Appendix B: Narrative Cover Sheet

2019 Sustainability Index and Dashboard Summary: Nigeria

The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed every two years by PEPFAR, UNAIDS 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 107 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 4 domains and 17 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 1.9 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 consistently developing a National HIV/AIDS strategy and setting up national structures to coordinate the response. More than 90% of the health workforce 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 current youth bulge, improving resource mobilization, implementing new service delivery models, and strengthening efficiencies will be integral to sustainably controlling the epidemic.

Nigeria 2019 SID Process: In line with revised guidance, a core team of UNAIDS and PEPFAR staff met on August 29, 2019 to develop the roadmap for conducting the 2019 SID assessments in Nigeria.

Subsequently, a panel of about 22 subject matter experts from different stakeholder organizations convened in a 3-day meeting between the 5th and 7th of September to develop an initial draft which was then disseminated by mail on 12th of September to a list serve of more than 100 individual stakeholders across the country for review and comments.

The draft SID was also presented at a half-day stakeholders meeting opened by Director General of the National Agency for the Control of AIDS (NACA) and attended by other senior NACA and Ministry of Health staff as well members of the Global Country Coordinating Mechanism, CSOs groups, multilateral partners and Implementing Partners. Participants at this meeting provided real-time feedback on the draft findings and discussed the gaps identified in each of the SID element. It was agreed that a follow-on meeting would be organized to discuss how to align current health systems investments to address the gaps identified in the SID.

Country stakeholders also agreed on the need to capture all of the SID and RM findings in a full document, which will be nationally disseminated and available for reference for future discussions about national health systems priorities related to the HIV response.

Sustainability Strengths:

- **Planning and Coordination (9.67, Dark Green):** No change reported in this area since the last review. The country has a multi-year (2017-20121) costed National Strategy Framework for the HIV/AIDS response, developed using a participatory approach, and states have developed operational plans based on the National Framework.

  The lack of a routine process for monitoring and mapping the activities of CSOs and private sector services providers in the national response is however a source of concerns. Another missing piece is the lack of a structured national level sustainability plan, though about 11 of the 36+1 sub-national units had developed such plans in the recent past.

  Stakeholders recommended for national Government to improve coordination of the activities of CSOs and private sector services providers by setting standards and systems for tracking and reporting the activities of these stakeholders. They also recognized the need to go beyond token involvement of these actors in national planning processes and would like to see them supported to play a more inclusive role; as service providers in the rapidly evolving Nigeria HIV and AIDS response.

- **Civil Society Engagement (7.71, 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.

The lower SID score (compared to SID 3.0 score of 8.33) however, reflects the realization that while Public Procurement laws do not explicitly bar CSOs from competing for Government grants, the lack of opportunities of such grants was in itself an exclusion. This position essentially reflects stakeholder recommendation for Government to fund the activities of CSOs in the Nigeria HIV/AIDS response.

- **Technical and Allocative Efficiency (7.58, Light Green):** The National HIV program has categorized geographical areas based on the differences in the burden of the epidemic and most investments for HIV (especially by donors) reflect this prioritization. Standard processes like Spectrum, Mode of Transmission (MOT) Surveys and the AIDS Epidemic Model (AEM) inform the understanding of the epidemic in Nigeria. There is an understanding of unit costs of producing HIV/AIDS services and commodities are purchased at globally competitive price margins. Stakeholders in the country use this information for HIV program budgeting.

  The only gap noted was the lack of evidence on the alignment of domestic budgets to the epidemiologically defined geographical prioritization instead of just geopolitical representation, which had been the approach in past years.

- **Market Openness (9.20, Dark Green):** This is a new element in the SID and the vision here is to ensure that host country and donor policies do not negatively distort the market for HIV services by reducing participation and/or competition. This reflects the need to ensure that stakeholders do not any untoward policy barriers, which impedes their ability to contribute effectively to the national HIV/AIDS response.

  Nigeria's HIV program operates through an open and competitive market system. Appropriate standard operating requirements are enforced equally on all stakeholders and commodity standards align with global best practice. The dependence however on a limited set of Rapid Test Kits for HIV counselling and testing, though a standards requirement, poses concerns about the potential impact of manufacturer-associated risks could negative impact the country's HIV testing services.

Lower scores were recorded for two elements previously reported as sustainability strengths; Private Sector Engagement (current score **5.81** - **Yellow**; SID 3.0 score (8.17 - **Light Green)** and Quality Management (current score **3.86, Yellow**; SID 3.0 score - 7.38, **Light Green).** Stakeholders current views of the former reflects the perception that the involvement of the private sector (especially private service providers) remains ad-hoc and tokenistic why the later reflects the concerns about the deterioration of the NigeriaQual program processes since the funds for the project ended in 2017.

Sustainability Vulnerabilities:

- **Domestic Resource Mobilization (5.71, Yellow):** This remains the most critical element and it affects several other elements of the Sustainability Index. 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 have also be identified, to source additional domestic funding for HIV through the National Health Insurance Scheme, commodity/service tax and private sector contributions.

  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 but there is no evidence to suggest that current budgetary plans have honored these commitments. Also of concern is the worsening out-of-pocket payments and the worrying impact of user fees for HIV/AIDS.

- **Service Delivery (4.90, Yellow):** Here, stakeholders noted that Nigerian health facilities and community-based organizations (with technical support from donors) were adequately able to respond to the changing needs of the response and were capable of serving the different populations needing HIV-related services.

  Similar to previous assessments, the gaps here reflect the lack of significant domestic investment for the HIV-related commodity procurement and for ARVs (<10 percent for ARVs) and this is despite the significant improvement in government funding commitments for HIV in recent years. In addition, the absence of domestic investment for key population programs and the lack of capacity at subnational level, to plan proactively for HIV service delivery remains a threat to sustainability of the national HIV programs.

- **Data for Decision-Making Ecosystem (0.67 Red):** This is a new element in the SID and it assesses how host country government demonstrates commitment and capacity to advance the use of data in for government decision-making and cultivate an informed, engaged civil society.

  The low score here is due to the sub-optimal status of Nigeria's Civic Registration and Vital Statistics system and absence of formal unique identification systems for de-duplicating individual service delivery experiences and related health outcomes. Also related is the controversies about the veracity of the countries estimated population figures and the fact that there has not been a Census in the country since 2006.

  The recent ratification of the use of biometric apparatus and Electronic Medical Records (EMR) systems for optimized biometric data capturing and linkage to the National Data

Repository (NDR) by the Fifth National Council on AIDS (and recently by the Minister of Health) presents an opportunity to begin to make improvements on this sustainability element. In addition, PEPFAR partners are currently rolling out biometric patient data identification systems for the facilities they support.

Conclusion: Overall, the Nigeria SID 2019 reflects general stagnation across most of the SID elements. Domestic Resource Mobilization remains the most risky element for sustainability of the HIV program in Nigeria and it has significant impact on most of the other elements. The registration of a HIV Trust Fund by the Nigeria Business Coalition for the Control of AIDS (NIBUCCA) is a step in the right direction and stakeholders are looking forward to the inaugural fund-raising process, which has been scheduled for the last quarter of 2019.

Stakeholders appreciated the introduction of additional questions on emerging issues like "user fees" and the increased focus on the functionality of health systems structures rather than just their existence.

Across most of the domains, stakeholders recognized the need for better documentation of program outcomes. There is a need to ensure that activities they are implemented in line with policies and guidelines, where they exist. To ensure national HIV/AIDS investments remain on track to meet their expected objectives, stakeholders advocated for an independent mechanism to document the progress and outcomes of these investments.

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

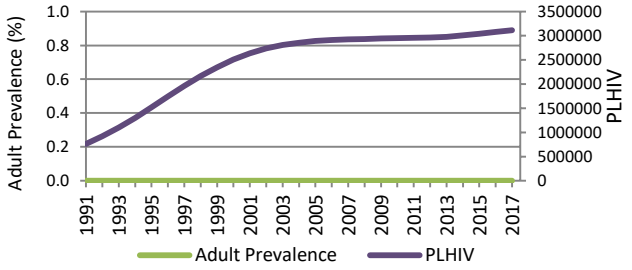
Epidemic Type: Generalized
Income Level: Lower middle income
PEPFAR Categorization: Long-term Strategy (Co-finance)
PEPFAR COP 19 Planning Level: $392,154,669

SUSTAINABILITY DOMAINS and ELEMENTS

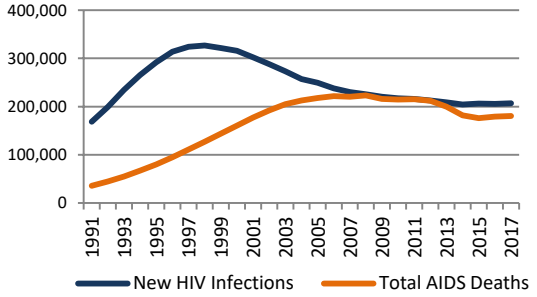
	2015 (SID 2.0)	2017 (SID 3.0)	2019	2021
Governance, Leadership, and Accountability				
1. Planning and Coordination	8.17	9.67	9.67	
2. Policies and Governance	5.44	6.57	5.55	
3. Civil Society Engagement	6.33	8.33	7.71	
4. Private Sector Engagement	4.93	7.42	5.81	
5. Public Access to Information	7.00	5.00	6.56	
National Health System and Service Delivery				
6. Service Delivery	2.50	6.06	4.90	
7. Human Resources for Health	4.92	6.09	6.09	
8. Commodity Security and Supply Chain	5.73	6.18	4.72	
9. Quality Management	6.24	7.38	3.86	
10. Laboratory	4.44	5.83	5.94	
Strategic Financing and Market Openness				
11. Domestic Resource Mobilization	3.06	5.71	5.56	
12. Technical and Allocative Efficiencies	4.51	8.00	7.58	
13. Market Openness	N/A	N/A	9.20	
Strategic Information				
14. Epidemiological and Health Data	3.75	5.71	5.99	
15. Financial/Expenditure Data	5.00	8.33	7.50	
16. Performance Data	3.74	6.23	5.84	
17. Data for Decision-Making Ecosystem	N/A	N/A	0.67	

CONTEXTUAL DATA

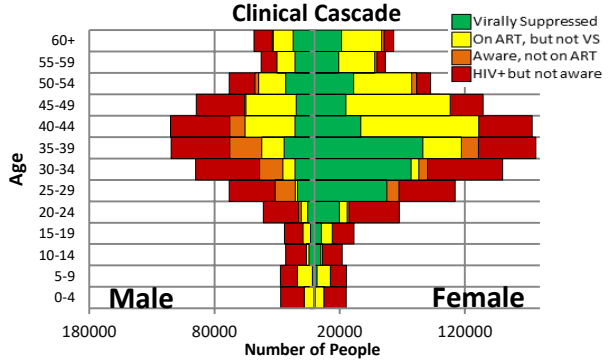
Adult Prevalence & PLHIV



New Infections & Total AIDS Deaths

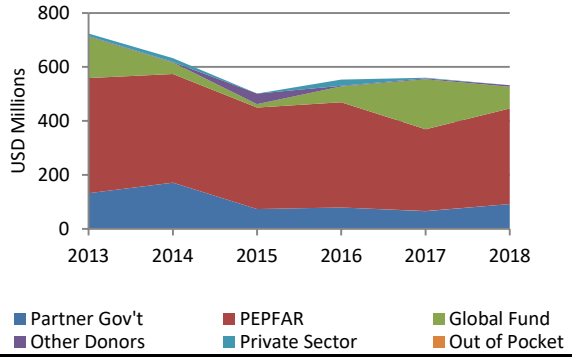


Clinical Cascade

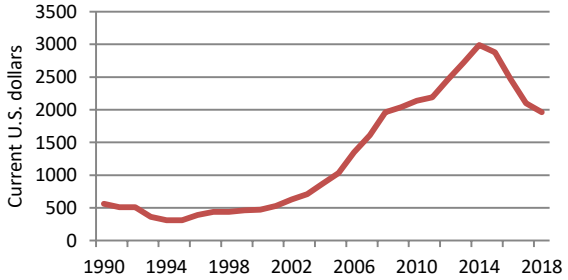


CONTEXTUAL DATA

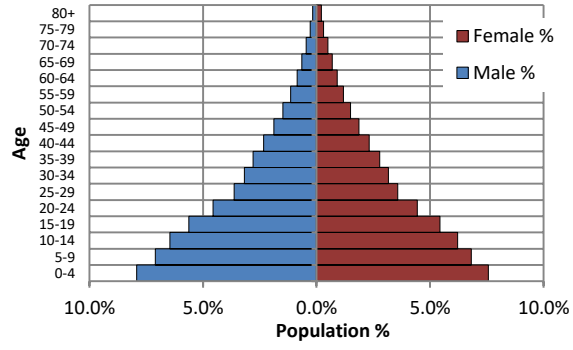
Financing the HIV Response



GNI Per Capita (Atlas Method)



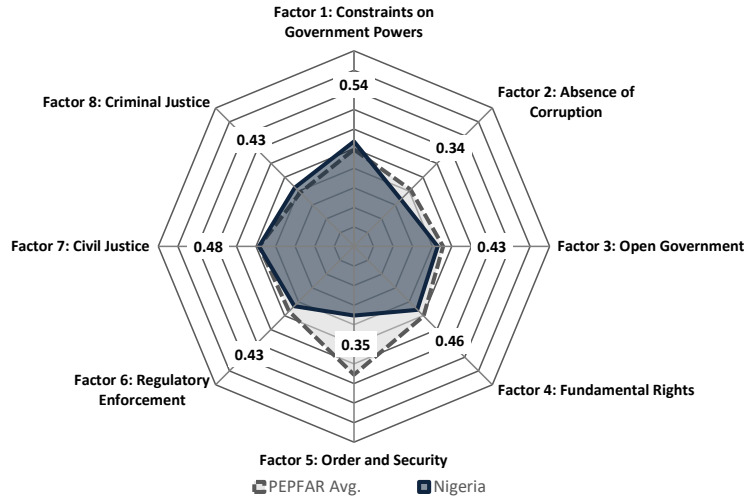
Population Pyramid (2019)

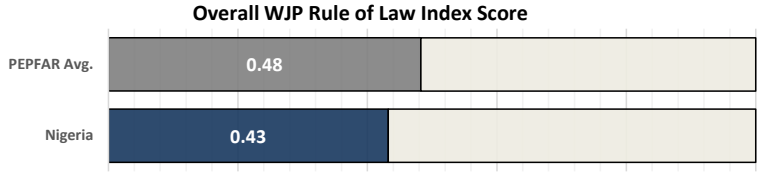


Sustainability Analysis for Epidemic Control: Nigeria

Contextual Governance Indicators

Rule of Law Index (World Justice Project)





WJP's Rule of Law Index measures the general public's experience and perception across eight 'factors':

1. Constraints on Government Powers: Governmental powers are limited by both internal and external checks, including auditing and review. Governmental officials are subject to the law and sanctioned for misconduct.

2. Absence of Corruption: Government officials in all branches of government do not use public office for private gain.

3. Open Government: Citizens have open access to government information and data, complaint mechanisms, and civic participation.

4. Fundamental Rights: There is equal treatment of citizens and absence of discrimination. The rights to freedom of expression, security of the person, and due process are effectively guaranteed.

5. Order and Security: Crime and civil conflict are effectively limited. Personal grievances are not redressed through violence.

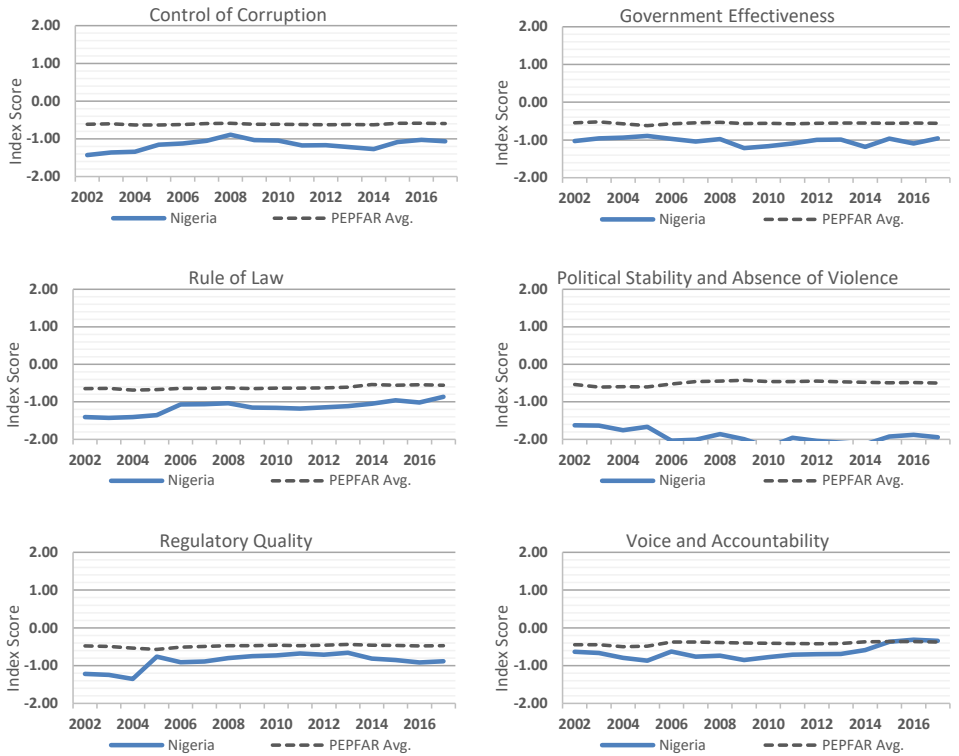
6. Regulatory Enforcement: Government regulations are effectively applied and enforced without improper influence. Due process is respected in administrative proceedings.

7. Civil Justice: Civil justice is accessible and free of discrimination, corruption and improper government influence.

8. Criminal Justice: Criminal justice is impartial, timely and effective, and free from corruption or improper government influence. There is due process of law and rights of the accused.

More information can be found at: https://worldjusticeproject.org/our-work/research-and-data/wjp-rule-law-index-2019

Worldwide Governance Indicators (World Bank)



The World Bank Worldwide Governance Indicators (WGI) score countries based on six dimensions of governance:

1. Control of Corruption: captures perceptions of the extent to which public power is exercised for private gain, including both petty and grand forms of corruption, as well as 'capture' of the state by elites and private interests.

2. Government Effectiveness: measures the quality of public services, the quality of the civil service and its independence from political pressure, the quality of policy formulation and implementation (including the efficiency of revenue mobilization and budget management), and the credibility of the government's commitment to its stated policies.

3. Rule of Law: captures perceptions of the extent to which agents have confidence in and abide by the rules of society, and in particular the quality of contract enforcement, property rights, the police, and the courts, as well as the likelihood of crime and violence.

4. Political Stability and Absence of Violence: measures perceptions of the likelihood of political instability and/or politically-motivated violence, including terrorism.

5. Regulatory Quality: Measures perceptions of the ability of the government to formulate and implement sound policies and regulations that permit and promote private sector development.

6. Voice and Accountability: captures perceptions of the extent to which a country's citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media.

More information can be found at: https://info.worldbank.org/governance/wgi/

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 have been finalised and costed 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	National HIV/AIDS Strategic Plan (2019-2021). The existing NSF has been revised based on the NAIIS outcomes until 2021. The State plans for 2017-2021 have been finalised and collated have been finsalised for the 36+1 states (but have not been updated based on the NAIIS outcomes). Operational plans ongoing in 2019 to incorporate and align with NAIIS outcomes Thirteen states were supported to develop Sustainability Plans which expired in 2018; these need to be updated while others states need to do so.

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. The Federal Government in collaboration with the Private Sector has set up the HIV Trust Fund which is solely private sector driven and funded.
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	For Private sector there are still gaps in coordination and reporting . For CSOs, their have been attempts in the past to collect data via the NNRIMs platform and through SASA assessments

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., optimal ART regimens for all populations (including TLD as recommended)?	For each category below, check yes or no to indicate if current national HIV/AIDS technical practice follows current WHO guidelines on optimal ART regimens 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: 0.91	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.	The DTG Rapid Advice was released in 2018 No change from SID 3.0

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: 0.61	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 the national task-shifting policy. Policy guidelines for Self Testing were released in 2019 by FMOH. National Council on AIDS and Related Diseases has recommended lowering the age of consent for adolesecnts. SID 3.0 assessment was based on a draft guidelines in which a consideration to increase ART multi-months dispensing (MMD) up to 6 months was considered. SID 4.0 reflects the fact that final guideline document only allows MMD up to 3 months, even though some facilities are currently implementing beyond that. The national treatment task team is re-considering the option to move to 6 months MMD but for now guidelines still do not reflect that.

2.3 User Fees for HIV Services: Are HIV infected persons expected or likely to be asked to pay user fees, either formal or informal, for any HIV services in the public sector: clinical, laboratory, testing, prevention and others? Note: "Formal" user fees are those established in policy or regulation by a government or institution.	Check all that apply: ☐ No, neither formal nor informal user fees exist. ☑ Yes, formal user fees exist. ☑ Yes, informal user fees exist.	2.3 Score: 0.00	1. Simeon Wakaudu (2019), Nations Newspapers Online June 26, 2019 '*Wike abolishes user-fees for treatment of persons living with HIV/AIDS* ' Available online: https://thenationonlineng.net/wike-abolishes-user-fees-for-treatment-of-persons-living-with-hiv-aids/ 2. Akwa State Ministry of Health Directive on Abolishment of User Fees for HIV. Memo from Permanent Secretary to Chief Medical Directors (September, 2019). Available on request	New assessment question in SID 4.0. 7 States (Rivers, Akwa Ibom, Lagos, Enugu, Imo, Delta and Anambra) have signed MOUs with the Federa Ministry of Health and the US Mission Abuja to work towards the abolishment of HIV-related user fees and to improve program implementation standards for improved health outcomes. Two States (Rivers and Akwa Ibom) have gone ahead and issued directives to facility managers to abolish user fees.
2.4 User Fees for Other Health Services: Are HIV infected persons expected or likely to be asked to pay user fees, either formal or informal, for any non-HIV services in the public sector, such as MCH/SRH, TB, outpatient registration, hospitalizations, and others? Note: "Formal" user fees are those established in policy or regulation by a government or institution.	Check all that apply: ☐ No, neither formal nor informal user fees exist. ☑ Yes, formal user fees exist. ☑ Yes, informal user fees exist.	2.4 Score: 0.00	1. Simeon Wakaudu (2019), Nations Newspapers Online June 26, 2019 '*Wike abolishes user-fees for treatment of persons living with HIV/AIDS* ' Available online: https://thenationonlineng.net/wike-abolishes-user-fees-for-treatment-of-persons-living-with-hiv-aids/	Rivers and Akwa Ibom Governors have signed that theses fees will be abolished. Tracking of this will be done. Reference data from CISHAN/NEPWHAN. Discussions in plenary highlighted the existence of a Governemt Gazette which states that there should be no User Fees for HIV services(REF the GAZETTE), however in practice at facility levels, reports from the field/states indicate that formal user fee charges are being charged
2.5 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	2.5 Score: 0.68	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	No change from SID 3.0

2.6 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 ☐ Other non-discrimination protections specifying sex work (note in comments)	2.6 Score: 0.15	1. UNAIDS NCPI (2016), Nigeria Report. 2. Same Sex Marriage Prohibition Act, 2014. [Webpage]. Available from: Phttp://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. Comprehensive Harm reduction package Interventions Memo will be prsesnted at the National Council of Health Meeting in September 2019. This will jump start the roll out of Harm reduction in the Country. Needle and Syringe Programme guidelines has been developed and is awaiting finalisation and sign off by the Honourable Minister of Health / This will provide guidance for the pilot implementation of the NSP in Abia, Gombe and Oyo States with support of Global Fund by SFH and NACA Country readiness for the Methadone Maintenance Therapy (MMT) with funding from Global Fund through NACA will commence in 2019 c

	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			
2.7 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	2.7 Score: 0.91	1. UNAIDS National Commitments and Policies Instrument (NCPI) 2016, Nigeria Report. (Available on request) 2. Violence Against Person Prohibition Act 2015; Available at: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104156/126946/F-1224509384/NGA104156.pdf 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. Stakeholders acknowledged the existence of legal framework to protect various categories of vulnerbale people but expressed concerns about the ability of the ordinary Nigeirans to access (and pay for protective legal services). No change from SID 3.0

2.8 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	2.8 Score: 0.70	1. UNAIDS National Commitments and Policies Instrument (NCPI) 2016, Nigeria Report. (Available on request) 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 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 sexworkers and women generally in some major towns. No change from SID 3.0

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			
2.9 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, adolescents, 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	2.9 Score: 0.68	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/	Plenary discssions referenced that the Federal Government provides financial support through the Legal Aid Council which provides services to individuals whose rights are violated. **Changed from SID3.0.** Government provides budgetary funding to the Legal AIDS Council and the National Human Rights Commission to provide legal services for to people seeking redress for righst violation.
2.10 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.	2.10 Score: 0.45	1. Nigeria Joint Annual Review (JAR) 2015 Report (Report Available on Request) 2. Another Joint Annual Review was completed in 2019 involving TB/HIV (report available on request)	Joint Annual Reviews (JARs) used to 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 the from was not rich anough to be considered a proper audit.
2.11 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.	2.11 Score: 0.45	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: 5.55		

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. CSO actors have sustained the forum since then. No change from SID 3.0
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. CSO Accountability Forum (2016, 2017 and 2018) - 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 No change from SID 3.0

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	No change from SID 3.0
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 focused on service delivery components. CSOs will like to see more of the funding to them focused on oversight and accountability of the HIV/AIDS response No change from SID 3.0
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, or regulation 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: 1.04	1. 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. It was suggested that some projects should be limited to CSOs only (to create capacity opportunities for these groups). **Changed from SID 3.0** - The realisation is that opportunities have been rare especially for CSOs in HIV.
		Civil Society Engagement Score:	**7.71**	

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: 0.00	1. 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 HIV/AIDS Trust Fund when it becomes fully operational will provide the opportunity for improved private sector contribution to the HIV response. The HTF has been registered, interviews to recruit staff have been held. The 1st Fund raising Launch is expected to happen soon. 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 iwas 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. 7. The Federal Ministry of Health Department of Planning, Research and Statistics reportedly keeps a database on Human Resources for Health, but there is no evidence that this database is used for decision-making about the HIV program. 8. Changed from SID 3.0 - There are actually no formal channels for engagement of the Private

	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.			Sector. The general perception now is that Private Sector engagement has mostly been unstructured and adhoc.
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: 1.50	1. 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. 2. Nigeria Business Coalition Against AIDS (NIBUCAA) advocates for HIV/AIDS workplace policy within the private sector. **3. Changed from SID 3.0 -** Responses reflect the cuurent perceptions of stakeholders on these issues.

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. ☐ Private Banks or lenders provide access to low interest loans prioritizing private health sector small and medium-sized enterprise (SME) development and expansion.	4.3 Score: 1.81		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 flow of improve access and subsidized commodities into the private sector i.e. Condoms waiver is granted to SFH. 6. No change from SiD 3.0

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. 2.No change from SiD 3.0
		Private Sector Engagement Score:	**5.81**	

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 Data Transparency: Does the host country government ensure that national HIV/AIDS surveillance 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 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 data available to stakeholders and the general public within 6-12 months. ◉ C. The host country government makes HIV/AIDS surveillance data available to stakeholders and the general public within six months.	5.1 Score: 2.00	1. The National HIV/AIDS Indicator and Impact Survey (NAIIS) results was announced within 6 months of implementation completion. Available from: https:// www.naiis.ng/ resource/factsheet/ 2. Federal Ministry of Health, Nigeria (2014), 'Integrated Biological and Behavioural Surveillance Survey (IBBSS)', Available from: https://naca.gov.ng/final-nigeria-ibbss-2014-report/	**1. Change from SID 3.0** - Where previously, the country did not have any recent HIV surveillance activity to reference for this question, the Nigeria AIDS Indicator and Impact Survey was completed ahead for schedule and disseminated in a timely manner.
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	1. 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. No change from SID3.0

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 . At what level of detail is this performance data reported? [CHECK ALL THAT APPLY] ☑ National ☐ District ☐ Site-Level	5.3 Score:	1.56	1. 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	**Change from SID 3.0** - An improvement was noted in the timeliness and regularity of program data reports.
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:	1.00	1. 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/ 2. 1. Public Procurement Act (2007), Available online from:	1. Tenders are advertised in National dailies. **2. Change from SID 3.0** - A deeper review of the Procurement Act reveals that there are no explicit requirements to make procurement awards details public. They may be however accessible from the appropriate sources on request.

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	1. 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. No change from SID 3.0
		Public Access to Information Score:	**6.56**		

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: 0.95	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	Partners provide HIV/AIDS Services in communities using a differentiated Care Model that allow more flexibility and adaptation to patients needs No change from SID3.0 - There's however a change in the scoring framework.
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: 0.95	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) **Improvement from SID 3.0** - Community-based service providers are now also part of the supply chain system.
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	1. 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. No change from SID3.0

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: 0.32	1. 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. **Reduction from SID3.0** - reflects stakeholder's perceptions of the level of support provided by external donors probably related to the funding committments and targets for on-going Surge effort.
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, or information is not available. ◉ 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	1. 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). No change from SID 3.0
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: 0.00	1. 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. **Reduction from SID3.0** - reflects stakeholder's perceptions that the Government's position that Key Populations were free could access services in public clinics (without needing to declare their vulnerabilities) was no longer tenable since majority of the health facilities were infact not conducive for them.
6.7 Management and Monitoring of HIV Service Delivery: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV service delivery activities including practice standards, quality, health outcomes, and information monitoring across all sectors. Select only ONE answer.	○ A. No, there is no entity. ○ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget. ◉ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	6.7 Score: 0.63		The FMOH and NACA are the GoN authorized entities but lack adequate staffing and funding. **New question in SID 4.0**

6.8 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	6.8 Score: 0.48	1. 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). **Reduction from SID3.0** - reflects the fact that sub-national entities do not in fact use burden data to determine budget allocation but relied more on geopolitical and ethnic considerations of equity.
6.9 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.	6.9 Score: 0.32	1. 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. State Governments funded the development of their State HIV Strategic Plans. **Reduction from SID3.0** - Reflecting the reality that States were not actually analyzing program data for effectiveness or making any attempts to measure or match staff performance to program skills need.
		Service Delivery Score	**4.90**	

7. Health Workforce: Health workforce staffing decisions for those working on HIV/AIDS are based on use of workforce 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 Health Workforce 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	1. The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/). 2. Adebayo O, Labiran A, Emerenini CF, Omoruyi L. (2016), 'Health Workforce for 2016 -2030: Will Nigeria have enough?', Inter Journal of Innovative Health Research, 4(1): pg. 9-16. https://www.researchgate.net/publication/295902930_Health_Workforce_for_2016-2030_Will_Nigeria_have_enough	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. As at 2013, A study of the availability of social workers for OVC programming in Nigeria revealed up to 70% ad-hoc workers conduct social work but are not trained in formal institutions, rather they are trained on the job. No change from SID3.0
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: 0.63	1. 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. No change in responses from SID3.0 (but there's a slight decrease in the scores from 0.74 in SID 3.0 - due to change in the scoring framework).
7.3 Health Workforce 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 and timeline for transition.	◉ 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	1. 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 Inplementing -partners have a list but it is not available to the goverbment . No change from SID3.0

7.4 Domestic Funding for Health Workforce: 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	1. Federal Ministry of Health (2015) Global AIDS Response Country Progress Report https://www.unaids.org/sites/default/files/country/documents/NGA_narrative_report_2015.pdf	Across majority of sites in Nigeria over 90% of staff are paid by the Government of Nigeria. No change from SID3.0. - Response is based on considerations for payment of SALARIES. Stakeholders however point out that on the whole, Government contribution to Health workers remunneration especially for the HIV program was substantially less (probably around 70%) because; 1. A lot of the Government-paid health workers did not provide HIV services and 2. Practically of the community health workforce for HIV and a majority of those engaged as data clerks (a significant number), were paid by external donors.
7.5 Pre-service Training: 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:	0.71	1. Partner end of project award reports for SCOPE Project 2016 (Available on request).	PEPFAR has funded its partners through Pre-service awards to introduce HIV contents into the pre-service curriculum for Midwives, Nurses and PH students. No change in responses from SID3.0 (but there's a slight decrease in the scores from 0.83 in SID 3.0 - due to change in the scoring framework).
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:	0.30	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) **Reduction from SID3.0** - Reflecting the reality that host Government does not infact have any formal plans for institutionalizing in-service training currently supported by external donors.

7.7 Health Workforce 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:	0.48	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. (Follow-up action - An investigative report on the state of the HRIS for different health professionals) **Reduction from SID3.0** - Reflecting the reality that host Government does not infact have any formal HRIS
7.8 Management and Monitoring of Health Workforce Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for health workforce activities in HIV service delivery sites, including training, supervision, deployments, quality assurance, and others across all sectors. Select only ONE answer.	○ A. No, there is no entity. ○ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ◉ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	7.8 Score:	0.63		Nigeria operates a three tiered government administration that provides authority to HMB to recruit, retrain and staff as appropriate. The FMoH/SMOH, DPRS, NPHCDA/SPHCDA are responsible for monitoring HR needs and address it. However the entities do not have sufficient funds to function efficiently. **New question in SID**
		Health Workforce 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	At the Federal and State level, different government entities are procuring certain HIV commodities into the system. However data (quantification and reporting) of domestic funding is not available. The recommendation is for a more robust information gathering on commodity procurement by all tiers of the government. No change from SID3.0
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) No change from SID3.0
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: 0.21		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). **Increase from SID3.0** - Information was not previously 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: 1.67	1. Bi-annual Supply Planning Reports 2. Quarterly MSV Reports	(Reports are not readily assessible online for reference and informational purposes) No change in responses from SID3.0 (but there's a slight decrease in the scores from 2.22 in SID 3.0 - due to change in the scoring framework).
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 3. No change from SID3.0

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: 1.67	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 No change in responses from SID3.0 (but there's a slight decrease in the scores from 2.22 in SID 3.0 - due to change in the scoring framework).
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: 0.00	National Supply Chain Assessment Report 2015 (Available on request)	**Reduction from SID3.0** - Because no comprehensive assessment has been done in the last 3 years. The last one was done in 2015.
8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monitoring, logistics and warehousing support, and other forms of information monitoring across all sectors? Select only ONE answer.	○ A. No, there is no entity. ◉ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ○ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	8.8 Score: 0.56	Nigeria Supply Chain Integration Project (NSCIP) https://nscip.gov.ng	The NSCIP is a special project implemented by the National Product Supply Chain Management Program (NPSCMP) of the Food and Drugs Department of the Federal Ministry of Health in Nigeria. However it is largely dependent for funding support from donors. At the state, each SMoH has LMCU that coordinates activities at the state level. No change from SID3.0
	Commodity Security and Supply Chain Score:	**4.72**		

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: 0.67	1. National QA/QI and CQI strategic framework. Website - http://nigeriaqual.ng/ 2. 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 structure which previously existed has collapsed since donor funding ended in 2017. The website was established but currently it is not functional. Recommendation is for the re-activate the website. No change from SID3.0
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: 0.00	1. Federal Ministry of Health, Nigeria (2014), 'National Framework and Guidelines for the National Quality Improvement Program on HIV/AIDS Services and Care. (NigeriaQual). First Edition.	**Reduction from SID 3.0** - Because existing strategy has not been updated since 2014.
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: 1.33	1. 2019 Joint Annual Program Review for HIV/AIDS, TB and Malaria programs. (Report available on request)	There is a bi-annual national process of collecting, collating and disseminating HIV program data. Joint Annual program review was restarted again this year. This process of data collection and review has continued independent of previously establsihed national CQI systems and structures. **Reduction from SID 3.0** - Because there is currently no tracking of results of QI activities by the coordinating entities.

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		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. Funding ended in 2017. No change from SID3.0
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: 0.86	NigeriaQual Website - http://nigeriaqual.ng/	The website is non-functionl. At implementation level QA/QI continues and it is based on available tools of NigeriaQual. **Reduction from SID3.0** - Reflecting the current inability of the coordinating entity to continue the QA/QI monitoring since donor funding for the supporting project seized in 2017.
		Quality Management Score: **3.86**		

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: 1.33	1. 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 No change from SID3.0
10.2 Management and Monitoring of Laboratory Services: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, purchase, and provide guidance - laboratory services at the regional and district level across all sectors? Select only ONE answer.	○ A. No, there is no entity. ◉ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ○ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	10.2 Score: 0.44		1. 1. National Lab TWG resolutions essentially guide policy-making for HIV services 2. The Laboratory Professional Association is working with Partners and Ministry of Health towards establishment of full fledged Department of Medical Laboratory services at all levels **3. New question in SID**
10.3 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).	10.3 Score: 1.00	1. Audit reports for the laboratories enrolled in the national EQA program coordinated by IHVN. (Avalable on request). 2. Audit reports of the PEPFAR supported sites enrolled for QI implementation (Avalable on request).	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. No change from SID3.0
10.4 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	10.4 Score: 1.33	1. 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 **Improvement from SID3.0** - Reflect current stakeholder perception that lab personnel are adequately trained and in sufficient numbers - and the problem is more a matter of poor inapproriate distribution which being addressed at the most critical service points.

10.5 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 out ☐ Adequate specimen transport system and timely return of results	10.5 Score: 1.00	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)	1. 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 mega PCR laboratories are automated. 2. Equipment maintenance contracts are in place. The available staff, though few compare to need are well trained in the required technology for the test. 3. Pool procurement of supplies and last mile distribution in place. 4. Program at the onset on implementing specimens referral/transportation network system 5. No change in responses from SID3.0 (but there's a slight decrease in the scores from 1.25 in SID 3.0 - due to change in the scoring framework).
10.6 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.	10.6 Score: 0.83	1. National Agency for the Control of AIDS (2016 -2018) National AIDS spending assessment report (NASA). Unpublished.	The infrastructure and personnel for Laboratory services exist within the public and private sector. **Reduction from SID3.0** - Reflects current level of effort based on targets and the on-going scale-up of Viral Load capacity supported mostly by PEPFAR.
		Laboratory Score:	**5.94**	

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Financing and Market Openness

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. Finally, having and effectively implementing policies that ensure leveraging markets (both nonprofit and for profit) where appropriate and enabling their participation and competition will be critical for a sustained HIV response.

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?	6%		1. National Health Accounts (NHA) 2017 (Available on demand)	
2. What is the per capita health expenditure all sources?	$74			The target per WHO guide is $86. While there had been a consistent increase in the per-capita Total Health Expenditure from $81 in 2010 to $112 in 2014, it has dropped once again to $74.
3. What is the total health care expenditure all sources as a percent of GDP?	4.0%			The current figure of 4% still fall short of the 4.5% and has consistently fallen short of the target of 4-5%.
4. What percent of total health expenditures is financed by external resources?	7.70%			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) and declined to 8% by 2017
5. What percent of total health expenditures is financed by out of pocket spending net of household contributions to medical schemes/pre-payment schemes?	76.60%			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 76.6% range over the past 6 years of the reporting year. (72.7%, 68.4%, 69.8%, 66.5%, 68.8% , 76.6% annually from 2010 to 2017 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 (specify in comments). ☐ It includes public subsidies for the affordability of care.	11.1 Score: 0.20	1. Health Insurance Scheme (2016), 'Revised Operational Guidelines', Abuja, Nigeria. Available online from: https://www.dhmlnigeria.com/downloads/NHIS_OPERATIONAL_GUIDELINES(Revised).pdf	National Health Insurance Scheme is voluntary and currently covers less than 5% of Nigeria. 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. Fast track Plan launched by the President aims to put 100,000 Nigerians on Treatment and President's commitment to put annually increase the number of people on ART by 50,000. **Reduction from SID3.0** - Reflects the reality that most HIV services are actually not covered in 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: 0.83	1. Federal Republic of Nigeria (2019), 'Appropriation Bill'. Available online at: https://www.budgetoffice.gov.ng/index.php/2019-appropriation-bill-v2/2019-appropriation-bill/download	The 2019 Health budget has a line item for placing 100,000 Nigerians on HIV Treatment. Prevention activities are captured under the Ministry of Health, Defence and office of the Secretary to the Federal Government. **Improvement from SID3.0** - Reflects how HIV funding is now captured across multiple Goverment agencies and Ministries with clearly stated expectations often including service delivery targets.
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	1. Federal Republic of Nigeria (2019), 'Appropriation Bill'. Available online at: https://www.budgetoffice.gov.ng/index.php/2019-appropriation-bill-v2/2019-appropriation-bill/download	No change - The Government-funded HIV treatment program fulfills all of these.
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		This data is available in the annual expenditure reports of the National Agency for the Control of AIDS (NACA) and that of the Federal Ministry of Health, but these reports are not routinely available. Inside information from the Consultant who worked on the National AIDS Spending Assessment, reflects that while NGN2.5b was allocated to HIV in 2016, only NGN751 million naira was released (30.4%). **Reduction from SID3.0** - Data on domestic budget execution rate is not available.

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	1. National Health Account 2017 2. The Development Assistance System (DAD) Nigeria under Budget and National Planning. http://www.nationalplanning.gov.ng/index.php/initiatives/dad-nigeria	No change
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	National Agency for the Control of AIDS (2019), 'National AIDS Spending Assesment 2016-2018'. Unpublished. (Available on request)	Public=27% Private=2.12% International=70.81% No change from SID3.0.
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	1. Budget Office of the Federation, Ministry of Budget and National Planning (2018), '2017 4th Quarter and Consolidated Budget Implementation Report'. Available online from: https://www.budgetoffice.gov.ng/index.php/2017-fourth-quarter-and-consolidated-budget-implementation-report/2017-fourth-quarter-and-consolidated-budget-implementation-report/download	In 2017, about 93% of the annual capital appropriation NGN 55,609,880,120 was utilizied. The data for 2018 is not accessible but given the falling trends of of budget execution since then, stakeholders estimate a much lower value especially for the implementation of the total health budget. No change from SID3.0.
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	1. 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	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. No change from SID3.0.
Domestic Resource Mobilization Score:		**5.56**		

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	1. Nigeria Spectrum Report 2018. (Available on demand).	Spectrum files have been generated for National and for each State. The PLHIV burden is 1.9million (NAIIS 2019). The last MOT was 2012. Work on a new MOT is curerntly underway as a collaboartion between UNAIDS, NACA and NASCP. No change from SID3.0.
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	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	The revised NSF 2019-2021 has divided the country into high, medium and low burden States. However, there is no information on the proportion of funding to theses States based on their burden of the disease. The document does not however have information on how resources are allocated differentially based on these categorizations. No change from SID3.0.

12.3 Information on cost of service provision: Does the host country government have a system that routinely produces information on the costs of providing HIV/AIDS services, and is this information used for budgeting or planning purposes? (note: full score can be achieved without checking all disaggregate boxes).	○ A. The host country DOES NOT have a system that routinely produces information on the costs of providing HIV/AIDS services. ○ B. The host country has a system that routinely produces information on the costs of providing HIV/AIDS services, but this information is not used for budgeting or planning. ◉ C. The host country has a system that routinely produces information on the costs of providing HIV/AIDS services AND this information is used for bugeting or planning purposes for the following services (check all that apply): ☑ HIV Testing ☑ Laboratory services ☑ ART ☑ PMTCT ☐ VMMC ☐ OVC Service Package ☐ Key population Interventions ☐ PrEP	12.3 Score: 1.80	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. **Reduction in SID 3.0** - Country does not actually have systems for tracking the cost providing OVC and KP interventions as previously reported.
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)	12.4 Score: 1.78	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. National Agency for the Control of AIDS (2019), 'Revised National Strategic Framework for HIV and AIDS: 2019 to 2021'. Nigeria. Available online from: https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/ 3. 2016 Nigeria National guidelines for HIV prevention, treatment and Care	Level of implementation of most of these is still quite low, but the policy direction and guidelines are in place. **Reduction in SID 3.0** - Country has not actually integrated HIV/AIDS into national/sub-national insurance schemes as previously reported.

	☑ 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 (e.g., multi-month scripting, testing modalities targeted to the population profile, etc. - specify in comments)			
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). No change
Technical and Allocative Efficiencies Score:		**7.58**		

13. Market Openness: Host country and donor policies do not negatively distort the market for HIV services by reducing participation and/or competition.			**Data Source**	**Notes/Comments**
13.1 Granting exclusive rights for services or training: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies grant exclusive rights for the government or another local provider to provide HIV services?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) polices: A. Restrict the provision of any one aspect of HIV prevention, testing, counseling, or treatment services to a single entity (i.e., creating a monopoly arrangement for that service)? ☐ Yes ☑ No B. Mandate that only government facilities have the exclusive right to provide any one aspect of HIV prevention, testing, counseling, or treatment services? ☐ Yes ☑ No C. Grant exclusive rights to government institutions for providing health service training? ☐ Yes ☑ No	13.1 Score: 0.36	1. National Agency for the Control of AIDS (2019), 'Revised National Strategic Framework for HIV and AIDS: 2019 to 2021'. Nigeria. Available online from: https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/	All duly licensed stakeholders participate freely in the Nigeria HIV program.
13.2 Requiring license or authorization: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies establish a license, permit or authorization process as a requirement of operation?	A. Are health facilities required to obtain a government-mandated license or accreditation in order to provide HIV services? [SELECT ONE] ☑ No ☐ Yes, and the enforcement of the accreditation places equal burden on nongovernment facilities (e.g., FBOs, CBOs, or private sector) and government facilities. ☐ Yes, and the enforcement of the accreditation places higher burden on nongovernment facilities (e.g., FBOs, CBOs, or private sector) than on government facilities. B. Are health training institutions required to obtain a government-mandated license or accreditation in order to provide health service training? [SELECT ONE] ☐ No ☑ Yes, and the enforcement of the accreditation places equal burden on nongovernment institutions (e.g., FBOs, CBOs, or private sector) and government institutions. ☐ Yes, and the enforcement of the accreditation places higher burden on nongovernment institutions (e.g., FBOs, CBOs, or private sector) than on government institutions.	13.2 Score: 0.36	1. FMOH Guidelines for establishment of Health Facility 2. Corporate Affairs Commission (CAC) Part C http://msmehub.org/article/2019/03/regulatory-requirements-for-starting-a-hospital-business	Only standard registration requirements by appropriate regulatory and oversight bodies are needed: 1. Any Facility providing any form of health services must be duely licienced and accredited by the Federal or State Ministry of Health. 2. FBOs, CBOs intending to provide Public Health Services are mandated to register with the Corporate Affairs Commission (CAC) at National level or relevant offices at the States or Local Government levels. This is also applicable for Private sector entities This requirements are enforced equally for all sectors.

13.3 Limiting provision of certain direct clinical services: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed, local providers to provide certain direct clinical services?	National government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed, local health service providers to offer the following HIV services: ☐ Prevention ☐ Testing and Counseling ☐ Treatment	13.3 Score: 0.36	1. National Agency for the Control of AIDS (2019), 'Revised National Strategic Framework for HIV and AIDS: 2019 to 2021'. Nigeria. Available online from: https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/	No limiting barriers in the National Framework for all stakeholders
13.4 Limiting provision of certain clinical support services: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed local providers to provide certain clinical support services?	A. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of licensed, local institutions from providing essential HIV laboratory services? ☐ Yes ☑ No B. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create monopoly arrangements in lab testing (i.e., arrangements where effectively only one lab service provider is allowed to conduct a certain essential HIV lab service)? ☐ Yes ☑ No C. National government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of licensed, local institutions from procuring or distributing the following HIV commodities and supplies [PLEASE SPECIFY TYPE IN NOTES]: ☐ ARVs ☑ Test kits ☐ Laboratory supplies ☐ Other D. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create monopoly supply chain arrangements for HIV commodities (i.e., arrangements where effectively only one entity is able to supply a certain essential HIV commodity)? ☐ Yes ☑ No	13.4 Score: 0.33	1. National Agency for the Control of AIDS (2019), 'Revised National Strategic Framework for HIV and AIDS: 2019 to 2021'. Nigeria. Available online from: https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/	National Strategic Framework provides equal participation opportunities for all stakeholders (Public and Private) Country maintains a **HIV testing algorithm** that limits the actual test kits brands that is sanction for use in the Country.

13.5 Limits on local manufacturing: Do national government policies limit the ability of the local manufacturing industry to compete with the international market?	A. Do national government policies restrict the production of HIV commodities and supplies by local manufacturers beyond international standards? ○ Yes ◉ No B. [IF YES] For which of the following is local manufacturing restricted? ☐ ARVs ☐ Test kits ☐ Laboratory supplies ☐ Other	13.5 Score: 0.36		
13.6 Cost of entry/exit: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies significantly raise the cost of entry or exit by a local provider?	Do local health service facilities face higher start-up or maintenance costs compared to government or donor (e.g., PEPFAR, GFATM, etc.) supported facilities (e.g., lack of access to funds, higher accreditation fees, prohibitive contracting costs, etc.)? ☐ Yes ☑ No	13.6 Score: 0.36		
13.7 Geographical barriers: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create geographical barriers for local providers to supply goods, services or labor, or invest capital?	A. Are certain geographical areas restricted to only government or donor-supported HIV service providers? ○ Yes ◉ No B. [IF YES] Which of the following are geographically restricted? ☐ Supplying HIV supplies and commodities ☐ Supplying HIV services or health workforce labor ☐ Investing capital (e.g., constructing or renovating facilities)	13.7 Score: 0.36		
13.8 Freedom to advertise: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the freedom of local organizations to advertise or market HIV goods or services? [Note: "organizations" in this case can refer broadly to clinical service providers and also organizations providing advocacy and promotion services.]	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the freedom of nongovernment (e.g., FBOs, CBOs, or private sector) organizations to advertise or promote HIV services either online, over TV and radio, or in public spaces? ☑ Yes ☐ No	13.8 Score: 0.00	National Broadcating Corporation (NBC), APCON	Healthcare providers are restricted from advertising. 2. adverts on condoms are restricted to certain times in the day

13.9 Quality standards for HIV services: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies, and the enforcement of those polices, hold all HIV service providers (government-run, local private sector, FBOs, etc.) to the same standards of service quality?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies, and the enforcement of those polices, hold all HIV service providers (government-run, local private sector, FBOs, etc.) to the same standards of service quality? [CHECK ALL THAT APPLY] ☑ Yes ☐ No, government service providers are held to higher standards than nongovernment service providers ☐ No, FBOs/CSOs are held to higher standards than government service providers ☐ No, private sector providers are held to higher standards than government service providers	13.9 Score: 0.63		There are challenges however with enforcement in private facilities
13.10 Quality standards for HIV commodities: Do national government policies set standards for product quality that provide an advantage to some commodity suppliers over others?	Do national government policies set product quality standards on HIV commodities that advantage some suppliers over others? [IF YES, PLEASE EXPLAIN IN NOTES] ☐ Yes ☑ No	13.10 Score: 0.63		
13.11 Cost of service provision: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies significantly raise the cost of service provision for some local providers relative to others (especially by treating incumbents differently from new entrants)?	A. Do government HIV service providers receive greater subsidies or support of overhead expenses (e.g., operational support) as compared to nongovernment (e.g., FBOs, CBOs, or private sector) HIV service providers? ☐ Yes ☑ No B. Does the national government selectively subsidize certain nongovernment (e.g., FBOs, CBOs, or private sector), local HIV service providers over others? ☐ Yes ☑ No C. Do government health training institutions receive greater subsidies or support of overhead expenses as compared to nongovernment (e.g., FBOs, CBOs, or private sector) health training institutions? ☑ Yes ☐ No D. Does the national government selectively subsidize certain nongovernment (e.g., FBOs, CBOs, or private sector), local health service training institutions over others? ☐ Yes ☑ No	13.11 Score: 0.47		Public health training institutions (teaching hospitals, schools of nursing and universities etc) receive budgetary allocations to support their operation expenses.
13.12 Self-regulation: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies allow for the creation of a self-regulatory or co-regulatory regime?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies allow HIV service providers—either groups of individuals or groups of institutions—to create structural barriers (e.g., closed network systems) that may reduce the incentive of other potential providers to provide HIV services? ☐ Yes ☑ No	13.12 Score: 1.25		

13.13 Publishing of provider information: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies require or encourage information on local providers' outputs, prices, sales or costs to be published?	A. National government or donor (e.g., PEPFAR, GFATM, etc.) policies require nongovernment (e.g., FBOs, CBOs, or private sector) health service facilities to publish more data than government facilities on the following [CHECK ALL THAT APPLY]: ☐ HIV service caseload ☐ Procurement of HIV supplies/commodities ☐ Expenses B. National government or donor (e.g., PEPFAR, GFATM, etc.) policies require HIV commodity suppliers to publish data on the following [CHECK ALL THAT APPLY]: ☐ Distribution ☐ Sales/Revenue ☐ Production costs	13.13 Score: 1.25		
13.14 Patient choice: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of patients to decide which providers or products to use?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of patients or specific groups of patients to choose: A. Which HIV service providers they use? ☐ Yes ☑ No B. Which HIV supplies/commodities they use (e.g., ARVs, PrEP, condoms, needles, etc.)? ☐ Yes ☑ No	13.14 Score: 1.25		
13.15 Patient mobility: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies reduce mobility of patients between HIV service providers by increasing the explicit or implicit costs of changing providers?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies impose costs or other barriers that restrict a patient's ability to transfer from a government HIV service provider to a nongovernment (e.g., FBO, CBO, or private sector) HIV service provider? ☐ Yes ☑ No	13.15 Score: 1.25		
	Market Openness Score:	**9.20**		

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.

14.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**
14.1 Management and Monitoring of Surveillance Activities: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV/AIDS epidemiological surveys and/or surveillance activities including: data collection, analysis and interpretation; data storage and retrieval; and quality assurance across all sectors. Select only ONE answer.	○ No, there is no entity. ○ Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ◉ Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ Yes, there is an entity with authority and sufficient staff and budget.	14.1 Score: 0.56	1. National Agency for the Control of AIDS, 'Our Mandate' (Webpage): https://naca.gov.ng/nacamandate/	The National Agency for the Control of AIDS (NACA) and NASCP in the FMOH are the government entities with this authority. **New question in SID.**
14.2 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 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	14.2 Score: 0.42	1. National Agency for the Control of AIDS, 'Our Mandate' (Webpage): https://naca.gov.ng/nacamandate/ 2. National Agency for the Control of AIDS (2011), 'The Nigeria National Response Information Management System (NNRIMS) Operational Plan II. Third Ed. 2011. Available online: https://naca.gov.ng/wp-content/uploads/2016/11/NOP-final-pdf_29_01_13.pdf	NACA and NASCP/FMOH lead general population surveys and surveillance. **Reduction from SID3.0** - Mostly reflects the level of effort and investments in the recently concluded NAIIS.
14.3 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	14.3 Score: 0.42	1. National Agency for the Control of AIDS, 'Our Mandate' (Webpage): https://naca.gov.ng/nacamandate/ 2. National Agency for the Control of AIDS (2011), 'The Nigeria National Response Information Management System (NNRIMS) Operational Plan II. Third Ed. 2011. Available online: https://naca.gov.ng/wp-content/uploads/2016/11/NOP-final-pdf_29_01_13.pdf	NACA and NASCP/FMOH lead general population surveys and surveillance. **Reduction from SID3.0** - Mostly reflects the level of effort and investments in the recently concluded KP size estimate.

14.4 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	14.4 Score: 0.42		No change from SID3.0
14.5 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	14.5 Score: 0.42		No change from SID3.0

14.6 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?	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	14.6 Score: 0.75	1. The National Agency for the Control of AIDS (Webpage) https://naca.gov.ng/strategic-information2/ 2. The Nigeria AIDS Indicator and Incidence Survey (Webpage) https://www.naiis.ng	The National HIV/AIDS Indicator and Impact Survey (NAIIS) 2018 has information on national and sub-national HIV prevelance and prevlance **Improvement from SID3.0** - Due to the recently concluded NAIIS which will provide incidence data.

14.7 Comprehensiveness of Viral Load Coverage Data: To what extent does the host country government collect/report viral load coverage data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage is known, please note in Comments column)	○ A. The host country government does not collect/report viral load coverage data or does not conduct viral load monitoring ◉ B. The host country government collects/reports viral load coverage data (answer both subsections below): Government collects/report viral load coverage data 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 does the government collect/report viral load coverage data (select one of the following): ☐ Less than 25% ☐ 25-50% ☑ 50-75% ☐ More than 75%	14.7 Score: 0.52	1. Joint Annual Program Review June 2019 (reports and presentations available on request)	**Improvement from SID3.0** - Reflects progress in country's viral load scale-up efforts (from <25% in SID3.0).
14.8 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct integrated behavioral surveillance (either as a standalone IBBS or integrated into other routine surveillance such as HSS+) and 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 (or other integrated behavioral surveillance) 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)	14.8 Score: 0.83	1. Joint Annual Program Review June 2019 (reports and presentations available on request)	**Improvement from SID3.0** - Reflects availability of data now for PWID, Prisoners and some priority populations.

14.9 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	14.9 Score: 0.83	1. National Agency for the Control of AIDS (2011), 'The Nigeria National Response Information Management System (NNRIMS) Operational Plan II. Third Ed. 2011. Available online: https://naca.gov.ng/wp-content/uploads/2016/11/NOP-final-pdf_29_01_13.pdf	No change in responses from SID3.0 (but there's a slight decrease in the scores from 2.22 in SID 3.0 - 0.95 to change in the scoring framework).
14.10 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.	14.10 Score: 0.83		No change in responses from SID3.0 (but there's a slight decrease in the scores from 0.95 in SID 3.0 - due to change in the scoring framework).
	Epidemiological and Health Data Score:	**5.99**		

15. 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**
15.1 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	15.1 Score: 3.33	1. NASA 2016-2018 2. NHA 2017	**Improvement from SID3.0** - Processes for NHA and NASA is now fully led by the Government entities.
15.2 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	15.2 Score: 2.50	1. NASA 2016-2018 2. NHA 2017	**Reduction from SID3.0** - Process for sub-national tracking is clearly not in place.
15.3 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	15.3 Score: 1.67	1. NASA 2016-2018 2. NHA 2017	**Reduction from SID3.0** - Due to recent delays in the NASA and the NHA process.
		Financial/Expenditure Data Score: 7.50		

16. Performance data: Government routinely collects, reports, 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, and viral load testing coverage and suppression.			**Data Source**	**Notes/Comments**
16.1 Who Leads Collection and Reporting of Service Delivery Data: To what extent is the routine collection and reporting of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government at the national level?	○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	16.1 Score: 1.00	1. The Nigerian health information system policy review https://www.researchgate.net/publication/328891641_The_Nigerian_health_information_system_policy_review_of_2014_-_the_need_content_expectations_and_progress 2. NSF 2019 - 2021 pg 32 https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/	Nigeria has one M&E system the NHMIS which is operationalized through DHIS. Recently, GoN has established the NDR and is currently on a drive to implement EMR in all sites. Nonetheless, this one M&E system is largely supported through donor progrmame e.g., PEPFAR, GF, AHF, fhi30 due to the poor resourcing of the M&E system by the host government No change from SID3.0
16.2 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	16.2 Score: 0.83		There is minimal financing from host government but the system runs as one system because of GoN and partner collaboration. Reduction from SID3.0 - Reflects actually reduction in Government funding contribution for data collection.

16.3 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.)	16.3 Score: 1.22		AIDS disease mortality continues to be generated by spectrum estimation. The country needs to improve on data collection for priority populations Data collection for Non-health sector (KP/Priority populations) needs to be structured. **Improvement from SID3.0** - Reflects improvement in reporting of data by dissaggregations and population categories.
16.4 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	16.4 Score: 0.89		Though the country works towards semi-annual data collection and reporting, it does not come in a timely manner to inform restratgization of implementation mid year. No change from SID3.0

16.5 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, viral suppression, 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, and viral load ☑ Continuum of care cascade for each relevant key population (FSW, PWID, MSM, TG, prisoners), including HIV testing, linkage to care, treatment, adherence and retention, and viral load ☑ Results against targets ☑ Coverage or recent achievements 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	16.5 Score: 0.83		The host government collects service delivery data from facility to the national level. Data analysis are done periodically but not consistently. Throuugh donor support however this is usually a priority but this needs to be institutionalised and resourced within the government system. The use of GIS in a routine data collection should be explored (The recent NAISS used GIS). No change from SID3.0
16.6 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	16.6 Score: 1.07		Data quality reports are shared with government and state entities by mail and at platforms e.g. Expanded Technical Group (ETG). The gap that exists is publishing the report for wider access. No change from SID3.0
		Performance Data Score:	**5.84**	

17. Data for Decision-Making Ecosystem: Host country government demonstrates commitment and capacity to advance the use of data in informing government decisions and cultivating an informed, engaged civil society.			**Data Source**	**Notes/Comments**
17.1 Civil Registration and Vital Statistics (CRVS): Is there a CRVS system in place that records births and deaths and is fully operational across the country? Is CRVS data made publically available in a timely manner?	○ A. No, there is not a CRVS system. ◉ B. Yes, there is a CRVS system that... (check all that apply): ☑ records births ☑ records deaths ☐ is fully operational across the country [IF YES] How often is CRVS data updated and made publically available (select only one)? ☑ A. The host country government does not make CRVS data available to the general public, or they are made available more than one year after the date of collection. ☐ B. The host country government makes CRVS data available to the general public within 6-12 months. ☐ C. The host country government makes CRVS data available to the general public within 6 months.	17.1 Score: 0.67	Maduekwe, N. I., Banjo, O. O., and Sangodapo, M. O. (2017) 'The Nigerian Civil Registration and Vital Statistics System: Contexts, Institutions, Operation', Social Indicators Research, 134 (2) pp. 651–674. Available online from: https://www.researchgate.net/publication/308280653_The_Nigerian_Civil_Registration_and_Vital_Statistics_System_Contexts_Institutions_Operation	The performance of CRVS systems in Nigeria is sub optimal and information on their structure and operations scanty
17.2 Unique Identification: Is there a national Unique Identification system that is used to track delivery of HIV/AIDS and other health services? Do national polices protect privacy of Unique ID information?	Is there a national Unique Identification system that is used to track delivery of HIV/AIDS and other health services? ◉ A. No, there is no national Unique Identification system used to track delivery of services for HIV/AIDS or other health services. ○ B. Yes, there is a national Unique Identification system used to track delivery of services for HIV/AIDS, but not other health services. ○ C. Yes, there is a national Unique Identification system used to track delivery of services for HIV/AIDS and other health services. [IF YES to B or C] Are there national policies, procedures and systems in place that protect the security and privacy of Unique ID information? ☐ Yes ☐ No	17.2 Score: 0.00	1. Summary of Memoranda for the 5th National Council on AIDS (Available on request) The 2019/5th National Council on AIDS ratified the procurements and use of Biometric apparatus and Electronic Medical Records (EMR) systems for optimized biometric data capturing and linkage to the National Data Repository (NDR) to help Nigeria de-duplicate clients on ART in-country (Memo NCA/05/016/Prayer 2).	1. Some hospitals have deployed biometric data capture for their clients. 2. The Hon Minister of Health has approved the use of Unique Identifiers for tracking HIV/AIDS clients.Also the HMH approved the composition of national strategic information and technical working group that will oversee the implementation of the Unique Identification and other related matters. National Data Repository (NDR)will serve as database to de-duplicate the existing database on ART in Nigeria. 3. PEPFAR partners are currently in this process of rolling this out in their facilities.

17.3 Interoperability of National Administrative Data: To fully utilize all administrative data, are HIV/AIDS data and other relevant administrative data sources integrated in a data warehouse where they are joined for analysis across diseases and conditions?	◉ A. No, there is no central integration of HIV/AIDS data with other relevant administrative data. ○ B. Yes, national HIV/AIDS administrative data is integrated and joined with administrative data on the following: ☐ a. TB ☐ b. Maternal and Child Health ☐ c. Other Health Data (e.g., other communicable and non-communicable diseases) ☐ d. Education ☐ e. Health Systems Information (e.g., health workforce data) ☐ f. Poverty and Employment ☐ g. Other (specify in notes)	17.3 Score: 0.00		HIV/AIDS database exist (NDR) but it is not integrated with any administrative data.
17.4 Census Data: Does the host country government regularly (at least every 10 years) collect and publically disseminate census data?	◉ A. No, the host country government does not collect census data at least every 10 years ○ B. Yes, the host country government regularly collects census data, but does not make it available to the general public. ○ C. Yes, the host country government regularly collects census data and makes it available to the general public. [IF YES to C only] Data that are made available to the public are disaggregated by: ☐ a. Age ☐ b. Sex ☐ c. District	17.4 Score: 0.00		Last census was conducted in 2006
17.5 Subnational Administrative Units: Are the boundaries of subnational administrative units made public (including district and site level)?	◉ A. No, the country's subnational administrative boundaries are not made public. ○ B. Yes, the host country government publicizes district-level boundaries, but not site-level geocodes. ○ C. Yes, the host country government publicizes district-level boundaries and site-level geocodes.	17.5 Score: 0.00		Although the relevant information on subnational boundaries exist (references that it was utilised in the conduct of NAIIS), such information needs to be requested from agencies such as the National Population Council. Such information is not publicly available.
	Data for Decision-Making Ecosystem Score:	**0.67**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D