑ ART ☑ PMTCT ☐ VMMC ☑ OVC Service Package ☑ Key population Interventions	12.3 Score: 2.00	1. Costing Framework for SURE-P program (available on request) 2. Budget Framework for Fast-Track Plan (available on request)	Based on costing framework used for the SURE-P Program budget in Abia and Taraba states (program in these two states is wholly Government-funded). VMMC programme not done in Nigeria.
12.4 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?	Check all that apply: ☑ Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies ☑ Reduced overhead costs by streamlining management ☑ Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. ☑ Improved procurement competition ☑ Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) ☑ Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) ☑ Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years) ☑ Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) ☑ Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)	12.4 Score: 2.00	National Agency for the Control of AIDS (2016), 'National Strategic Framework for HIV and AIDS: 2017 to 2021'. Nigeria. Available online from: (https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf).	Level of implementation of most of these is still quite low, but the policy direction and guidelines are in place.

12.5 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year? (Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)	○ A. Partner government did not pay for any ARVs using domestic resources in the previous year. ○ B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. ○ C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. ○ D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. ◉ E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.	12.5 Score:	2.00	1. Costing Framework for SURE-P program (available on request) 2. Budget Framework for Fast-Track Plan (available on request)	Based on costing framework used for the SURE-P Program budget in Abia and Taraba states (program in these two states is wholly Government-funded).
Technical and Allocative Efficiencies Score:			**8.00**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

What Success Looks Like: Using local and national systems, the host country government collects, analyzes and makes available timely, comprehensive, and quality HIV/AIDS data (including epidemiological, economic/financial, and performance data) that can be used to inform policy, program and funding decisions.

13.Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.			**Data Source**	**Notes/Comments**
13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ○ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ◉ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies	13.1 Score: 0.71	FMOH (2012), 'National HIV & AIDS and Reproductive Health Survey (NARHS) Plus', Available online from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjw7aOXvc_XAhUwYt8KHecfDQ8QFggoMAA&url=https%3A%2F%2Fnaca.gov.ng%2Fwordpress%2Fwp-content%2Fuploads%2F2016%2F11%2FNARHS-Plus-2012-Final-18112013.pdf&usg=AOvVaw3m3VNUaBtysFDZu64JaxTU	
13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ○ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ○ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ◉ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies	13.2 Score: 0.71	Federal Ministry of Health, Nigeria (2014), 'Integrated Biological and Behavioural Surveillance Survey (IBBSS)', Available from: https://naca.gov.ng/final-nigeria-ibbss-2014-report/	
13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○ B. No financing (0%) is provided by the host country government ◉ C. Minimal financing (approx. 1-9%) is provided by the host country government ○ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (90% +) is provided by the host country government	13.3 Score: 0.42	NASA (2013)	

13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ○ B. No financing (0%) is provided by the host country government ◉ C. Minimal financing (approx. 1-9%) is provided by the host country government ○ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (approx. 90% +) is provided by the host country government	13.4 Score: 0.42	NASA (2013)	
13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below. (A.) refers to prevalence data. (B.) refers to incidence data: ☑ A. The host country government collects at least every 5 years HIV prevalence data disaggregated by: ☐ Age (at coarse disaggregates) ☑ Age (at fine disaggregates) ☑ Sex ☑ Key populations (FSW, PWID, MSM, TG, prisoners) ☑ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☑ Sub-national units ☐ B. The host country government collects at least every 5 years HIV incidence disaggregated by: ☐ Age (at coarse disaggregates) ☐ Age (at fine disaggregates) ☐ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☐ Sub-national units	13.5 Score: 0.48	1. Federal Ministry of Health (2015), 'Global AIDS Response Country Progress Report', Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjE5Jzr5q7XAhVE1CYKHW5hBpoQFggtMAE&url=http%3A%2F%2Fwww.unaids.org%2Fsites%2Fdefault%2Ffiles%2Fcountry%2Fdocuments%2FNGA_narrative_report_2015.pdf&usg=AOvVaw2wN-7uMn-fWB0vyCRQq-4t 2. Federal Ministry of Health, Nigeria (2016), 'Annual HIV Health Sector Report: 2015', Available online from: https://www.slideshare.net/MorkaMercyChinenye/2016-annual-report-on-hivampaids-health-sector-response-in-nigeria 3. NACA (2015) 'End of Term Desk Review Report of the 2010-2015 National HIV/AIDS Strategic Plan'[pdf] http://naca.gov.ng/wordpress/wp-content/uploads/2016/11/NSP-2010-2015-end-term-desk-review-report_0.pdf	

13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	○ A. The host country government does not collect/report viral load data or does not conduct viral load monitoring ◉ B. The host country government collects/reports viral load data (answer both subsections below): According to the following disaggregates (check ALL that apply): ☑ Age ☑ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) For what proportion of PLHIV (select ONE of the following): ☑ Less than 25% ☐ 25-50% ☐ 50-75% ☐ More than 75%	13.6 Score: 0.36	1. NACA (2015) 'End of Term Desk Review Report of the 2010-2015 National HIV/AIDS Strategic Plan'[pdf] http://naca.gov.ng/wordpress/wp-content/uploads/2016/11/NSP-2010-2015-end-term-desk-review-report_0.pdf	
13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.) Please note most recent survey dates in comments section.	○ A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM, TG, prisoners) or priority populations (Military, etc.). ◉ B. The host country government conducts (answer both subsections below): IBBS for (check ALL that apply): ☑ Female sex workers (FSW) ☑ Men who have sex with men (MSM) ☐ Transgender (TG) ☑ People who inject drugs (PWID) ☐ Prisoners ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) Size estimation studies for (check ALL that apply): ☑ Female sex workers (FSW) ☑ Men who have sex with men (MSM) ☐ Transgender (TG) ☑ People who inject drugs (PWID) ☐ Prisoners ☐ Priority populations (AGYW, clients of sex workers, miliitary, mobile populations, non-injecting drug users)	13.7 Score: 0.71	Federal Ministry of Health, Nigeria (2014), 'Integrated Biological and Behavioural Surveillance Survey (IBBSS)', Available from: https://naca.gov.ng/final-nigeria-ibbss-2014-report/	Data is not collected on TG and Prisoners

13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?	○ A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys ○ B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups ◉ C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups	13.8 Score: 0.95	1. NACA (2015) 'End of Term Desk Review Report of the 2010-2015 National HIV/AIDS Strategic Plan'[pdf] http://naca.gov.ng/wordpress/wp-content/uploads/2016/11/NSP-2010-2015-end-term-desk-review-report_0.pdf	
13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?	○ A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply): ☑ A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data ☑ A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance ☑ Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection ☑ An in-country internal review board (IRB) exists and reviews all protocols.	13.9 Score: 0.95	1. Federal Ministry of Health, Nigeria (2014), 'Integrated Biological and Behavioural Surveillance Survey (IBBSS)', Available from: https://naca.gov.ng/final-nigeria-ibbss-2014-report/ 2. Federal Ministry of Health, Nigeria (2012), 'National HIV & AIDS and Reproductive Health Survey (NARHS) Plus', Available online from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjw7aOXvc_XAhUwYt8KHecfDQ8QFggoMAA&url=https%3A%2F%2Fnaca.gov.ng%2Fwordpress%2Fwp-content%2Fuploads%2F2016%2F11%2FNARHS-Plus-2012-Final-18112013.pdf&usg=AOvVaw3m3VNUaBtysFDZu64JaxTU	
		Epidemiological and Health Data Score:	**5.71**	

14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.			**Data Source**	**Notes/Comments**
14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?	○A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years ○B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions ○C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance ◉D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance ○E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance	14.1 Score: 2.50	1. NASA 2013/2014 http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf 2. NHA 2010 - http://apps.who.int/nha/database/DocumentationCentre/GetFile/51337921/en	1. NASA is conducted routinely. NHA is less routine of late. 2. NHA 2012-2014 (still unpublished)
14.2 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?	○A. No HIV/AIDS expenditure tracking has occurred within the past 5 years ◉B. HIV/AIDS expenditure data are collected (check all that apply): ☑ By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others ☑ By expenditures per program area, such as prevention, care, treatment, health systems strengthening ☑ By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel ☑ Sub-nationally	14.2 Score: 3.33	Same as above	
14.3 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?	○A. No HIV/AIDS expenditure data are collected ○B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago ○C. HIV/AIDS expenditure data were collected at least once in the past 3 years ◉D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures ○E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures	14.3 Score: 2.50	1. NASA 2013/2014 http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf 2. NHA 2010 - http://apps.who.int/nha/database/DocumentationCentre/GetFile/51337921/en	
		Financial/Expenditure Data Score: 8.33		

15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.			**Data Source**	**Notes/Comments**
15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?	○A. No system exists for routine collection of HIV/AIDS service delivery data ○B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions ○C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution ◉D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution ○E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government	15.1 Score: 1.00	National Agency for the Control of AIDS, NACA (2011), 'The National HIV and AIDS Monitoring and Evaluation Plan 2011-2016: The Nigeria National Response Information Management System (NNRIMS) Operational Plan II', 3rd Edition, Abuja, Nigeria. Available from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjuo9bF_67XAhWERyYKHdZ6B1cQFggoMAA&url=http%3A%2F%2Fwww.ilo.org%2Fwcmsp5%2Fgroups%2Fpublic%2F---ed_protect%2F---protrav%2F---ilo_aids%2Fdocuments%2Flegaldocument%2Fwcms_201321.pdf&usg=AOvVaw2tUTD7Ab0nFmto61j8rAdU	Government needs to strengthen data collection and harmonization of health information
15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)? (if exact or approximate percentage known, please note in Comments column)	○A. No routine collection of HIV/AIDS service delivery data exists ○B. No financing (0%) is provided by the host country government ○C. Minimal financing (approx. 1-9%) is provided by the host country government ◉D. Some financing (approx. 10-49%) is provided by the host country government ○E. Most financing (approx. 50-89%) is provided by the host country government ○F. All or almost all financing (90% +) is provided by the host country government	15.2 Score: 1.67	1. NASA 2013/2014 http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf	Between 2015-2017 Government has funded HIV programs including M&E activities at Abia and Taraba States. In addition, Government is supporting the National HIV/AIDS Population based survey. 10-49% is too wide…

15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below: ☑ A. The host country government routinely collects & reports service delivery data for: ☑ HIV Testing ☑ PMTCT ☑ Adult Care and Support ☑ Adult Treatment ☑ Pediatric Care and Support ☑ Orphans and Vulnerable Children ☐ Voluntary Medical Male Circumcision ☑ HIV Prevention ☐ AIDS-related mortality ☐ B. Service delivery data are being collected: ☐ By key population (FSW, PWID, MSM, TG, prisoners) ☐ By priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☐ By age & sex ☐ From all facility sites (public, private, faith-based, etc.) ☐ From all community sites (public, private, faith-based, etc.)	15.3 Score: 0.78	1. Federal Ministry of Health (2015), 'Global AIDS Response Country Progress Report', Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjE5Jzr5q7XAhVE1CYKHW5hBpoQFggtMAE&url=http%3A%2F%2Fwww.unaids.org%2Fsites%2Fdefault%2Ffiles%2Fcountry%2Fdocuments%2FNGA_narrative_report_2015.pdf&usg=AOvVaw2wN-7uMn-fWB0vyCRQq-4t 2. Federal Ministry of Health, Nigeria (2016), 'Annual HIV Health Sector Report: 2015', Available online from: https://www.slideshare.net/MorkaMercyChinenye/2016-annual-report-on-hivampaids-health-sector-response-in-nigeria	No service data available for TG and Prisoners. VMMC not implemented in Nigeria. There is gap in reporting for private service providers.

15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?	○ A. The host country government does not routinely collect/report HIV/AIDS service delivery data ○ B. The host country government collects & reports service delivery data annually ◉ C. The host country government collects & reports service delivery data semi-annually ○ D. The host country government collects & reports service delivery data at least quarterly	15.4 Score: 0.89	1. Federal Ministry of Health, Nigeria (2016), 'Annual HIV Health Sector Report: 2015', Available online from: https://www.slideshare.net/MorkaMercyChinenye/2016-annual-report-on-hivampaids-health-sector-response-in-nigeria	Government conducts semi-annual data validation and reporting (Validation reports not available online for easy retrieval and referencing). There are significant gaps which impact on the process (timeliness, completeness and validation of the data).
15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?	○ A. The host country government does not routinely analyze service delivery data to measure program performance ◉ B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply): ☐ Continuum of care cascade for each identified priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users), including HIV testing, linkage to care, treatment, adherence and retention ☐ Continuum of care cascade for each relevant key population (FSW, PWID, MSM, TG, prisoners), including HIV testing, linkage to care, treatment, adherence and retention ☑ Results against targets ☑ Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.) ☑ Site-specific yield for HIV testing (HTC and PMTCT) ☐ AIDS-related mortality rates ☑ Variations in performance by sub-national unit ☑ Creation of maps to facilitate geographic analysis	15.5 Score: 0.83	1. Federal Ministry of Health (2015), 'Global AIDS Response Country Progress Report', Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjE5Jzr5q7XAhVE1CYKHW5hBpoQFggtMAE&url=http%3A%2F%2Fwww.unaids.org%2Fsites%2Fdefault%2Ffiles%2Fcountry%2Fdocuments%2FNGA_narrative_report_2015.pdf&usg=AOvVaw2wN-7uMn-fWB0vyCRQq-4t	
15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	○ A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply): ☑ A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance ☑ A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government ☑ Standard national procedures & protocols exist for routine data quality checks at the point of data entry ☐ Data quality reports are published and shared with relevant ministries/government entities & partner organizations ☑ The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans	15.6 Score: 1.07	1. Federal Ministry of Health, Nigeria (2016), 'Annual HIV Health Sector Report: 2015', Available online from: https://www.slideshare.net/MorkaMercyChinenye/2016-annual-report-on-hivampaids-health-sector-response-in-nigeria	
		Performance Data Score: **6.23**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D