The Global Fund

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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Ref.:HIA1/NGA-H-NACA/IL10/Six-month extension

14 July 2015

Professor John Idoko
Director General
National Agency for the Control of AIDS
(The Presidency), 823 Ralph Shodeinde Street
Central Business District, Abuja
Nigeria

Subject: **Program Grant Agreement: NGA-H-NACA**
Principal Recipient: National Agency for the Control of AIDS (NACA)
Implementation Letter: 10[1]
Six-month Extension without additional funding

UNOFFICIAL SUMMARY

This letter extends the implementation period by six months. The updated Performance Framework, Face Sheet and the addendum to the Summary Budget, which contain targets and budget for this extension period, are enclosed.

Dear Professor Idoko

We are writing this letter to provide you with a 6-month extension to your NGA-H-NACA Program Grant Agreement, dated 13 December 2012, by and between the Global Fund and the Principal Recipient (as amended, the "Grant Agreement").

We are modifying the Grant Agreement to change the Implementation Period Dates from 1 January 2013 to 30 June 2015 to 1 January 2013 to 31 December 2015. No additional funding is being committed at this time.

The purpose of this extension is to ensure continued implementation of the Program while the grant making is being completed. This extension does not mean that a new grant has been approved for funding by the Global Fund.

We have attached an updated Performance Framework and an addendum to the Summary Budget, which contain targets and budget for the extension period.

In accordance with Article 31 of the Standard Terms and Conditions of the Grant Agreement, we are amending the Grant Agreement to reflect the changes described above by:

(1) Updating the following blocks on the Face Sheet:

[1] This Grant Agreement was changed before by letters dated 3 June 2011, 26 October 2011, 21 May 2012, 15 August 2012, 21 September 2012, 22 March 2013, 18 October 2013, 20 March 2014, 3 March 2015 and by a Second Implementation Period Amendment dated 13 December 2012.

Block 5: Implementation Period Dates: 1 January 2013 to 31 December 2015

(2) Replacing attachment to Annex A titled "Performance Framework 2nd Implementation Period HIV: Indicators, Targets and Periods covered (c)" with a revised document called "Performance Framework", which is enclosed with this letter.

(3) Replacing the Summary Budget 2nd Implementation Period (c) with the new Budget Summary, which is enclosed with this letter.

The revised Face Sheet of the Grant Agreement is also enclosed.

Other than as set forth in this letter, all terms and conditions of the Grant Agreement remain the same.

Please confirm your agreement to these amendments by signing two copies of this letter and returning both copies to us. The above changes will take effect upon the signing by the Global Fund Chief Financial Officer (or his/her designated official) indicated below. One copy of this letter will be returned to you for records once the Global Fund Chief Financial Officer (or his/her designated official) has signed.

Thank you for your important efforts in the global fight against HIV and AIDS. We look forward to the successful implementation of the Program.

Yours sincerely

Michael Byrne
Department Head
High Impact – Africa I

Agreed and signed:

For: **NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)**

By: _____
Authorized Representative: Professor John Idoko, Director General

Date: August 28, 2015

encl.: Revised Face Sheet of the Grant Agreement
Revised Performance Framework

New Budget Summary

cc: Dr D. S. Dauda, Acting CCM Chair
Mr Maxwell Darkwa, PricewaterhouseCoopers (Ghana), Local Fund Agent
Mr Tomas Hatem, Senior Fund Portfolio Manager

Signed by the Global Fund Chief Financial Officer or his/her designated official for the recognition of this agreement by the Global Fund.

Mark Warrillow-Thomson
Regional Finance Manager

Date: 1 September 2015 Signature:

The Global Fund

PROGRAM GRANT AGREEMENT

1. Country: Federal Republic of Nigeria	
2. Principal Recipient Name and Address: National Agency for the Control of AIDS 823 Ralph Shodeinde Street, Central Business District, Abuja, Federal Republic of Nigeria	
3. Program Title: Scaling-up gender sensitive HIV/AIDS prevention, treatment, and care and support interventions for adults and children and reducing morbidity and mortality from HIV/AIDS in Nigeria	
4. Grant Name: NGA-H-NACA	4A. GA Number: 4
5. Implementation Period Dates: 01 January 2013 to 31 December 2015	
6. Grant Funds (Current Implementation Period only): Up to the amount of US$317,575,792.00 (Three Hundred Seventeen Million Five Hundred Seventy-Five Thousand Seven Hundred and Ninety-Two US Dollars). Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Annex A of this Agreement.	
7. Component/Disease: HIV/AIDS	
8. The fiscal year of the Principal Recipient is: 01 January to 31 December	
9. Local Fund Agent: PricewaterhouseCoopers (Ghana) Limited No 12 Aviation Road Una Home, 3rd Floor-Airport City, PMB CT42, Cantonments, Accra, Ghana Tel: +233 (21) 761500 Fax: +233(21) 761544 Attention: Mr. Maxwell Darkwa E-mail: maxwell.a.darkwa@gh.pwc.com	
10. Name/Address for Notices to Principal Recipient: Prof. John Idoko Director General National Agency for the Control of AIDS (NACA) 823 Ralph Shodeinde Street, Central Business District, Abuja, Federal Republic of Nigeria Tel.: +234 946 13701 Fax: +234 946 13700 E-mail: jonidoko@yahoo.com	11. Name/Address for Notices to Global Fund: Mr. Michael David Byrne Head, High Impact Africa 1 Department The Global Fund To Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel.: +41 58 791 1700 Fax: +41 58 791 1701
This Agreement consists of this face sheet and the following: Recitals (if applicable) Standard Terms and Conditions Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)	

Component:	HIV/TB
Country / Applicant:	Nigeria
Principal Recipient:	National Agency for Control of AIDS
Grant Number:	NGA-H-NACA
Implementation Period Start Date:	7/1/2016
Implementation Period End Date:	12/31/2018
Grant Currency:	USD

Budget Summary (in grant currency)

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
PMTCT			1,049,533	1,989,913	3,039,446																3,039,446
Treatment, care and support			998,802	45,362,440	46,389,242																46,389,242
TB/HIV			627,008	1,760,424	2,387,432																2,387,432
HSS - Procurement supply chain management (PSCM)			99,178	2,247,931	2,317,109																2,317,109
HSS - Health information systems and M&E			563,633	1,261,111	1,824,744																1,824,744
Program management			7,559,393	3,149,556	10,799,448																10,799,448
Total			10,959,391	55,794,174	66,753,475																66,753,475

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
1.0 Human Resources (HR)			2,031,475	2,060,710	4,091,184																4,091,184
2.0 Travel related costs (TRC)			5,139,871	5,588,803	10,728,675																10,728,675
3.0 External Professional services (EPS			1,564,199	734,500	2,298,699																2,298,699
4.0 Health Products - Pharmaceutical P				42,166,903	42,166,903																42,166,903
5.0 Health Products - Non-Pharmaceutic				1,121,357	1,121,357																1,121,357
6.0 Health Products - Equipment (HPE)			34,605	1,156,153	1,190,758																1,190,758
7.0 Procurement and Supply-Chain Ma			146,443	484,289	630,732																630,732
8.0 Infrastructure (INF)			194,091	709,650	903,882																903,882
9.0 Non-health equipment (NHP)			1,803	64,660	66,263																66,263
10.0 Communication Material and Publ			484,309	273,107	759,416																759,416
12.0 Living support to client/ target pop			639,798	635,798	1,277,596																1,277,596
15.0 Results-based financing (RBF)			729,999	715,999	1,445,998																1,445,998
Total			10,959,391	55,794,174	66,753,475																66,753,475

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
National Agency for Control of AIDS			6,585,537	6,448,490	13,034,027																13,034,027
PSCM				40,824,870	40,824,870																40,824,870
Lagos			223,149	392,626	615,775																615,775
Oyo			203,445	373,994	577,439																577,439
Rivers			225,383	391,857	617,239																617,239
Akwa-Ibom			243,934	414,483	658,416																658,416
Kaduna			235,272	404,366	639,638																639,638
Imo			180,710	349,478	530,187																530,187
36+1 States (Maintenance Sites)			3,091,879	3,363,950	6,455,829																6,455,829
Total			10,959,391	55,794,174	66,753,475																66,753,475

Performance Framework				
A. Program details			English	
Country / Applicant	Nigeria	Principal Recipients (Please select from list or add a new one)	National Agency for Control of AIDS	NACA
Component	HIV/TB		Society for Family Health	SFH
Start Year	2015		Association For Reproductive And Family Health (ARFH)	ARFH
Start Month	July		Institute of Human Virology Nigeria	IHV
Annual Reporting Cycle	Jan - Dec			
Reporting Frequency (Months)	6			

Period	Jul 2015 - Dec 2015	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017		
PU due	NO	YES	NO	YES	NO		
PU/DR due	YES	NO	YES	NO	YES		

Goals

To reduce new HIV infections, and improve the quality of life for the infected and affected.

To provide Nigerians with universal access to high quality, patient-centred prevention, diagnosis, and treatment services for TB, TB/HIV, and drug-resistant TB by 2020.

To contribute to the restoration of public confidence in primary health care services in Nigeria, and thereby reverse declines in the utilization of primary health care facilities

Link to goal(s)	Impact indicator	Country	Baseline Value	Baseline Year	Baseline Source	Required disaggregation	Targets 2015	Report due date	2016	Report due date	2017	Report due date	2018	Report due date	Comments
1	HIV I-4: AIDS related mortality per 100,000 population	Nigeria	116/100,000	2013	Spectrum model	Sex, Age	90/100,000	Apr-16	80/100,000	Apr-17	70/100,000	Apr-18			This indicator measure AIDS mortality per 100,000 population annually. The estimate will be modeled using Spectrum AIDS Impact Module (AIM) annually. The Spectrum model uses the following information to model AIDS mortality: census population figures, program coverage data on numbers currently on treatment, HIV prevalence, co-morbidities, probability of death among those on treatment and probability of death among those not receiving treatment and the influence of treatment duration on AIDS deaths. The current NSP 2010-2015 does not have these targets but it is currently under review. The
1	HIV I-10: Percentage of sex workers who are living with HIV	Nigeria	27.4%	2010	BSS (Behavioral Surveillance Survey)	-			TBD	Mar-17					The country is still in the process of finalizing the IBBSS 2014 with an agreed timeline of September 30th 2015 by which time the baseline will be updated and the target set. HIV prevalence among sex workers from the 2007 and 2010 IBBSS were 37.4% and 27.4% respectively. This represents a 10% reduction in the prevalence over a period of 3 years. Their contribution to the mode of transmission in 2009 was 5.6%. With the available resources for key populations, the target to be set after the baseline is released should be at least 6.7% drop from
1	HIV I-9a: Percentage of men who have sex with men who are living with HIV	Nigeria	17.2%	2010	BSS (Behavioral Surveillance Survey)				TBD	Mar-17					The country has not consistently measured this and is still in the process of finalizing the IBBSS 2014 with an agreed timeline of September 30th 2015 by which time the baseline will be determined. HIV prevalence among Men who have sex with men from the 2007 and 2010 IBBSS were 13.5% and 17.2% respectively. This represents a 3.7% increase in the prevalence over a period of 3 years period. This population sub-group contributed to 10.1 % new infections according to the 2009 mode of HIV transmission. The updated baseline, current coverage and
1	HIV I-11: Percentage of people who inject drugs who are living with HIV	Nigeria	4.2%	2010	BSS (Behavioral Surveillance Survey)				TBD	Mar-17					The country has not consistently measured this and is still in the process of finalizing the IBBSS 2014 with an agreed timeline of September 30th 2015 by which time the baseline will be determined. HIV prevalence among people who inject drugs from the 2007 and 2010 IBBSS were 5.6% and 4.2% respectively. This represents a 1.4% reduction in the prevalence over a period of 3 years. The 2009 mode of transmission showed that the PWID contribute 5.58% new infections in Nigeria. With the available resources for key populations, the target to be set after
1	HIV I-1: Percentage of young people aged 15-24 who are living with HIV	Nigeria	0.8%	2013	Specify- National HIV/AIDS Reproductive Health Survey (NARHS).		2.7%	Jan-16			1.7%	Jan-17			Baseline sourced from the National AIDS and Reproductive Health Survey (NARHS) 2013. The targets are from spectrum projections based upon ANC sentinel survey. Results will be measured through an ANC survey in 2015 with a report in January 2016 and NARHS in 2016 with a report in January 2017.
1	Percentage of infants born to HIV infected mothers who are infected with HIV	Nigeria	27.3%	2013	Reports (Global AIDS Response Progress Report)		20%	Mar-16	17%	Mar-17	13%	Mar-18			The values for this indicator are estimated annually using spectrum modeling. 27.5% in 2013 was reported 2014 GARPR Report. With increased scale-up efforts, based on available resources, the country aims to achieve EMTCT target of less than 5% by 2020. The proposed target is projected to be about 9.6% in 2018.
2	TB I-1: TB prevalence rate (per 100,000 population)	Nigeria	322	2012	TB prevalence survey		316/100,000	Mar-16	306/100,000	Mar-17	300/100,000	Mar-1			The source of baseline value is the 2012 National TB prevalence survey. The next TB prevalence survey will take place 10 years later in 2022. This is outside the NSP and NFM implementation period. Indirect assessment of the impact on TB prevalence will be based upon WHO Global TB report and TB Modelling estimates derived from extrapolation with the London School of Hygiene and Tropical Medicine (LSHTM) software using routine programmatic data.
2	TB/HIV I-1: TB/HIV mortality rate, per 100,000 population	Nigeria	11/100,000	2012	Modelled		10/100,000	Mar-16	9/100,000	Mar-17	8/100,000	Mar-1			The baseline value has been sourced from the 2013 WHO Global TB Report. Indirect assessment of the impact on TB prevalence will be based upon WHO Global TB report and TB Modeling estimates derived from extrapolation with the London School of Hygiene and Tropical Medicine (LSHTM) software using routine programmatic data and mortality records. This
2	TB I-4: MDR-TB prevalence among new TB patients	Nigeria	2.9%	2010	Specify- Reports, Surveys, Questionnaires etc.						2.90%	Aug-1			The source is the 2010 National TB Drug Resistance Survey. The decrease in prevalence assumes that the TB drug resistance pattern will be monitored by routine surveillance and as more MDR-TB patients are identified rapidly and put on effective treatment onward transmission of MDR-TB will decrease and the number of new cases with MDR-TB will thus decrease. This assumes also that DR-TB diagnosis and treatment scale-up is well funded and [illegible]

Objectives

1	At least 80% of most at-risk-populations accessing HIV counselling and testing by 2020
2	PMTCT: At least 90% of all HIV positive pregnant women have access to more efficacious ARV prophylaxis by 2020
3	ART: At least 70% of eligible adults (women and men) and 70% of children (boys and girls) are receiving ART based on national guidelines by 2017 (Consolidated Target setting meeting, 2014)
4	Achieve an increase in the Case Notification Rate of all forms of TB from 57.3 per 100,000 population in 2013 to 257 per 100,000 population in 2020
5	To increase treatment success rate from 86% in 2015 to at 90% by 2020 among drug-susceptible patients.
6	Enroll 100% of diagnosed DR-TB patients on appropriate treatment by 2020

Linked to objective	Outcome Indicator	Country	Baseline Value	Baseline Year	Baseline Source	Required disaggregation	Targets 2015	Report due date	2016	Report due date	2017	Report due date	2018	Report due date	Comments
1	Percentage of Female Sex Workers reporting the use of condom with their last client	Nigeria	95.1%	2010	BSS (Behavioral Surveillance Survey)				100%	Mar-17					The country is still in the process of finalising the IBBSS 2014 and will update the baseline by September 30th 2015. As at 2010 results were at 95% (IBBSS, 2010), so it is realistic to set the target at 100% by 2017. The plan is to finalise the National MARPS Size estimates in the 36 states + FCT in the first quarter of 2016. This process will enable the setting of realistic targets for the related coverage indicators below. The IBBSS 2016 will provide measurement for this
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Nigeria	52.08%	2010	BSS (Behavioral Surveillance Survey)				90%	Mar-17					Targets are sourced from the Consolidated National Target revision workshop, 2014. The baseline referenced is from the IBBSS 2010 (page 84). The country is still in the process of finalising the IBBSS 2014 and will update the baseline and targets as necessary by September 30th 2015. The current assumption is a 10% increase every year. The plan is to finalise the National MARPS Size estimates in the 36 states + FCT in the first quarter of 2016. This process will enable the setting of realistic targets for the related coverage indicators below. The IBBSS 2016 will provide measurement for this indicator with the report anticipated by March 2017.
3	Percentage of adults and Children with HIV known to be on treatment 12 months after initiation of ART	Nigeria	51%	2013	GARPR		80%	Mar-16	85%	Mar-17	88%	Mar-18			77.5% and 80.7% were reported in the 2013 and 2014 GARP Report respectively. Showing an increase of 3.2% between 2012 and 2013. The country targets to achieve 90% by 2020. Measurement will be through cohort analysis. There will be one concluded this year and the M&E operational plan includes a process to develop the cohort monitoring system and follow up analysis. The report will be submitted by the end of 1st Quarter of the subsequent year.
4	TB O-1a: Case notification rate of all forms of TB per 100,000 population	Nigeria	57/100,000	2013	R&R TB system, yearly management report	Age, Sex, HIV status	89/100,000	Mar-16	119/100,000	Mar-17	163/100,000	Mar-18			This is based on the NSP target of a 5 times increase in case notification rate of all forms of TB by 2020 relative to 2013 value. This is predicated on a rapid increase in TB case notification and assumes that all necessary resources are in place to rapidly increase TB case finding over the period. The targets are also based on the 2006 National population figure with a 3.2% annual growth rate.
5	TB O-2b: Treatment success rate - bacteriologically diagnosed new TB case	Nigeria	87%	2013	R&R TB system, yearly management report	Age, Sex	87%	Mar-16	88%	Mar-17	89%	Mar-18			This is based on the NSP (2015 - 2020) target of increasing the treatment success rate (TSR) of bacteriologically confirmed new TB cases to at least 90%. It is assumed that with good monitoring of TB patients on treatment, the TB programme will continue to record about 0.5% increase in the TSR annually, as have been the trend in the last couple of years.
6	Percentage of culture positive DR-TB cases who have a negative culture at the end of eight month of treatment	Nigeria	63%	2013	R&R TB system, yearly management report	Age, Sex	65%	Feb-16	67%	Feb-17	69%	Feb-18			Based on the NSP target of 75% treatment success rate (TSR) by 2020 (in line with global target). The TSR refers to a cohort of MDR-TB patients (3 years previously) since the treatment duration of MDR-TB is 20 months and treatment outcome is determined at least 1 year after the last member of the cohort had completed treatment. With about 3% increase in TSR of 2010 cohort over 2011 cohort, an annual TSR increase of 2% is assumed.

Prevention programs for general population

Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	Targets: GARPR N# / D#	%	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jun 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
GP-1: Number of women and men aged 15+ who received an HIV test and know their results	SFH	GP-1	Sub-national	Cumulative Over Program term	141,984 3,677,741	3.8%	2014	Reports (GF Program report)	Disaggregated by age, sex and type of setting, e.g. prisons, artisans, migrant workers			113,786 98,338,934	0.1%	341,363 99,155,088	0.3%	625,832 99,155,088	1%	863,409 102,081,570	1%	1,157,877 102,081,570	1%					Baseline is program results from 9 out of the 11 targeted states. Target Assumptions: The total number of prisoners, artisans, migrant workers, transport workers, construction workers, mining workers targeted to access HCT through mobile outreach with the current allocation is 1,157,877. Every person in this target population, including some of the family members can access HCT
GP-1: Number of women and men aged 15+ who received an HIV test and know their results	NACA	GP-1	Sub-national	Cumulative annually	4,179,031 93,538,926	4.5%	2014	Reports (GF Program report)	Disaggregated by age and sex			406,382 96,338,934	0.5%	290,322 99,155,088	0.3%	726,804 99,155,088	1%	391,290 102,081,570	0.4%	853,225 102,081,570	0.8%					These targets were not submitted for HCT testing in GF supported health facilities within the Modular template. NACA has incorporated them in the programme for the general population in order to get 74,032 positive clients to be newly enrolled on ART at GF supported sites. These are exclusive to those that SFH will be implementing above. These targets amount to 0.5% of targets in 2016, 1% by 2016 and 0.9% by 2017. The anticipated low coverage in 2015 is due to the fact that NFM grant will be funding only half year. Target assumptions are within the NACA Targets and assumptions document.
GP-1: Number of women and men aged 15+ who received an HIV test and know their results	NACA	GP-1	National	Cumulative annually	5,943,493 93,538,926	6%	2014	National Health Sector validated report 2014	Disaggregated by age and sex			38,534,574 96,336,934	40.0%			39,662,035 99,155,088	40.0%			40,832,628 102,081,570	40.0%					The needs are generated from spectrum based on the 2014 country validated data. Country target is based on 40% of the estimated need for HCT and not on funding commitments. This indicator will be reported annually on or after 15th April, 2016 and 2017 following the country's submission of the Global AIDS Response Progress Report (GARPR). This indicator will not be used in rating the PR but to

Prevention programs for MSM and TGs

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation
KP-1c: Percentage of MSM reached with HIV prevention programs - defined package of services	SFH		Subnational	Cumulative Over Program Term	3,110 30,142	10.3%	2014	Reports (GF Program report)	Disaggregated by age, state, LGA
KP-3c: Percentage of MSM that have received an HIV test during the reporting period and know their results	SFH		Subnational	Cumulative Over Program Term	2,450 30,142	8.1%	2014	Reports (GF Program report)	Disaggregated by age, sero status and state

Coverage/Output indicator	Targets: [illegible] N# / D#	%	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jun 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
KP-1c			1,940 31,350	6%	5,843 32,391	18%	10,712 32,391	33%	14,607 33,427	44%	19,476 33,427	58%					Target Assumptions: The MSM targets are a subset of the national target to be covered by domestic resources, existing Global fund grants and current allocation. The current allocation will support a cumulative total of 19,476 MSM (12,000 (2016), 15736 (2016) and 19,476 (2017) MSMs in the respective years as specified in the CN.
KP-3c			1,659 31,350	5.0%	4,674 32,391	14.4%	8,599 32,391	26.6%	11,698 33,427	35%	15,591 33,427	46.6%					HCT is an activity under the Bio-medical component of the MPPI. Others services include referral, STI screening, condom quantification, etc. Therefore to ensure that MSM enrolled into the program know their HIV status, HCT services will be provided

Prevention programs for sex workers and their clients

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	SFH		Subnational	Cumulative Over Program Term	34,888 189,779	18.2%	2014	Reports(GF Program Reports)	Disaggregated by state age, sero status, setting (Brothel & Non Brothel)
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	SFH		Subnational	Cumulative Over Program Term	17,617 189,779	9.3%	2014	Reports(GF Program Reports)	Disaggregated by state, setting (Brothel & Non Brothel)

Coverage/Output indicator	Targets: [illegible] N# / D#	%	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jun 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
KP-3c			1,433 190,611	0.7%	4,404 202,715	2.2%	8,074 202,715	4.0%	11,016 208,797	5%	14,080 208,797	[illegible]					HCT is an activity under the Bio-medical component of the MPPI. Other services include referral, STI screening, condom quantification, etc. Therefore to ensure that FSWs enrolled into the program know their HIV status, HCT services will be provided through mobile outreach. Based on the target of the NSP, 50% of FSWs reached with MPPI will be counseled and tested. The targets will flow across the semesters in line with the MPPI target.
KP-1c			1,835 190,611	1%	6,808 202,715	3%	10,093 202,715	5%	13,785 208,797	7%	18,380 208,797	9%					The FSW targets are subsets of the national target to be covered by domestic resources, existing Global fund grants and current allocation. The current allocation will support 1,900 (2015), 17,340 (2016) and 18,380 (2017) FSWs in the respective years as stipulated in the CN. The population size estimates used in deriving the target are drawn from the MARPS size estimation (2013) and the Epidemic Appraisal (2013) However, for implementation, the targets will be split across 5 reporting semesters over the 2.5 years as follows: 1,835 (2015), 10,093 (2016), 18,380 (2017). Package of services will be in line with the National Minimum Prevention Package of Interventions (MPPI). The intervention will be implemented in 9 states which are: Anambra, Edo, Enugu, FCT, Kano, Lagos, Oyo, Imo and Gombe. The baselines were obtained from 2014 GF program reports. The population size estimate will be validated using the 2014 IBBSS report by September 2015. The validation process will be used to determine the exact and most current number of FSWs in each state. Depending on the results of the validation, the targets funded by this grant may be revisited and revised and if necessary reprogrammed to reflect more feasible targets. The program reports will be semesterly and the source

PMTCT

Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	Targets: [illegible] N# / D#	%	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jun 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
PMTCT-1: Percentage of pregnant women who know their HIV status	NACA		Subnational	Cumulative annually	1,371,042 / 7,167,902	19.1%	2014	Reports (GF Program Report)	HIV status-pregnant women			33,098 / 7,276,926	0.5%	486,151 / 7,377,670	5%	1,012,876 / 7,377,876	13.7%	422,034 / 7,487,402	6%	1,008,927 / 7,487,402	15%					The number of mothers that need HCT testing was calculated based on the 4.1% prevalence rate and the amount for ARVs provided for PMTCT as submitted in the modular template. The total GF PMTCT HCT target within the allocation for the 3 years is 1,889,835 plus an additional 306,253 from above allocation incentive funding. This represents a GF contribution to the National need of 9.5% in 2015, 12.4% in 2016 and 12% in 2016. Please note that actual Global Fund contribution for 2015 is 12.8% and includes targets from the existing NACA grant (806,252) that ends June 2014. The PMTCT program will be scaled up in the 12+1 priority states from 2016 with the above allocation amount which needs to be matched by government before it is accessed by the programme. Reporting will be semesterly and based upon programme reports from implementing facilities.
PMTCT-1: Percentage of pregnant women who know their HIV status	NACA		National	Cumulative annually	3,067,814 / 7,167,902	42.8%	2014	National Health Sector validated report 2014				2,006,580 / 7,276,926	27.6%			5,164,369 / 7,377,670	70.0%			5,989,922 / 7,487,402	80%					The national target for mothers in need of PMTCT HCT are: 60% in 2015, 70% in 2016 and 80% in 2017. Targets are as stipulated in the programmatic gap analysis table. With the current funding commitments, the program will achieve only 33% of the national need. Results will be reported annually every 15th April of the subsequent year; 2016 and 2017 when the country is submitting the Global AIDS Response Progress Report (GARPR) after the national annual results validation exercise. This indicator will not be used for PR performance rating but to measure country's coverage and GF contribution to national results. NB: The program data generated over the last 24 months has shown a positivity rate of 1.8% which is far lower than the national prevalence of 4.1 from ANC 2010. The PR plans to initiate an evidence based partners agreed process to revise the grant targets accordingly within the national context.
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	NACA	PMTCT-2	Subnational	Cumulative annually	11,819 / 193,014	6.0%	2014	Reports (GF Program Report)	Type of regimen			16,869 / 204,675	6.6%	14,129 / 197,520	7.2%	35,322 / 197,520	17.9%	14,128 / 186,604	8%	35,321 / 186,804	18.9%					The national need was revised following the validation of national results 2014 with updated spectrum projection files. This is reflected in the updated denominators from those submitted in the program gap tables. The national targets out of the mothers in need for PMTCT are: 60% in 2016, 70% in 2016 and 80% in 2017. NFM GF total contribution over the 3 years is 68,045 within allocation plus 18,206 above allocation. The above allocation targets have been included from 2016 and are dependent on GoN matching the incentive funds. The targets have been spread 20% of total to be achieved in 2016, 40% to be achieved in 2016 and 40% of total target to be achieved in 2017. The semester target was distributed 40% in the semester and 60% in the second semester due to programmatic considerations. Reporting will be semesterly and based upon programme reports from implementing facilities. NB: The program data generated over the last 24 months has shown a positivity rate of 1.8% which is far lower than the national prevalence of 4.1 from ANC 2010. The PR plans to initiate an evidence based partners agreed process to review the grant targets accordingly within the national context.
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	NACA		National	Cumulative annually	63,250 / 193,914	32.7%	2014	National Health Sector validated report 2014				61,400 / 204,875	30.0%			138,264 / 197,520	70.0%			149,443 / 186,604	80.0%					Revised National need based on Spectrum projection. National target stated module submission of 60% in 2015, 70% in 2016 and 80% in 2017 has been preserved. Half of the 2015 target was entered into the PF. With the current funding commitments, the program will achieve only 67% of the national need. Results will be reported annually every 15th April of the subsequent year: 2016 and 2017 when the country is submitting the Global AIDS Response Progress Report (GARPR) after the national annual results validation exercise. This indicator will not be used for PR performance rating but to measure country's coverage and GF contribution to national results.
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	NACA		National	Cumulative annually	13,068 / 193,014	6.7%	2014	National Health Sector validated report 2014				138,437 / 204,875	67.6%			126,085 / 197,520	63.8%			125,965 / 186,604	67.4%					Using the current 2014 National Validated data, the spectrum projections were re-run and Revised National need have been presented in the PF. Targets are as stipulated in the Programmatic gap analysis table. It is assumed that each HIV positive pregnant woman will have one child requiring EID. Relevant stakeholders in-country met at a target setting meeting (June 2014) to decide on national targets for 2015-2020. Targets were calculated taking into consideration current achievements; available and anticipated financial and human resources; and expected rapid scale-up of PMTCT services with the goal of achieving eMTCT (90% coverage) by 2016. In the case of this indicator, the resource commitments will deliver results higher than the national targets as presented in the program gap table row 1.
					3,253							6,737		7,099		17,524		7,010		17,526						Results will be reported annually every 15th April of the subsequent year: 2016 and 2017 when the country is submitting the Global AIDS The national target for infants in need of PCR are 60% in 2015, 60% in 2016 and 70% in 2017 as stated in the eMTCT Operational Plan 2015/2016. GF total PCR target for the 3 years is 33,883 +

PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	NACA	PMTCT-3	Subnational	Cumulative annually	193,914	1.7%	2014	Reports (GF Program Report)				204,675	3.3%	187,520	3.6%	187,520	8.9%	185,584	4%	185,584	0.4%				Additional 6103 from above allocation incentive funding. These targets represent approximately 50% (17,524/35,322) of the exposed babies to receive EID service which is two fold increase in 2015 and five folds in 2016 and 2017 from the baseline. The semester target was distributed 40% in the first semester and 60% in the second semester. The targets presented are more realistic in the light of existing system challenges and the on going efforts to improve EID coverage. It will take time to resolve the programmatic challenges will before the system is strengthened to achieve higher targets. We hope to achieve higher target on this indicator in subsequent grants. NB: The program data generated over the last 24 months has shown a positivity rate of 1.6% which is far lower than the

Treatment, care and support																									
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulative for AFD	Baseline				Required disaggregation	Targets															Comments
										[illegible]		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		
					N# / D#	%	Year	Source		N# / D#	%	N# / D#	%	N# / D#	%	N# / D#	%	N# / D#	%	N# / D#	%	N# / D#	%	N# / D#	%	
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	NACA	TCS-1	National	Non-cumulative	747,382 / 1,586,419	47.1%	2014	National Health Sector validated report 2014	Sex, Age			1,377,113 / 2,295,188	60%			1,489,852 / 2,290,885	65.0%			1,580,828 / 2,258,826	70%					Based on the 2014 National Validated data, Spectrum projections were revised to provide the National need for ART. Targets are as stipulated in the Programmatic gap analysis table (60% in 2015, 65% in 2016 and 70% in 2017. The current financial commitments in the programmatic gap analysis if realised support an estimated 1,284,308 (57%) people on ART which is below the 70% national target Results will be reported annually every 15th April of the subsequent year; 2016 and 2017 when the country is submitting the Global AIDS Response Progress Report (GARPR) after the national annual results validation exercise. This indicator will not be used for PR performance rating but to measure country's coverage and GF contribution to national results.
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	NACA	TCS-1	Subnational	Non-cumulative	136,853 / 1,586,419	8.6%	2014	Reports (GF Program Report)	Sex, Age			170,451 / 2,295,188	7.4%	180,302 / 2,290,885	7.9%	195,108 / 2,290,885	8.5%	208,072 / 2,284,326	9%	227,818 / 2,258,826	10.1%					Baseline: The baseline is the number of Patients on ART as at Dec 2014. Targets: The updated ART guidelines based on the 500 CD4 count eligibility criteria have been used to project the national ART need and the numbers to be supported by GF through 2017. The projected number of GF supported patients on treatment as at June 2015 is 153,466 based on the current number of patients on ART as at March 2015 (142,117) plus an 5% quarterly growth rate. A cumulative total of 74,052 new ART clients will be enrolled (1st and 2nd line) through the life time of the NFM grant. An estimated additional 23,197 will be eligible for enrollment on ART from the 10,838 in the concept note as a result of the adaptation of the new treatment guidelines at 500 threshold. Owing to programmatic and implementation considerations requiring time for the new grant to take off and the strategies to enrol additional clients to be sufficiently deployed, these additional clients will be enrolled into ART in the last 3 semesters of the NFM grant. A third (7,732) will be enrolled each semester from July, 2016 to Dec. 2017. Two thirds (15,465) of the clients will be enrolled from the maintenance status. There are 6 priority states: Kaduna, Imo, Rivers, Akwa Ibom, Oyo and Lagos with 33% of National ART need and high TB burden. Investing in these six states will reduce their need by 15.5% compared to only 5.2% if invested in 36+1 states over the next 3 years (2015 -2017). This will result in 45% ART coverage in the 6 priority states and 36% ART coverage nationally.

TB care and prevention

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically diagnosed + clinically diagnosed, new and relapses	ARFH		Sub-National	Cumulative Annually	N#: 109,401 / D#:		2013	R&R TB system, quarterly reports	
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically diagnosed + clinically diagnosed, new and relapses	ARFH		National	Cumulative Annually	N#: 100,401 / D#:		2013	R&R TB system, quarterly reports	
DOTS-2a: Percentage of TB cases, all forms bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period	ARFH		National	Non-cumulative	N#: 77,568 / D#: 90,559	86.0%	2013	R&R TB system, quarterly reports	
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	ARFH		Sub-national	Non-cumulative	N#: 1,093 / D#: 1,252	85.3%	2013	R&R TB system, quarterly reports	
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	ARFH	Please select...	Sub-national	Non-cumulative	N#: / D#: 1,252	86.3%	2013	R&R TB system, quarterly reports	
DOTS-4: Percentage of reporting units reporting no stock-out of first-line anti-TB drugs on the last day of the quarter	ARFH		Sub-national	Cumulative Annually	N#: 4,886 / D#: 5,588	87.0%	2013	Specify- Reports, Surveys, Questionnaires etc.	
DOTS-5: Proportion (%) of under 5 child contacts of bacteriological diagnosed PTB cases placed on IPT	ARFH		Sub-national	Cumulative Annually	N#: 4,902 / D#: 33,584	15.0%	2013	R&R TB system, quarterly reports	

Targets

Coverage/Output indicator	[illegible] N# / D#	[illegible] %	Jul 2015 - Dec 2015 N# / D#	Jul 2015 - Dec 2015 %	Jan 2016 - Jun 2016 N# / D#	Jan 2016 - Jun 2016 %	Jul 2016 - Dec 2016 N# / D#	Jul 2016 - Dec 2016 %	Jan 2017 - Jun 2017 N# / D#	Jan 2017 - Jun 2017 %	Jul 2017 - Dec 2017 N# / D#	Jul 2017 - Dec 2017 %	Jan 2018 - Jun 2018 N# / D#	Jan 2018 - Jun 2018 %	Jul 2018 - Dec 2018 N# / D#	Jul 2018 - Dec 2018 %
DOTS-1a (Sub-National)			140,657		100,723		197,493		133,725		262,206					
DOTS-1a (National)			163,380				229,063				354,126					
DOTS-2a			123,906 / 140,669	88.0%	89,641 / 100,720	89.0%	175,774 / 197,499	89.0%	120,353 / 133,725	90%	235,996 / 262,206	90.0%				
DOTS-3				88.0%				90.0%				92.0%				
DOTS-3 (Please select...)				88.0%				90.0%				92.0%				
DOTS-4				88.0%		89.0%		89.0%		90%		90.0%				
DOTS-5			8,295 / 55,302	15.0%	11,650 / 77,655	15.0%	23,280 / 77,633	30.0%	20,588 / 102,941	20%	41,176 / 102,941	40.0%				

Coverage/Output indicator	Comments
DOTS-1a (Sub-National)	A total of 800,588 TB Cases - All forms will be notified throughout the program term with support from the Global Fund (140,657 cases in 2015 from existing and allocation/above allocation amount; 197,493 and 262,206 cases respectively in 2016 and 2017 from allocation and above allocation amount). Targets presented are sub-set of the TB NSP 2016 – 2020 country target on notification of drug susceptible TB (DS-TB) cases based on GF specific allocation for within and above allocation amount for the NFM. The GF existing and allocation [illegible]
DOTS-1a (National)	This represents country annual targets and will be reported annually by NTBLCP through ARFH. This will not be used for grant performance rating during implementation but to show the progress of national programme coverage and the Global Fund contribution to the national results.
DOTS-2a	Targets represented are national targets based on the TB NSP 2015 – 2020. They are based on historical data of the proportion of bacteriologically confirmed plus clinically diagnosed all forms of TB cases of TB and a projection of the percentage of the bacteriologically confirmed plus clinically diagnosed new TB cases that will be successfully treated from the baseline value of the 2012 cohort whose treatment outcome was reported in 2013. It is projected that 88%, 89% and 90% of the bacteriologically confirmed plus clinically diagnosed new TB cases notified in 2015, 2016 and 2017 respectively will be successfully treated. Since the treatment duration is at least 6 months, the outcome of treatment of each yearly cohort will be reported in the succeeding year. It should be noted that treatment success as an outcome of treatment is [illegible]
DOTS-3	Targets represented are national targets based on the TB NSP 2015 – 2020. In 2013, 80% of the existing 1,601 AFB laboratories (1282) participated in EQA through blinded rechecking. Out of this, 1,093 had adequate performance on EQA with concordance rate of not less than 95%. They projections are based on historical data and aims at increasing the percentage of laboratories with adequate performance on EQA to not less than 95% in line the TB NSP and global targets. With Global Fund support, the national program will establish 1,180 new microscopy sites within existing facilities to bring the ratio to 1 lab :50,000 population in the 13+1 priority states that accounts for about 68% of missed cases in Nigeria. This will bring the total number of labs by the end of 2017 to 2,783. All AFB laboratories that [illegible]
DOTS-3 (Please select...)	Targets represented are national targets based on the TB NSP 2015 – 2020. In 2013, 80% of the existing 1,601 AFB laboratories (1282) participated in EQA through blinded rechecking. Out of this, 1,093 had adequate performance on EQA with concordance rate of not less than 95%. They projections are based on historical data and aims at increasing the percentage of laboratories with adequate performance on EQA to not less than 95% in line the TB NSP and global targets.
DOTS-4	Numerator: Number of facilities that registered at least a new case and reported no stock out of first line anti TB drug on the last day of the quarter. Denominator: Number of facilities that registered at least a new case in that same quarter. The denominator is not fixed but changes every quarter depending on the number of facilities that registered at least a new case. Note that the supply of First line anti-TB drugs to DOTS facilities is based on the reporting of at least a TB case within the reporting quarter. The denominator can not be pre-determined because one is unable to predetermine the facilities that will report at least a case in the last day of the quarter. This indicator will be tracked quarterly at the state level and reported every [illegible]
DOTS-5	The target was based on historical information which shows that about 62.5% of all forms of TB cases notified are bacteriologically confirmed TB cases. For each bact. Confirmed TB case, we estimate about 5 contacts, of which 22% are contacts under 5. Tb prevalence among contacts is estimated at 2.5%. Children under 5 who are not diagnosed as a Tb case among the contacts are eligible for IPT. The target is cumulative annually. The targets set take into consideration our current achievement of 3,784 in 2014; our target for 2015 is 13,625 (over 300% of current achievement). Likewise, for 2016: 23,280 (over 500% of current achievement) and for 2017: 41,176 (over 1,000 % of current achievement). In the light of this, it is evident that these targets are very ambitious targets. Our strategy for improvement includes: i. Adoption and institutionalization of the task shifting policy to allow CHW's to screen and place under 5 contacts on IPT which is now in the new NTBLCP manual on management of TB, Leprosy and Buruli ulcer cases. ii. Re-orientate and educate CHWs and treatment supporters on how to encourage and mobilize parents to bring the exposed children of index PTB cases to the health facility for screening iii. Orientate the Community health workers who will be involved in house-to-house TB case search to refer identified exposed under 5 children to DOTS center and follow up iv. There is need to provide monetary incentives to index TB cases who adhere and bring to the facility their exposed under 5 contacts v. Ensure regular use and updating of the appropriate TB R&R tool (Register for Management of under 5 child contacts of bacteriologically PTB cases) to capture data at the health facilities (DOTS centers), thereby reducing under-reporting. vi. Ensure uninterrupted supply of potent INH 100mg to all DOTS centers

DOTS-6: Proportion (%) of under 5 child contacts of bacteriological diagnosed PTB cases placed on IPT	ARFH		National	Cumulative Annually	4,962 33,984	15.0%	2013	R&R TB system, quarterly reports				44,242 55,302	80.0%			62,027 77,533	80.0%			82,353 102,941	80.0%		The target was based on historical information which shows that about 52.6% of all forms of TB cases notified are bacteriologically confirmed TB cases. For each bact. Confirmed TB case, we assume about 3 contacts, of which 22% are contacts under 5. Tb prevalence among contacts is estimated at 2.5%. Children under 5 who are not diagnosed as a Tb case among the contacts are eligible for IPT. The target is cumulative annually. The NSP provides <80% target for 2015, 2016 and 2017 hence the target of 80% over the grant period. This will not be used for grant performance rating during implementation but to show the progress of national programme strategy and the Global Fund contribution to the national results.
DOTS-7a: Percentage of notified TB cases (all forms) contributed by non-NTP providers - private/non-governmental facilities	ARFH		Sub-National	Cumulative Annually	13,846 100,401	24.0%	2013	R&R TB system quarterly reports				20,183 140,887	14%	14,417 100,723	14.3%	28,269 197,453	14.3%	22,222 133,725	17%	37,533 262,208	14.3%		The baseline value of 24% represents the cumulative contribution from FBOs, private facilities, tertiary health facilities, prisons, military and paramilitary settings. However, the proportionate contribution to TB patients notified here relate strictly to ONLY FBOs and private facilities. In 2013, this represents 13% of all notified TB cases. As per the TB NSP, 30% of new AFB and DOTS centres will be sited in private facilities. With allocation fund, the proportion of private contribution will increase to 14.3%. The target is cumulative annually. Overall, the contribution from the private facilities should increase in absolute numbers but will be a smaller proportion of the total due to the rate of increase from the informal private sector. The private sector engagement plan is still being developed and will be submitted as part of the PR PIP.
DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals	ARFH		Sub-National	Non-cumulative			2015	R&R TB system, quarterly reports															The target for this indicator is not available now because there are no baseline values. Therefore, it was agreed that the baseline information to set the target will be derived from the results from the first two quarters of the NFM grant and also based on the implementation strategy bearing in mind that the NSP provides 30% as the attribution from private sector and FBO/Community. The TIMELINE to do this is first week of March, 2016.

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	[illegible] N# D#	[illegible] %	Jul 2015 - Dec 2015 N# D#	Jul 2015 - Dec 2015 %	Jan 2016 - Jun 2016 N# D#	Jan 2016 - Jun 2016 %	Jul 2016 - Dec 2016 N# D#	Jul 2016 - Dec 2016 %	Jan 2017 - Jun 2017 N# D#	Jan 2017 - Jun 2017 %	Jul 2017 - Dec 2017 N# D#	Jul 2017 - Dec 2017 %	Jan 2018 - Jun 2018 N# D#	Jan 2018 - Jun 2018 %	Jul 2018 - Dec 2018 N# D#	Jul 2018 - Dec 2018 %	Comments
TB/HIV-2: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	NACA		Subnational		NA 3,220,293		2014	Reports (GF Program Report)				170,491 3,218,007	5%	160,302 3,171,578	5%	195,100 3,171,578	6%	208,072 3,095,959	7%	227,818 3,095,959	7%					All PLHIV are eligible for TB screening. However, the need for TB screening nationally are from the updated spectrum projection; 3,218,007 for 2015, 3,171,578 in 2016 and 3,095,959 in 2017. It is assumed that all those currently on ART will be screened for TB at GF supported sites.
TB/HIV-2: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	NACA		National		989,705 3,220,293	30.8%	2014	National validated program data				1,039,104 3,218,007	32%			1,214,300 3,171,578	38%			1,397,484 3,095,959	45%					Country targets remain the same as submitted in the Programmatic gap analysis table. This indicator will be reported annually after the country has submitted the Global AIDS Response Progress Report every 15th April. This indicator will not be used in rating the PR but to measure the country's progress towards national coverage and GF contribution to national results.
Number of HIV + incident TB cases that received treatment for TB and HIV	NACA		Subnational	Cumulative annually	1,745 24,587	7.1%	2014	Reports (GF Program Report)				7,080 321,801	2%	4,080 317,158	1%	10,140 317,158	3%	5,454 309,596	2%	15,635 309,596	4%					A 10% co-infection rate as noted in the concept note of TB among PLHIV was used to estimate the total number of persons that require treatment for both TB and HIV. Incident TB cases in HIV setting receive combine TB treatment with HIV for 6 months before continuing on only ART. From the program point of view, the performance on this indicator has been poor due to a number of reasons which include low case detection of TB among HIV patients. As at 2014, the number of clients receiving treatment for both HIV and TB was 1,745. The proposed 7,080 target for 2015 represents over 300% improvement from the 2014 performance. Therefore, the GF will support provision of TB-HIV treatment coverages of 4%, 5% and 6% from 2015, 2016 to 2017 respectively. In as much is this is
Number of HIV + incident TB cases that received treatment for TB and HIV	NACA		National		17,102 24,587	69.6%	2014	National validated program data				35,398 321,801	11%			60,745 317,158	19%			68,177 309,596	22%					The National target set were 11% for 2015, 19% for 2016 and 22% for 2017 of National need.this indicator will be reported annually after the country has submitted the Global AIDS Response Progress Report every 15th April. This indicator will not be used in rating the PR but to measure the country's progress towards national coverage and GF contribution to national results.
Percentage of HIV-positive patients starting IPT during the reporting period	NACA		Subnational		NA 175,100	NA	2014	Reports (GF Program Report)				37,372 2,896,206	1.3%	29,898 2,854,420	1%	74,744 2,854,420	3%	29,898 2,788,063	1%	74,744 2,788,063	2.7%					The indicator has beh aligned with the national system that considers all PLHIV without active TB disease in need of IPT, that is both old and new clients. IPT is a very important intervention to reduce the incidence of TB among PLHIV who do not have active TB disease. IPT is administered over a six months and has a protective effectiveness of 2 - 3 years. Under this grant application a total of 186,861 PLHIV will be started on IPT. The spread will be 20% in 2015, 40% in 2016 and 40% in 2017. The annual target on this indicator set for GF supported sites are modest but higher than the 2014 national achievement of 22,899 PLHIV placed on IPT. The Programmatic performance of this indicator in the course of implementation will further inform us on how to improve IPT service coverage.
Percentage of HIV-positive patients starting IPT during the reporting period	NACA		National		22,899 175,100	13.1%	2014	National validated program data				787,713 2,896,206	27.2%			913,130 2,854,420	32.0%			1,034,119 2,788,063	37.2%					Targets were originally captured as the National need in the modular template. Since the current National need in this PF has increased based on the revised spectrum projections for PLHIVs. We assumed the stipulated Modular template National need as our current country target. This indicator will be reported annually after the country has submitted the Global AIDS Response Progress Report every 15th April. This indicator will not be used in rating the PR but to measure the country's progress towards national coverage and GF contribution to national results.
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	ARFH		National	Non-cumulative	88,317 100,401	88.0%	2013	R&R TB System, quarterly reports				133,653 140,680	95.0%	98,091 100,720	98.0%	103,549 107,490	98.0%	132,389 133,725	99%	262,206 262,206	100.0%					(1). Overall assumptions: This is based on historical data with the aim of achieving 100% coverage by year 3 as contained in the 2015 - 2020 National TB strategic Plan. (2). anticipated rate of scale up: the percentage of TB patients who had HIV result recorded in the TB register increased from the current 88% in 2013, to 92% in 2014, to 95% in 2015, to 98% in 2016; to 100% in 2017 and maintained at this level (3) Population size estimates the projection for the number of TB patients was based on the National TB prevalence survey data and the country population (4) description of indicator: The numerator: The number of TB patients who had an HIV results recorded in the TB register during a giving period; while the denominator is the total number of all TB patients registered during a giving period (5) Data source: R&R TB system quarterly reports. Note that during reporting, comparision of achievement will be made relative to the percentages and not against the actual figures/numbers.
					12,923							26,309		19,943		41,277		28,537		57,058						(1). overall assumptions: This is based on the current HIV positivity rate of 22% among registered TB patients. It is also based on the

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	GRXPT N# / D#	GRXPT %	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jan 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	ARFH	TB/HIV-1	National	Non-cumulative	19,423	67.0%	2013	R&R TB system, quarterly reports				30,952	88.0%	22,158	96.5%	43,450	95.0%	29,420	97%	67,658	100.0%					historical data with the aim of achieving 100% coverage by year 3: it is assumed that the National ART expansion plan will be implemented (2). anticipated rate of scale up: the percentage of HIV positive registered TB patients given ART during TB treatment increased from the current 67% in 2013, to 76% in 2014, to 88% in 2015, to 95% in 2016; to 100% in 2017 and maintained at this level (3) Population size estimates: the projection for the number of HIV positive TB patients was based on the current HIV positivity rate of 22% among TB patients; also on the report of the National TB prevalence survey data and the country population (4) description of indicator: The numerator: The number of HIV positive registered TB patients given ART during TB treatment while the denominator is the total number of HIV positive registered TB patients. (5):Data source: R&R TB system quarterly reports Note that during reporting, comparison of achievement will be made relative to the percentages and not against the actual figures/numbers.

MDR-TB

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	GRXPT N# / D#	GRXPT %	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jan 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
MDR TB-1 Percentage of presumptive DR-TB cases that receive testing for DR-TB (RR-TB and/or MDR-TB)	IHV		Subnational	Cumulative annually	10410 / 21820	47.7%	2013	R&R TB system quarterly reports	Gene xpert sites supporting partner			21,078 / 35,130	60%	17,053 / 48,722	35%	34,103 / 48,722	70%	29 504 / 68,988	40%	51 188 / 63 985	80%					In 2014 the country target was 11,410, but achievement was 17797. In setting the target for 2015, 60% of the country need which is 35,130 was used, 70% of the 48,723 country need for 2016 and 80% of the 63,985 country need for 2017. Also, with the introduction
MDR TB-1 Percentage of presumptive DR-TB cases that receive testing for DR-TB (RR-TB and/or MDR-TB)	IHV		National	Cumulative annually	21820 / 21820	100.0%	2013	R&R TB system, quarterly reports				35,130 / 35 130	100%			48,722 / 48,722	100%			63,985 / 63,985	100%					This indicator will not be used in rating the PR but to measure the country's progress towards national coverage and GF contribution to national results.
MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	IHV		Subnational	Cumulative annually	856		2015	R&R TB system, quarterly reports	State of diagnosis, Age, Sex			[illegible]		[illegible]		[illegible]		[illegible]		[illegible]						Targets presented are sub-set of the TB NSP 2015 – 2020 target on notification of DR-TB cases 3,565 DR-TB patients (24% of the country's target) will be notified based on funding from GON, Global Fund, USG and other partners. Of these, the Global Fund (existing and allocation) will account for 1,955 DR-TB patients (13% of the country's target), while 1650 DR-TB patients (11% of the country's target) will be accounted for by the USG and their partners. The targets for year 1 (i.e. 285) is to be financed by the allocation amount. In year 2 an additional 10 XDR-TB patients to be covered through country savings will be added to the target to be financed by allocation amount (i.e 700) bringing the target to be financed in 2016 by allocation amount and country savings to 710. With the availability of incentive funding, an additional 750 MDR-TB (5% of country's target) and 30 XDR-TB patients will be added to the target for year 3 (i.e.810) bringing the target to be financed in 2017 by the allocation amount and incentive funding to 1590. However, if the incentive funding is not available, we would revert to the targets to be financed by the allocation amount only. That is: Year 1 (2015) = 285, Year 2 (2016) = 700, Year 3 (2017) = 810.
MDR TB-2b: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	IHV		National	Cumulative annually	[illegible]		2013	R&R TB system, quarterly reports				[illegible]				[illegible]				[illegible]						14,595 DR-TB cases (RR-TB and/or MDR-TB), representing ~1% of the country need will be notified over the 3-year period according to the country target as contained in the TB NSP 2015 - 2020. This projection is based on the country's capacity to diagnose and manage DR-TB cases. This indicator will not be used in rating the PR but to measure the country's progress towards national coverage and GF contribution to national results
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	IHV		Subnational	Cumulative annually	346		2013	R&R TB system, quarterly reports	Treatment centre, State, Age, Sex			[illegible]		[illegible]		[illegible]		[illegible]		[illegible]						Targets presented are sub-set of the TB NSP 2015 – 2020 target on notification of DR-TB cases 3,565 DR-TB patients (24% of the country's target) will be notified based on funding from GON, Global Fund, USG and other partners. Of these, funds from the Global Fund (existing and allocation) will account for 1,955 DR-TB patients (13% of the country's target), while 1650 DR-TB patients (11% of the country's target) will be accounted for by the USG and their partners. The targets for year 1 (i.e. 285) is to be financed by the allocation amount. In year 2 an additional 10 XDR-TB patients to be covered through country savings will be added to the target to be financed by allocation amount (i.e 700) bringing the target to be financed in 2016 by allocation amount and country savings to 710. With the availability of incentive funding, an additional 750 MDR-TB (5% of country's target) and 30 XDR-TB patients will be added to the target for year 3 (i.e.810) bringing the target to be financed in 2017 by the allocation amount and incentive funding to 1590. However, if the incentive funding is not available, we would revert to the targets to be financed by the allocation amount only. That is: Year 1 (2015) = 285, Year 2 (2016) = 700, Year 3 (2017) = 810. The population size estimates were derived from the projected number of DR-TB cases as per the TB NSP. The indicator refers to bacteriologically confirmed DR-TB case (including MDR-TB and rifampicin-resistant TB) diagnosed by GeneXpert for RR-TB and DST for 1st line drugs for MDR-TB. Diagnostic capacity expansion will focus on improving the capacity of the two NRLs and six zonal labs to perform solid culture, LPA, and first-line DST (as well as second-line DST at the NRLs), and establishing two additional reference laboratories to increase

MDR TB-6: Percentage of DST laboratories showing adequate performance on External Quality Assurance	IHV		National	Cumulative annually	3 / 3	100.0%	2013	R&R TB system, quarterly reports	Labs			6 / 6	100.0%			6 / 6	100.0%			8 / 8	100.0%				Targets presented are based the TB NSP 2016 – 2020 target on DST laboratories showing adequate performance on EQA. As at 2013, there were 3 laboratories with capacity for at least DST to first line anti-TB drugs. EQA are conducted on all 3 laboratories by the supra national reference laboratory (SRL) based in Milan, Italy. Based on the EQA done in 2013, the 3 labs showed good performance. It is projected that there will be 6 and then 8 labs with capacity for at least first line DST by 2016 and 2018 respectively. The target is that all labs will undergo EQA at the SRL and all will have good performance on EQA. The population size estimates is based on the projected number of laboratories with capacity for at least DST for first line TB medicine. The indicator refers to number of labs that undergo EQA with good performance, where good performance is a concordance rate of at least [illegible]

HSS - Health information systems and M&E

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	Targets SR N# / D#	SR %	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jun 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
M&E-1: Proportion of GF supported PHCs submitting timely reports according to national guidelines	NACA		Subnational	Non-cumulative	524 / 668	78.5%	2014	Reports (GF Program report)				734 / 918	80%	810 / 953	85%	889 / 1,022	87%	981 / 1,090	90%	1,048 / 1,165	90%					Currently 78.5% of our PHCs are reporting as at when due on the NHMIS DHIS Platform. We plan that by 2017, 90% of these PHCs will be reporting on this platform. We intend to achieve this through scale up of the Mobile phone clients at PHCs, Training of data entry clerks on data reporting and use, Monitoring by SRs etc.
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	NACA		National	Non-cumulative	11120 / 36056	30.8%	2013	HMIS				26,510 / 36,056	74.2%			27,591 / 36,056	76.5%			29,877 / 36,056	82.9%					36,056 comprised of 35,282 health facilities across the country in the DHIS database and 774 LGAs. LGAs are considered as reporting units because certain community data are only entered at the LGA level not at the facility.

Community systems strengthening

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline N# / D#	Baseline %	Baseline Year	Baseline Source	Required disaggregation	Targets SR N# / D#	SR %	Jul 2015 - Dec 2015 N# / D#	%	Jan 2016 - Jun 2016 N# / D#	%	Jul 2016 - Dec 2016 N# / D#	%	Jan 2017 - Jun 2017 N# / D#	%	Jul 2017 - Dec 2017 N# / D#	%	Jan 2018 - Jun 2018 N# / D#	%	Jul 2018 - Dec 2018 N# / D#	%	Comments
Number of pregnant women referred for PMTCT services by community-based organizations (CBOs)	ARFH		Subnational	Cumulative Annually	199413		2014	Reports (GF PUDR)	[illegible]			80,040		80,053		160,106		80,053		160,106						Note: The baseline value of 199,413 is a combination of all referral for Tuberculosis, HIV - HCT & Tuberculosis and Malaria. The CSS target was set based on the achievement trend on the current implementation. The CSS will be focusing on strengthening the community system to provide enabling environment to be leveraged on by the GF grants (HIV, TB & MALARIA) to achieve their objectives in 12 + 1 States (Kaduna, Akwa Ibom, Kano, Oyo, Lagos, Imo, Rivers, Sokoto, Borno, Bauchi, Abia, Kwara + FCT. The CSS actors will refer 350,251 (80,040 between July-Dec, 2015; 160,106 in 2016 and 160,106 in 2017) thus accounting for 15% of PMTCT NACA target. The CBOs will collaborate with the mobile HCT services in ensuring the pregnant women when referred get tested. The CSOs will report only on referrals that receive a test. The positive pregnant women are then linked to PMTCT service uptake. The capacity building component of CSS in terms of reporting and coordination will be reported as workplan tracking measures as detailed below
Number of individuals from the general population referred for HCT services by community-based organizations (CBOs)	ARFH		Subnational	Cumulative Annually	N/A		2014					49,838		37,379		74,757		37,379		74,757						The CSS target was set based on the understanding of the CSS implementation in the current grant. The CSS will be focusing on strengthening the community system to provide enabling environment to be leveraged on by the GF grants (HIV, TB & MALARIA) to achieve their objectives in 12 + 1 States (Kaduna, Akwa Ibom, Kano, Oyo, Lagos, Imo, Rivers, Sokoto, Borno, Bauchi, Abia, Kwara + FCT. The CSS actors will refer 224,272 (49,838 between July-Dec, 2015; 74,757 in 2016 and 74,757 in 2017) thus accounting for 15% of HCT NACA target. The CBOs will collaborate with the mobile HCT services in ensuring the general population get tested. The tested clients that come out positive are then linked to ART services. The capacity building component of CSS in terms of reporting and coordination will be reported as workplan tracking measures as detailed below.

Workplan tracking measures

#	Intervention	Key Activities	Milestones/Targets (no more than 255 characters)	Criterion for completion milestone/target	Milestones/Targets								Documents (no more than 255 characters)
					BRE FY	Jul 2015 - Dec 2016	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	
1	Social mobilisation, building community linkages, collaboration and coordination	1. Assessment of referral system 2. Strengthen the tracking of referrals in a closed loop between the community and the facility 3. Capacity building on data management and use of DHIS platform for reporting at LGA level	Referral system assessment report			x	x	x	x	x			
			Acceptation and standardization of referral tools			x	x	x	x	x			
			Strengthen the reporting structure from LGA and state level which is			x	x	x	x	x			
			Community-based results linked onto the DHIS2 platform				x	x	x	x			
			Community-based results data validation				x			x			
2	Other	Operational research for evidence base for the CSS model	Evaluation of the community referral linkages in the prevention	Finalisation of research protocol			x						1. Determine the level of effectiveness of existing referral system 2. Determine referral rates and attrition rates following already free communities to health facilities 3. Determine the level of patients/clients satisfaction in information provided during referral process/engagement 4. Determine the level of quality of service provided by the service providers to referred clients 5. Determine factors that hinders or facilitates effective referral outcomes – delays, service non-availability/functions, staff attrition, equipment breakdown, economic cost related to out of pocket expenses, stigma, denial of service etc
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