

NGA-C-2014 - Concept Note

Integrated View

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A. Program details

Country / Applicant:	Nigeria	Principal Recipients	National Agency for Control of AIDS Association For Reproductive And Family Health (ARFH) Society for Family Health Institute of Human Virology Nigeria Association for Reproductive and Family Health	Total requested amount	
Component:	HIV/TB			Allocated	USD 351,780,487
Start Month/Year:	July 2015			Above	USD 198,945,957

Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
Prevention programs for general population	Allocated	1,300,000	2,600,000	2,600,000	6,500,000
	Above	2,500,000	3,000,000	0	5,500,000
Prevention programs for MSM and TGs	Allocated	1,510,859	1,573,812	1,636,764	4,721,435
	Above	0	0	0	0
Prevention programs for sex workers and their clients	Allocated	2,139,675	2,228,829	2,317,983	6,686,487
	Above	0	0	0	0
Prevention programs for people who inject drugs (PWID) and their partners	Allocated	1,149,465	1,197,359	1,245,254	3,592,078
	Above	0	0	0	0
Prevention programs for adolescents and youth, in and out of school	Allocated	666,667	666,667	666,666	2,000,000
	Above	3,051,638	3,051,638	3,051,638	9,154,914
PMTCT	Allocated	538,028	13,503,129	13,437,684	27,478,841
	Above	0	3,273,474	3,273,474	6,546,948
Treatment, care and support	Allocated	42,841,016	49,475,902	56,136,995	148,453,913
	Above	18,203,868	15,776,279	14,044,608	48,024,755
TB care and prevention	Allocated	18,721,354	21,884,418	26,855,240	67,461,012
	Above	5,173,781	9,778,619	12,004,712	26,957,112
MDR-TB	Allocated	6,695,004	12,487,890	14,044,504	33,227,398
	Above	18,216,532	28,284,288	32,327,623	78,828,443
Community systems strengthening	Allocated	3,091,327	2,178,148	730,525	6,000,000
	Above	0	0	0	0
HSS-Health information systems and M&E	Allocated	3,904,169	4,341,663	3,754,168	12,000,000
	Above	3,029,122	3,000,212	1,592,342	7,621,676
HSS-Procurement supply chain management (PSCM)	Allocated	4,925,012	4,136,525	1,938,463	11,000,000
	Above	632,498	245,694	125,350	1,003,542
Program management	Allocated	5,226,598	5,226,598	5,226,597	15,679,793
	Above	1,415,584	1,415,584	1,415,586	4,246,754
TB/HIV	Allocated	1,553,967	2,485,111	2,940,452	6,979,530
	Above	2,458,722	4,165,308	4,437,783	11,061,813
Total	Allocated	94,263,141	123,986,051	133,531,295	351,780,487
	Above	54,681,745	71,991,096	72,273,116	198,945,957

Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2015	2016	2017	Total
Association for Reproductive and Family Health	Allocated	3,955,751	3,042,572	1,594,949	8,593,272
	Above	0	0	0	0
Association For Reproductive And Family Health (ARFH)	Allocated	19,778,658	23,314,179	28,467,139	71,559,976
	Above	6,619,190	11,736,003	14,043,840	32,399,033
Institute of Human Virology Nigeria	Allocated	7,143,578	12,936,464	14,493,078	34,573,120
	Above	18,216,532	28,284,288	32,327,623	78,828,443
National Agency for Control of AIDS	Allocated	56,183,770	75,991,451	80,074,744	212,249,965
	Above	24,294,385	25,919,167	22,850,015	73,063,567
Society for Family Health	Allocated	7,201,384	8,701,385	8,901,385	24,804,154
	Above	5,551,638	6,051,638	3,051,638	14,654,914
Total	Allocated	94,263,141	123,986,051	133,531,295	351,780,487
	Above	54,681,745	71,991,096	72,273,116	198,945,957

B. Program goals and impact indicators

1	To reduce new HIV infections, and improve the quality of life for the infected and affected.
2	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.
3	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

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV I-4: AIDS related mortality per 100,000 population (disaggregated by sex; age <15, 15+)		27.3	2013	Reports (specify)	20.4	16.9	13.4	Between 2012 and 2013 AIDS related deaths (from GARPR 2013 and 2014), a 5% decline was observed and if that is interpolated linearly using spectrum, the AIDS related deaths will be 3% by 2020. With increased scale-up efforts, country aims to achieve EMTCT target of less than 5% by 2020. Data will be source from GARPR.
1	HIV I-1: Percentage of young people aged 15–24 who are living with HIV (disaggregated by sex)		3.3	2013	Specific surveys and research (specify)	2.7		1.7	Baseline sourced from the National AIDS and Reproductive Health Survey (NARHS) 2013 Target is from ANC sentinel survey using spectrum projections
1	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months		27.3	2013	Reports (specify)	20.0	17.0	13.0	32.6% and 27.34% were reported in the 2013 and 2014 GARP Report respectively. Showing a decline of about 5.26% between 2012 and 2013. Assuming all efforts are maintained by 2020 Nigeria will achieve the total elimination of Mother To Child Transmission. Base on available resources, the prposed target is projected to be less than 5% Mother To Child Transmission by 2020. Data will be source from GARPR.
2	TB I-1: TB prevalence rate		322.0	2012	TB prevalence survey	315.0	308.0	300.0	The source is the 2012 National TB prevalence survey. The next TB prevalence survey will take place in 2022 (10 years after the previous one). This is outside the NSP period as well as the concept note implementation period. Indirect assessment on the level of impact on TB prevalence will be based on WHO modeling estimates and/or extrapolated from the TB case notification and treatment success information provided here as indicators in progress toward controlling the epidemic.
2	TB I-4: MDR prevalence among new TB patients		2.9	2010	Specific surveys and research (specify)	2.7	2.6	2.6	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 until cure, 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 rapid enough to achieve a decrease within this very short time span.

2	TB/HIV I-1: TB/HIV mortality rate		11.0	2013	Reports (specify)	10.0	9.0	8.0	The source is 2013 WHO Global TB Report, it is an estimate in the WHO global TB report; the key assumption is that WHO will continue to provide estimated data on TB/HIV mortality in the annual global TB report
3	HSS I-1: Under 5 mortality rate per 1000 live births		81	2013	DHS/DHS+ (Demographic and Health Survey)	104	91	79	NDH Survey and target setting in NHSDP

C. Program objectives and outcome indicators

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 287 per 100,000 population in 2020								
5	To increase treatment success rate from 86% in 2013 to of 90% by 2020 among drug-susceptible patients.								
6	Enroll 100% of diagnosed DR-TB patients on appropriate treatment by 2020								

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client (disaggregated by sex male, female, transgender)		95	2013	BSS (Behavioral Surveillance Survey)	100	100	100	As at 2010 results were at 95% (IBBS, 2010), so it is realistic to get to 100% by 2020
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		52	2013	BSS (Behavioral Surveillance Survey)	70	80	90	Targets are sourced from the Consolidated National Target revision workshop, 2014 Targets projected from baseline achievement. Assuming a 10% increase every year
3	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (disaggregated by age <15, 15+, sex, with 24 and 36 month data)		81	2013	Reports (specify)	83	85	86	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 hope to achieve 90% by 2020 . These figure can be sourced from cohort analysis report.
4	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases (disaggregated by age <15, 15+, sex and HIV status)		57	2013	R&R TB system, quarterly reports	88	119	153	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-2a: Treatment success rate - all new TB cases (disaggregated by age <15, 15+, sex and HIV status)		86	2013	R&R TB system, quarterly reports	87	88	89	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 tratment, the TB programme will continue to record about 0.8% increase in the TSR annually, as have been the trend in the last couple of years.
6	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated (disaggregated by sex and age <15, 15+)		63	2013	R&R TB system, quarterly reports	65	67	69	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.

D. Modules

Module: Prevention programs for general population																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹	
							Allocated or Above Allocated	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #		%
			D #					D #		D #		D #		D #		

GP-1: Number of women and men aged 15+ who received an HIV test and know their results (disaggregated by sex and HIV test result)	Society for Family Health	Current grant				Allocated	227575	455151	455151		1. Overall assumptions used: Record of union members and prison inmates in the 6 focus States. In view of the limited fund allocation, interventions can only be limited to a bridging population of migrant/mobile workers and persons in closed settings who are contributors to new HIV infections in the general population. They include road transport workers, artisans (welders and fitters, automobile mechanics), construction workers, mine workers, migrant/mobile workers in agriculture and persons in closed settings (prisons). For details on the estimated numbers per category see attached. 2. There will be an estimated scale of 20%, 40% and 40% in 2015, 2016 and 2017 respectively. It is anticipated that all persons in the target population will have the opportunity of accessing HCT services, at least once, in the 3-year of the funding. 3. The estimated numbers are broken down by State. The total estimated population size is 1,137,877-as can be seen in the attached. 4. (a). Package of ser
			4077663	2013	HMIS						
						Above					

GP-2: Percentage of individuals from targeted population reached through community outreach with standardized HIV prevention interventions	Society for Family Health				Allocated									
					Above									
GP-3: Proportion of new individuals who test positive for HIV, enrolled in care (pre-ART or ART) services	Society for Family Health				Allocated									
					Above									
GP-4: Percentage of antenatal care attendees tested for syphilis	Society for Family Health				Allocated									
					Above									
GP-5: Number of male circumcisions performed according to national standards	Society for Family Health				Allocated									
					Above									
Module budget - Prevention programs for general population														
Allocated request for entire module	USD 6,500,000		Above allocated request for entire module							USD 5,500,000				
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)											
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴			

Condoms as part of programs for general population		Society for Family Health	Allocated				Above allocation: Condom supply to supplement and temporarily mitigate the gap that is anticipated with the DFID condom programme coming to an end in 2014.	Above allocation: Condom supply to supplement and temporarily mitigate the gap that is anticipated with the DFID condom programme coming to an end in 2014.
			Above	2,500,000	3,000,000			
HIV testing and counseling as part of programs for general population		Society for Family Health	Allocated	1,300,000	2,600,000	2,600,000	<p>Cost assumptions: The unit cost of community-based HCT = \$5.1215 per client. At this unit cost, HCT services can be delivered to 1,269,159 clients. The target has a population estimate of 1,137,877. Every persons in the target population, including some of the family members can access HCT service, at least once, between 2015-2017. The proportion of persons to be reached with the allocated funds will be 20%, 40% and 40% in 2015, 2016 and 2017 respectively. 2. Key activities: (a) Community-based HCT service delivery at a unit cost of \$3.04 per client. (b) procurement of RTKs at a unit cost of \$1.81 per client, (c) and logistics (15%) at a unit cost of \$0.2715 per client. 3. Leverage on the community mobilisation, outreaches and peer educators activities funded through other components and the funding support from the Nigerian Government, United States Government and the World Bank in the 6 focus states.</p>	<p>Cost assumptions: The unit cost of community-based HCT = \$5.1215 per client. At this unit cost, HCT services can be delivered to 1,269,159 clients. The target has a population estimate of 1,137,877. Every persons in the target population, including some of the family members can access HCT service, at least once, between 2015-2017. The proportion of persons to be reached with the allocated funds will be 20%, 40% and 40% in 2015, 2016 and 2017 respectively. 2. Key activities: (a) Community-based HCT service delivery at a unit cost of \$3.04 per client. (b) procurement of RTKs at a unit cost of \$1.81 per client, (c) and logistics (15%) at a unit cost of \$0.2715 per client. 3. Leverage on the community mobilisation, outreaches and peer educators activities funded through other components and the funding support from the Nigerian Government, United States Government and the World Bank in the 6 focus states.</p>
			Above					

Programmatic Gap

Coverage Indicator : GP-1: Number of women and men aged 15+ who received an HIV test and know their results (disaggregated by sex and HIV test result)

Current National Coverage 4,077,663		Year	Source	Latest Results	CCM Comments
		2013	Health Facility survey		
		2015	2016	2017	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)		95'453'227	98'059'452	100'764'450	NACA SKM (attached)
B. Country targets		38'181'291	39'223'781	40'305'780	NACA SKM (attached) , Based on NOP
		40.00 %	40.00 %	40.00 %	
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources		17'661'269	17'661'269	17'661'269	Sources: GoN (5,000,000), USG (5,872,202), WB (6,789,067)
		18.00 %	18.00 %	17.00 %	
Programmatic Gap					
D. Expected annual gap in meeting the need A-C		77,791,958	80,398,183	83,103,181	
		82.00 %	82.00 %	83.00 %	
E. Targets to be financed by allocation amount		423'053	423'053	423'053	As a strategic investment, the allocationa amount will focus interventions in 6 states for maximum impact - adopting a community-based HCT approach. See narrative for details.
		0.00 %	0.00 %	0.00 %	
F. Coverage from Allocation amount and other resources E+C		18,084,322	18,084,322	18,084,322	
		18.00 %	18.00 %	17.00 %	
G. Targets to be potentially financed by above allocation amount		0	0	0	
		0.00 %	0.00 %	0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G		18,084,322	18,084,322	18,084,322	
		18.00 %	18.00 %	17.00 %	

Module: Prevention programs for MSM and TGs

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Measurement framework for results													Comments ¹
			Baseline				Targets									
							Allocated or Above Allocated	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%			
D #				D #		D #			D #		D #					

KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	Society for Family Health	Global Fund and other donors					Allocated	24611.000	78.414	27173.000	83.891	30911.000	92.473		These 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 12,000 (2015), 15738 (2016) and 19,476 (2017) MSMs in the respective years , Population size estimates are drawn from the MARPS soze estimation (2013) and the Epidemic Appraisal (2013) Package of services will be in line with the National Minimum Prevention Package of Interventions (MPPI). Data source is the Consolidated National revised targets (2014)
			18687.000	63.410	2013	HMIS		31386.000		32391.000		33427.000			
			29470.000				Above								
KP-1b: Percentage of TG reached with HIV prevention programs - defined package of services	Society for Family Health						Allocated								
							Above								
KP-2a: Percentage of MSM reached with HIV prevention programs - individual and/or smaller group level interventions	Society for Family Health						Allocated								
							Above								
KP-2b: Percentage of TG reached with HIV prevention programs - individual and/or smaller group level interventions	Society for Family Health						Allocated								
							Above								
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	Society for Family Health	Global Fund and other donors					Allocated	24611.0	78.4	27173.0	83.9	30911.0	92.5		HIV counselling and testing is a component of the MPPI and the targets here are to mirror access to MPPI above. Same assumptions apply.
			18687.0	63.4	2013	Specific surveys and research (specify)		31386.0		32391.0		33427.0			
			29470.0				Above								

KP-3b: Percentage of TG that have received an HIV test during the reporting period and know their results	Society for Family Health						Allocated										
							Above										
Module budget - Prevention programs for MSM and TGs																	
Allocated request for entire module	USD 4,721,435		Above allocated request for entire module							USD 0							
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)														
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴						
Other interventions for MSM and TGs - Please specify		Society for Family Health						Source of cost assumptions is the Goal Model Technical Workshop 2014 organized NACA and stakeholders. Activities Under this intervention which derive from the MPPI includes; 1) Peer Education targeting MSM community on Behavioral Change Communication, referrals and linkages to services/Modification/productions of training modules/IEC materials for Peer Education for MSM 2) Distribution of Condoms and Lubricant. 3) Engagement and sensitization of KP on programme ownership and sustainability of prevention/intervention programmes targeting MSM through Community Outreaches 4) Static and Mobile HCT for MSM 5) STI Syndromic Management. 6) Testing and Treatment of viral hepatitis for MSM 7) Legal environemnt and assessment Law reform on MSM issues. 8) Legal literacy and legal aid services, education of communities on legal and human rights, support and Access to Justice through community paralegals. 9) Sensitization workshop on stigma reduction and assess to treatment and care for health workers and police officials. 10) Monitoring and documentation/reporting of rights violations including discrimination on, gender based violence within key population. 11) Advocacy and social accountability to support community led advocates for Law and Police reform, including engagement in systems in healtt facilities that address complaints and impact. 12) Partnership with relevant Public and Private organizations/identified stakeholders in the cause of program implementation towards the strengthening of existing intervention.									
			Allocated	1,510,859	1,573,812	1,636,764											
			Above														

Programmatic Gap				
Coverage Indicator : KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services				
Current National Coverage 18687	Year	Source	Latest Results	
	2013	BSS (Behavioral Surveillance Survey)		
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	31'386	32'391	33'427	These estimates is derived from the consolidated draft national targets
B. Country targets	24'082 76.00 %	27'337 84.00 %	31'013 92.00 %	Coverage targets are derived from the NOP
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	11'435 36.00 %	11'435 35.00 %	11'435 34.00 %	This column totals the sum planned to be supported by USG and WB in year 2015. The same sum has been projected for years 2016 through 2017 at flat line projections. No sums has been planned to be invested by GON.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	19,951 64.00 %	20,956 65.00 %	21,992 66.00 %	
E. Targets to be financed by allocation amount	12'000 38.00 %	15'738 48.00 %	19'476 58.00 %	Of the total number of 97,204 MSM according to the MARPS size estimation, a total of 35,481 are covered under USG, GF and WB funding. Of the remaining 61,723, 47,214 are covered from the funding split of 15 million dollars over a three year period between MSM, FSW and PWID. The sum of \$4,721,424.62 has been allocated to MSM over a three year period.
F. Coverage from Allocation amount and other resources E+C	23,435 74.00 %	27,173 83.00 %	30,911 92.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	23,435 74.00 %	27,173 83.00 %	30,911 92.00 %	

Module: Prevention programs for sex workers and their clients															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3			
			N #	%	N #	%		N #	%	N #	%				
			D #	Year	Source	D #		%	D #	%	D #	%			
			D #			D #			D #		D #				

KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	Society for Family Health					Allocated								
						Above								
KP-2c: Percentage of sex workers reached with HIV prevention programs - individual and/or smaller group level interventions	Society for Family Health					Allocated								
						Above								
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	Society for Family Health					Allocated								
						Above								
Module budget - Prevention programs for sex workers and their clients														
Allocated request for entire module	USD 6,686,487			Above allocated request for entire module							USD 0			
Intervention	Description of Intervention ²				Intervention budget (request to the Global Fund only)									
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴			
Other interventions for sex workers and their clients - Please specify		Society for Family Health	Allocated	2,139,675	2,228,829	2,317,983	Source of cost assumptions is the Goal Model Technical Workshop 2014 organized NACA and stakeholders. Activities Under this intervention which derive from the MPPI includes; 1) Peer Education targeting MSM community on Behavioral Change Communication, refferals and linkages to services/Modification/productions of training modules/IEC materials for Peer Education for MSM 2) Distribution of Condoms and Lubricant. 3) Engagement and sensitization of KP on programme ownership and sustainability of prevention/intervention programmes targeting MSM through Community Outreaches 4) Static and Mobile HCT for MSM 5) STI Syndromic Management. 6) Testing and Treatment of viral hepatitis for MSM 7) Legal environemnt and assessment Law reform on MSM issues. 8) Legal literacy and legal aid services, education of communities on legal and human rights, support and Access to Justice through community paralegals. 9) Sensitization workshop on stigma reduction and assess to treatment and care for health workers and police officials. 10) Monitoring and documentation/reporting of rights violations including discrimination on, gender based violence within key population. 11) Advocacy and social accountability to support community led advocates for Law and Police reform, including engagement in systems in health facilities that address complaints and impact. 12) Partnership with relevant Public and Private organizations/identified stakeholders in the cause of program implementation towards the strengthening of existing intervention.							
			Above											

Programmatic Gap				
Coverage Indicator : KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services				
Current National Coverage 53891	Year	Source	Latest Results	
	2013	BSS (Behavioral Surveillance Survey)		
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	196'811	202'715	208'797	MARPS size estimation results
B. Country targets	85'809	103'182	121'520	Coverage targets are derived from the NOP
	43.00 %	50.00 %	58.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	166'682 84.00 %	166'682 82.00 %	166'682 79.00 %	This column totals the sum planned to be supported by USG and WB in year 2015. The same sum has been projected for years 2016 through 2017 at flat line projections. No sums has been planned to be invested by GON.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	30,129	36,033	42,115	
	16.00 %	18.00 %	21.00 %	
E. Targets to be financed by allocation amount	1'000 0.00 %	17'349 8.00 %	18'350 8.00 %	Of the 608,323 of FSW according to MARPS size estimation, a total of 520,911 is covered by USG, WB and GF. Of the remaining 87,412, 35,699 are covered from the funding split of 15 million dollars over a three year period has been split between it, MSM and IDU. The sum of \$6,425,820 is allocated over a three year period. Required core intervention is based on MPPI.
F. Coverage from Allocation amount and other resources E+C	167,682 84.00 %	184,031 90.00 %	185,032 87.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	167,682 84.00 %	184,031 90.00 %	185,032 87.00 %	

Module: Prevention programs for people who inject drugs (PWID) and their partners																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹	
							Allocated or Above Allocated	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%			
			D #					D #		D #		D #				D #

[illegible]

KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Society for Family Health					Allocated								
							Above							
Module budget - Prevention programs for people who inject drugs (PWID) and their partners														
Allocated request for entire module	USD 3,592,078		Above allocated request for entire module								USD 0			
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)											
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³			Other funding ⁴				
Other interventions for IDUs and their partners - Please specify		Society for Family Health	Allocated	1,149,465	1,197,359	1,245,254	Source of const assumptions is; Goal Model Technical Workshop 2014 organized NACA and stakeholders. Activities Under this intervention which derive from the MPPI includes; 1) Peer Education targeting IDU community on Behavioral Change Communication, referrals and							
			Above											

Programmatic Gap				
Coverage Indicator : KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services				
Current National Coverage 40%	Year	Source	Latest Results	
	2013	Specific surveys and research (specify) National	7520.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	19'673	20'238	20'824	The need is based on the national size estimation exercise conducted in 2013/2014. Projections for 2015,2016 and 2017 were made using the Nigeria Spectrum Profile
B. Country targets	15'738 79.00 %	16'190 79.00 %	16'659 79.00 %	Coverage targets are derived from the NOP
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	4'937 25.00 %	4'410 21.00 %	2'764 13.00 %	This is the need that will be covered by funds from PEPFAR and WB. The WB will cover 3291 over 2014 and 2015. PEPFAR will cover 3949 in COP14 and 2764 in COP 15. Assuming that the WB HPDP II project would be extended to 2016 and that PEPFAR funding trend will continue to 2017
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	14,736 75.00 %	15,828 79.00 %	18,060 87.00 %	
E. Targets to be financed by allocation amount	9'100 46.00 %	11'700 57.00 %	13'806 66.00 %	Of the total 766,262 PWID according to the MARPS size estimation, a total of 570,168 is covered by USG, WB and GF. Of the remaining 46,959 a total of 34606 are covered from the funding split of 15 million dollars over a three year period. FSW require core intervention to be covered under MPPI.
F. Coverage from Allocation amount and other resources E+C	14,037 71.00 %	16,110 78.00 %	16,570 79.00 %	
G. Targets to be potentially financed by above allocation amount	%	%	%	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	14,037 71.00 %	16,110 78.00 %	16,570 79.00 %	

Module: Prevention programs for adolescents and youth, in and out of school																	
Measurement framework for module																	
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets										Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3					
			N #	%	N #	%		N #	%	N #	%						
			D #					D #		D #		D #					

YP-1: Percentage of young people aged 10–24 years reached by life skills–based HIV education in schools	Society for Family Health	Current grant					Allocated	269303.0	4.5	107564.0	1.3	107564.0	1.0		The numerator (targets to be achieved by allocation) was based on dividing the allocated amount by the unit cost of intervention. The denominator was based on figures from NACA's Database. The indicator ACTUALLY relates to the proportion of in-school adolescents reached by Family Life and HIV Education (FLHE), with the numerator as the number of students in upper primary and junior secondary school classes that have been reached by FLHE while the denominator is the number of students in upper primary and junior secondary school classes
			834000.0	5.1	2013	Administrative records		5962753.0							
			16405101.0												
								Above							
Module budget - Prevention programs for adolescents and youth, in and out of school															
Allocated request for entire module	USD 2,000,000		Above allocated request for entire module							USD 9,154,914					
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)												
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴				
Other interventions for adolescent and youth		Society for Family Health	Allocated				The sources of the cost assumption is NACA, and was validated and further refined by stakeholders through the platform of national dialogue and stakeholders consensus-building forum. The key activity is training with two types: (i)" Basic" Training for FLHE curriculum delivery ; and (ii) "Expanded" Training for FLHE teachers that will additionally coordinate co-curricula activities				The sources of the cost assumption is NACA, and was validated and further refined by stakeholders through the platform of national dialogue and stakeholders consensus-building forum. The key activity is training with two types: (i)" Basic" Training for FLHE curriculum delivery ; and (ii) "Expanded" Training for FLHE teachers that will additionally coordinate co-curricula activities				
			Above	666,667	666,667	666,666								3,051,638	3,051,638

Programmatic Gap				
Coverage Indicator : YP-1: Percentage of young people aged 10–24 years reached by life skills–based HIV education in schools				
Current National Coverage 5.1%	Year	Source	Latest Results	
	2013	Specific surveys and research (specify) nationa	834009.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	17'434'967	17'966'942	18'504'506	Projected Population by NACA (based on the (i) The NSP Target of 80%; (ii) projected Population of 9-14 years and the gross enrollment rate for primary and junior secondary school from 2013 NDHS [which was also checked aganst UNESCO data - EFA 2013/14 Report])
B. Country targets	5'962'753 34.00 %	8'516'330 47.00 %	11'213'731 60.00 %	2014 National HIV/TB Gap Analysis (based on re-assessment of the NSP & Mid-Term Review Report)
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	30'739 0.00 %	0 0.00 %	0 0.00 %	2014 National HIV/TB Gap Analysis (based on re-assessment of the NSP & Mid-Term Review Report)
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	17,404,228 100.00 %	17,966,942 100.00 %	18,504,506 100.00 %	
E. Targets to be financed by allocation amount	107'564 0.00 %	107'564 0.00 %	107'564 0.00 %	
F. Coverage from Allocation amount and other resources E+C	138,303 0.00 %	107,564 0.00 %	107,564 0.00 %	
G. Targets to be potentially financed by above allocation amount	%	%	%	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	138,303 0.00 %	107,564 0.00 %	107,564 0.00 %	

Module: PMTCT															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #		D #	

PMTCT-1: Percentage of pregnant women who know their HIV status (disaggregated by HIV status)	National Agency for Control of AIDS	National program					Allocated	3876474.0	53.3	3760380.9	51.0	3756429.7	50.2		1. This is a nationally reported indicator and tied to the national program. The allocation amount will contribute towards achievement of national achievements.The Allocation amount will contribute to the national achievements for this indicator- 33,098 (2015); 815,244 (2016) and 811,293 (2017) respectively. 2. The allocation amount has a compononent that will support the maintenance of HCT for PMTCT services in existing Global Fund sites in all 36+1 states 3. The above allocation funds (incentive funding) will enable high impact in the remaining 6+1 of Nigeria's 12+1 HIV priority states by significantly increasing PMTCT ARV coverage in these 7 states to 95%. This will reflect as an increase in the national coverage of 54% and 53% in 2016 and 2017 respectively. 4. Population size estimates for HCT were derived from the projected 2006 census estimates (NPC 2013) for the states , and proportion of women of reproductive group by state to derive the population need for HIV testing i				
			1595955.0	22.7	2013	HMIS		7275926.0				7377670.0		7487402.0					
			7041642.0				Above	3876474.0	53.3	3958014.9	53.6	3954063.7	52.8						
								7275926.0				7377670.0		7487402.0					

PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (disaggregated by type of regimen)	National Agency for Control of AIDS	National program					Allocated	128782.6	66.5	118108.0	61.7	117946.0	63.0		1. This is a nationally reported indicator and tied to the national program. The allocation amount will contribute towards achievement of national targets. The Allocation amount will contribute to the national achievements for this indicator, 1,357 (2015); 33,425 (2016) and 33,263 (2017) in the respective years. Note is made that these direct scale up targets will be from the prioritized states 2.The allocation funds and other domestic sources of funding available in Nigeria will enable ARV prophylaxis coverage of 95% by 2017 in the 6 priority states which translates to national coverage of 66%, 62% and 63% in 2015, 2016 and 2017 respectively . 3. The above allocation funds (incentive funding) will enable high impact in the remaining 6+1 of Nigeria's 12+1 HIV priority states by significantly increasing PMTCT ARV coverage in these 7 states to 95% in 2016 and 2017. This will increase the national coverage to 66% and 67% in 2016 and 2017 respectively. 4. Data sources: NPC 2013					
			57871.0	30.1	2013	HMIS		193795.0		191338.0		187117.0								
			192507.0					Above		128783.0		66.5		126211.0		66.0	126049.0	67.4		
										193795.0				191338.0			187117.0			

PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	National Agency for Control of AIDS	National program					Allocated	138437.2	71.4	121983.5	63.8	121903.0	65.1		1. This is a nationally reported indicator and tied to the national program. The Allocation amount will contribute to the national achievements for this indicator, 339 (2015); 16,713 (2016), and 16,632 (2017) for the respective years. Note is made that these direct scale up targets will be from the six prioritized states 2. The allocation amount includes a component for maintenance and will thus also support ongoing provision of PMTCT/EID services in existing Global Fund sites in all 36+1 states 3. The above allocation amount is intended to contribute 8,103 (children with EID tests done) to national achievements. It will support EID scale up in the remaining 6+1 of Nigeria's 12+ 1 priority states 4. Population size estimates for the National need for EID were derived with AIMS module in spectrum using the assumption that every woman provided with ARV prophylaxis will have one child. 5. Package of service is: Dried blood spot sample collection and transportation to and from PCR la	
			9996.0	5.2	2013	HMIS		193795.0		191338.0		187117.0				
			192507.0				Above	138437.2	71.4	126034.5	65.9	125955.0	67.3			
								193795.0		191338.0		187117.0				

Module budget - PMTCT

Allocated request for entire module	USD 27,478,841	Above allocated request for entire module					USD 6,546,948		
Intervention	Description of Intervention ²	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)						
			Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	
Prong 3: Preventing vertical HIV transmission		National Agency for Control of AIDS	Allocated	527,850	13,001,754	12,938,739	Triple Prophylaxis (mother) : \$134 (source;Nigeria HIV/AIDS quantification and forecasting report for 2013 - 2018. Baseline Laboratory : \$81.7 (source PEPFAR Nigeria COP 2014 cost assumption) , HCT= \$7.08 . Infant prophylaxis for 6 weeks =\$0.6 (source: CHAI)	Triple Prophylaxis (mother) : \$134 (source;Nigeria HIV/AIDS quantification and forecasting report for 2013 - 2018. Baseline Laboratory : \$81.7 (source PEPFAR Nigeria COP 2014 cost assumption) , HCT= \$7.08 . Infant prophylaxis for 6 weeks =\$0.6 (source: CHAI)	
			Above		3,151,929	3,151,929			
Prong 4: Treatment, care & support to HIV+ mothers, their children & families		National Agency for Control of AIDS	Allocated	10,178	501,375	498,945	EID=\$30 (source-PCR) Infant prophylaxis for 6 weeks =\$0.6 (source: CHAI PMTCT Paeds WHO guidelines module 2013) Total per exposed child reached= \$30.6	EID=\$30 (source-PCR) Infant prophylaxis for 6 weeks =\$0.6 (source: CHAI PMTCT Paeds WHO guidelines module 2013) Total per exposed child reached= \$30.6	
			Above		121,545	121,545			

Programmatic Gap

Coverage Indicator : PMTCT-1: Percentage of pregnant women who know their HIV status (disaggregated by HIV status)

Current National Coverage 23%	Year	Source	Latest Results	CCM Comments
	2013	Health Facility survey	1595955.0	
	2015	2016	2017	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	7'275'926	7'377'670	7'487'402	These are spectrum estimates using assumptions that are based on 2010 ANC prevalence value of 4.1%, total population, population of women of reproductive age (NPC 2013) and fertility rate of 5 % (NDHS 2008)
B. Country targets	4'001'759 54.00 %	5'164'369 70.00 %	5'989'922 80.00 %	The current NSP's timeframe ends in 2015, so does the PMTCT scale up plan. The development of the next NSP which will cover 2016 to 2020 will take place in 2015. Consequently, relevant stakeholders in-country met at a target setting meeting (June 2014) to decide on national targets for 2016-2020. 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 2018 (PMTCT target setting document attached).
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	2'945'137 40.00 %	2'945'137 39.00 %	2'945'137 39.00 %	GON has committed, through PCRP, to support 382,100 pregnant women to receive HCT annually in 2015 and 2016. Apart from the PCRP, GON also supports PMTCT through provision of RTKs to cover for 218,227 women attending ANC. At least the same level of contribution is anticipated from GON in 2017. The USG through PEPFAR has committed to support 2,344,810 pregnant women to receive HCT in 2015. This (USG) estimate remains the same for the rest of the GF funding period i.e. 2016 and 2017, as the USG currently operates a flatline funding.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	4,330,789 60.00 %	4,432,533 61.00 %	4,542,265 61.00 %	
E. Targets to be financed by allocation amount	33'098 0.00 %	815'244 11.00 %	811'293 10.00 %	The PMTCT allocation in this application will be focused on prong 3 and prong 4 interventions. Community mobilization(ie demand creation) for PMTCT will be catered for under the Community Systems Strengthening module. The number of women to be reached with HIV testing was calculated using the estimated number of pregnant women annually, the Antenatal HIV prevalence of 4.1% (2010), and taking into account the number of pregnant women currently covered by existing grants in the country.
F. Coverage from Allocation amount and other resources E+C	2,978,235 40.00 %	3,760,381 50.00 %	3,756,430 49.00 %	
G. Targets to be potentially financed by above allocation amount	%	197'634 2.00 %	197'634 2.00 %	With a coverage of 95% reached in the first six states, the above allocation amount will be used to scale up services in the remaining 6+1 of Nigeria's 12+1 HIV priority states (HIV Epi Analysis 2014). In conjunction with GF allocation and other domestic funding streams, the target of 197,634 annually being requested to be financed with the above allocation amount will enable 95% coverage in the 6 +1 of Nigeria's 12+1 HIV priority states in 2016 and 2017. This will reflect nationally as 53%, 54% and 53% coverage in 2015,2016 and 2017 respectively.
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	2,978,235 40.00 %	3,958,015 52.00 %	3,954,064 51.00 %	

Coverage Indicator : PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (disaggregated by type of regimen)

Current National Coverage 30%		Year	Source	Latest Results	
		2013	R&R TB system, yearly management report	57871.0	
		2015	2016	2017	CCM Comments
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	193'795	191'338	187'117		These are spectrum estimates using assumptions that are based on 2010 ANC prevalence value of 4.1%, the use of triple ART in all HIV positive pregnant women in line with WHO PMTCT option B, number of women of reproductive age and annual birth rate.
B. Country targets	116'277 60.00 %	133'937 70.00 %	149'694 80.00 %		The current NSP's timeframe ends in 2015, so does the PMTCT scale up plan. The development of the next NSP which will cover 2016 to 2020 will take place in 2015. Consequently, relevant stakeholders in-country met at a target setting meeting (June 2014) to decide on national targets for 2016-2020. 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 2018 (PMTCT target setting document attached).
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	84'683 43.00 %	84'683 44.00 %	84'683 45.00 %		Only 44% to 45% of the National need is covered in the absence of active or proposed GF grant .
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	109,112 57.00 %	106,655 56.00 %	102,434 55.00 %		
E. Targets to be financed by allocation amount	1'357 0.00 %	33'425 17.00 %	33'263 17.00 %		Provision of ARVs for prophylaxis to HIV+ pregnant women as well as conduct of essential labs including CD4 will be supported by the allocation amount . Other activities such as community mobilization will be supported under the CSS fund allocation. The number was calculated using the national ANC prevalence of 4.1% (2010). The allocation will be used to cover 1,357 clients in the 6 priority states in 2015 which will move the PMTCT ARV coverage to 80% in these 6 states - an additional 127,426 clients will be covered by existing resources in the same year. The allocation amounts in 2016 and 2017 will enable PMTCT ARV coverage in these 6 states move to 90% and 95% respectively.
F. Coverage from Allocation amount and other resources E+C	86,040 43.00 %	118,108 61.00 %	117,946 62.00 %		
G. Targets to be potentially financed by above allocation amount	%	8'103 4.00 %	8'103 4.00 %		The above allocation funds (incentive funding) will enable high impact in the remaining 6+1 of Nigeria's 12+1 HIV priority states by significantly increasing PMTCT ARV coverage in these 7 states to 95% in 2016 and 2017. This will increase the national coverage to 66% and 67% in 2016 and 2017 respectively.
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	86,040 43.00 %	126,211 65.00 %	126,049 66.00 %		

Coverage Indicator : PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth

Current National Coverage 5%		Year	Source	Latest Results	CCM Comments
		2013	Reports (specify) report	9996.0	
		2015	2016	2017	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)		193'795	191'338	187'117	This need is derived from spectrum estimates using assumptions described above, that are based on 2010 ANC prevalence value of 4.1%. It is assumed that each HIV positive pregnant woman will have one child requiring EID
B. Country targets		58'139 30.00 %	86'102 44.00 %	112'270 59.00 %	The current NSP's timeframe ends in 2015, so does the PMTCT scale up plan. The development of the next NSP which will cover 2016 to 2020 will take place in 2015. Consequently, relevant stakeholders in-country met at a target setting meeting (June 2014) to decide on national targets for 2016-2020. 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 2018 (PMTCT target setting document attached).
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources		105'271 54.00 %	105'271 55.00 %	105'271 56.00 %	GON has committed, through PCRP, to support 35588 EID tests in year 2015 and 2016 respectively (PCRP 2014 allocation). Based on this commitment from GON in 2015, and 2016 anticipate that that the same number in the minimum will be provided for in 2017. The USG through PEPFAR has committed to supporting 69,683 EID tests for 2015. This (USG) estimate remains the same for the rest of the funding period ie 2016 and 2017, as the USG currently operates a flatline funding.
Programmatic Gap					
D. Expected annual gap in meeting the need A-C		88,524 46.00 %	86,067 45.00 %	81,846 44.00 %	
E. Targets to be financed by allocation amount		339 0.00 %	16'713 8.00 %	16'632 8.00 %	Programme data shows that for every 8 mothers that received ARV prophylaxis 1 baby received EID. We will be using CQI initiatives to improve this ratio to 1:4 in 2015 and 1:2 in 2016 and 2017. The targets for EID were computed using these ratios. Intensified PITC at Immunization clinics and community enlightenment programmes will bring in additional infants.
F. Coverage from Allocation amount and other resources E+C		105,610 54.00 %	121,984 63.00 %	121,903 64.00 %	
G. Targets to be potentially financed by above allocation amount		%	4'051 2.00 %	4'052 2.00 %	The allocation amount represents 9% of the National need for EID. However,the impact will be higher in the 6 prioritized states of Oyo, Lagos , Kaduna, Akwa Ibom, Rivers and Imo states, which were strategically prioritized based on their high TB and HIV burden(NARHS 2012, Background document for the TB NSP 2015-2020).
H. Total coverage (allocation amount, above allocation amount and other resources) F+G		105,610 54.00 %	126,035 65.00 %	125,955 66.00 %	

Module: Treatment, care and support														
Measurement framework for module														
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets							
			N #	%	Year	Source	Allocated or Above Allocated	Year 1		Year 2		Year 3		Comments ¹
								N #	%	N #	%	N #	%	
								D #	%	D #	%	D #	%	

TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)	National Agency for Control of AIDS	National program					Allocated	1102945.0	57.7	1102945.0	52.2	1249232.0	54.6						
			944157.0	49.4	2013	HMIS		1910910.0		2112101.0		2289937.0							
			1910910.0					Above		1004920.0		52.6		1155576.0		54.7	1296086.0	56.6	
										1910910.0				2112101.0			2289937.0		
TCS-2: Percentage of people living with HIV that initiated ART with CD4 count of <200 cells/mm³	National Agency for Control of AIDS						Allocated												
							Above												
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	National Agency for Control of AIDS						Allocated												
							Above												

TCS-4: Percentage of health facilities dispensing antiretroviral therapy that experienced a stock-out of at least one required antiretroviral drug in the last 12 month	National Agency for Control of AIDS				Allocated											
					Above											
TCS-5: Proportion of undernourished PLHIV that received therapeutic or supplementary food at any point during the reporting period	National Agency for Control of AIDS				Allocated											
					Above											
Module budget - Treatment, care and support																
Allocated request for entire module	USD 148,453,913			Above allocated request for entire module							USD 48,024,755					
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)													
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴					
Antiretroviral Therapy (ART)		National Agency for Control of AIDS	Allocated	40,839,587	45,473,045	50,132,742	The costs per patient was determined by computing the Out patient costs USD 39.68 per patient per year this was calculated from the unit cost of each attendance multiplied by the average number of out patient attendances by each patient on treatment. Adult 1st line USD 232, Adult Second line 452.65, Peads USD 193.33. Approximately 4% of adults are assumed to be on 2nd-line ART. The cost of maintenance of patients enrolled in the previous year is considered in determining the number of new enrolments in the subsequent years (2015-2017) . Sources :Epi-analysis ,NACA, 2014/Unit cost analysis by NACA ,2014				GF					
			Above	16,988,608	14,723,659	13,107,528										
Prevention, diagnosis and treatment of opportunistic infections		National Agency for Control of AIDS	Allocated	363,368	726,735	1,090,096	Opportunistic Infection treatment (USD11.10 per pt/per annum; CPT USD 7.4 per patient/annum Source: Goals modelling									
			Above													
Treatment adherence		National Agency for Control of AIDS	Allocated	320,463	640,926	961,389	Adherence USD66/ per patient/annum. This is estimated for 20% of patients on ART.									
			Above	1,215,260	1,052,620	937,080										
Treatment monitoring		National Agency for Control of AIDS	Allocated	1,317,598	2,635,196	3,952,768	Adult labs USD 81.7; Pead labs USD 86.56. The final figure is a composite of adult and peadiatric numbers. Source: Goals modelling report NACA, 2014									
			Above													

Programmatic Gap				
Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)				
Current National Coverage 44%	Year	Source	Latest Results	
	2013	Administrative records	592084.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	1'504'897	1'632'876	1'742'577	Source:Consolidated National target setting meeting 2014(NACA).
B. Country targets	902'938 59.00 %	1'061'369 64.00 %	1'219'804 70.00 %	Source; consolidated National target setting meeting(NACA)
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	665'954 44.00 %	768'963 47.00 %	859'972 49.00 %	Assumption :40,000 new patients will be enrolled each year by PCRPF funds and 75,009 new patients will be funded each year by PEPFAR. source: NACA Gap analysis /operational plan 2014 & PEPFAR Nigeria COP 14 strategy for Gap analysis 2014
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	838,943 56.00 %	863,913 53.00 %	882,605 51.00 %	
E. Targets to be financed by allocation amount	15'084 1.00 %	30'168 1.00 %	45'252 2.00 %	Assumption: This allocation will cummulatively place a total of 45252(1st and 2nd - line) new patients on ART over the next 3 years in the 36+1 states.However, the current epid analysis and the need to invest strategically for greater impact informs the prioritization of six states (Kaduna,Imo,Rivers,Akwa Ibom,Oyo and lagos) with biggest ART
F. Coverage from Allocation amount and other resources E+C	681,038 45.00 %	799,131 48.00 %	905,224 51.00 %	
G. Targets to be potentially financed by above allocation amount	48'795 3.00 %	40'663 2.00 %	36'596 2.00 %	Assumption:The above allocation grant will further reduce the gap for the country's need by enrolling 126054 new patients thereby bringing total coverage to about the country's targets set for the successive years(2015- 2017). If this amount is invested in the six states Source: consolidated National target setting meeting 2014(NACA)
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	729,833 48.00 %	839,794 50.00 %	941,820 53.00 %	

Module: TB care and prevention															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #		D #	

DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Association For Reproductive And Family Health (ARFH)	National program								Targets presented are sub-set of the TB NSP 2015 – 2020 target on notification of DR-TB cases 525,100 TB cases (75% of the country target) will be notified through funding from Global Fund, government and other partners over the 3 year period. Of these, funding from Global Fund (existing and allocation) will account for 429,114 TB cases (62% of the country's target) with 119,085 notified in 2015, 139,205 in 2016 and 170,824 in 2017. If 170,824 TB cases are notified in 2017 with GF funding, it is equivalent to a Case notification rate of 86 per 100,000 and represents a 1.5 times increase in TB case notification rate and 70% increase in TB case notification over the baseline of 2013. The remaining 95,986 TB cases (14% of the country target) will be notified with funding support from the government, USG and other partners. 171,472 TB cases (25% of the country target) will be notified by the GF above allocation amount (incentive funding) to meet the national target of 696,752 TB case
			100401	2013	R&R TB system, yearly management report	Allocated	130473	166862	227765	
						Above	163383	229063	304126	

DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	Association For Reproductive And Family Health (ARFH)	Current grant								These are national targets based on the TB NSP 2015 – 2020. The targets are based on historical evidence, which shows that 53.6% of all notified TB cases (2010 – 2013) are bacteriologically confirmed new TB cases and relapses. 281,454 cases (75% of the country target) will be notified through funding from Global Fund, government and other partners over the 3 year period. Of these, funding from Global Fund (existing and allocation) will account for 230,005 cases (62% of the country's target). The remaining 51,448 TB cases (14% of the country target) will be notified with funding support from the government, USG and other partners. 91,909 TB cases (25% of the country target) will be notified by the GF above allocation amount (incentive funding) to meet the national target of 373,459 TB cases over the 3-year period. The population size estimates were derived from the projected number of notified TB cases for the respective years. The service package includes identification of
			55639	2013	R&R TB system, yearly management report	Allocated	63829	74614	91561	
						Above	87573	122778	163012	

DOTS-2a: Percentage of all new TB cases, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Association For Reproductive And Family Health (ARFH)	National program															This indicator is the basis of the costs for number of persons to be put on first line anti TB treatment as detailed in the budget section, Targets presented are sub-set of the TB NSP 2015 – 2020 target on notification of DR-TB cases 525,100 TB cases (75% of the country target) will be notified through funding from Global Fund, government and other partners over the 3 year period. Of these, funding from Global Fund (existing and allocation) will account for 429,114 TB cases (62% of the country's target) with 119,085 notified in 2015, 139,205 in 2016 and 170,824 in 2017. If 170,824 TB cases are notified in 2017 with GF funding, it is equivalent to a Case notification rate of 86 per 100,000 and represents a 1.5 times increase in TB case notification rate and 70% increase in TB case notification over the baseline of 2013. The remaining 95,986 TB cases (14% of the country target) will be notified with funding support from the government, USG and other partners. 171,472 TB cases (25%			
			100401		2013	R&R TB system, yearly management report	Allocated	130473			166862			227765						
							Above	163383			229063			304126						

DOTS-2b: Percentage of bacteriologically confirmed new TB cases successfully treated (cured plus completed treatment) among the bacteriologically confirmed new TB cases registered during a specified period	Association For Reproductive And Family Health (ARFH)																Targets represented are national targets based on the TB NSP 2015 – 2020. They are based on historical projections of the proportion of new TB cases (bacteriologically confirmed plus clinically diagnosed) among all forms of TB i.e. 91.6% and a projection of treatment success rate (TSR) for new TB cases from the baseline of 86% in 2013 with the aim of achieving 90% TSR by 2017 in line with global best practice and the TB NSP. Since the treatment duration is 6 months, the outcome of treatment of each yearly cohort will be reported in the succeeding year 525,100 TB cases (75% of country target) will be put on first line treatment for a treatment duration of 6 months over the 3 year period based on funding from Global Fund, Government, USG and other partners. This includes an estimated 480,992 new TB cases (bacteriologically confirmed plus clinically diagnosed), that represents 91.6% of all forms of TB cases notified. The Global Fund allocation will contribute 35,306 (2015); 139,205 (20
			77858	86	2013	R&R TB system, yearly management report	Allocated	95992	64	113486	54	140827	51				
			149658				209822	278580									
			90559				Above	131699	88	186741	89	250722	90				
					149658	209822	278580										

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	Association For Reproductive And Family Health (ARFH)	National program															Targets represented are national targets based on the TB NSP 2015 – 2020. They are based on historical projections of the proportion of new TB cases (bacteriologically confirmed plus clinically diagnosed) among all forms of TB i.e. 91.6% and a projection of treatment success rate (TSR) for new TB cases from the baseline of 86% in 2013 with the aim of achieving 90% TSR by 2017 in line with global best practice and the TB NSP. Since the treatment duration is 6 months, the outcome of treatment of each yearly cohort will be reported in the succeeding year 525,100 TB cases (75% of country target) will be put on first line treatment for a treatment duration of 6 months over the 3 year period based on funding from Global Fund, Government, USG and other partners. This includes an estimated 480,992 new TB cases (bacteriologically confirmed plus clinically diagnosed), that represents 91.6% of all forms of TB cases notified. The Global Fund allocation will contribute 35,306 (2015); 139,205 (20
			40238	86	2013	R&R TB system, yearly management report	Allocated	53550	64	63309	54	78562	51				
			83488				117051	155408									
			47024				Above	73470	88	104176	89	139868	90				
				83488	117051	155408											

DOTS-4: Percentage of reporting units reporting no stock-out of first-line anti-TB drugs on the last day of the quarter	Association For Reproductive And Family Health (ARFH)	National program															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 50% 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 examined a suspect will participate in EQA. The above allocation amount if made available will support the national program to establish additional 569 AFB laboratories in 8 addition
			1093	85	2013	Reports, Surveys, Questionnaires, etc. (specify)	Allocated	1799	78	2224	79	2560	78				
							2302	2802		3302							
			1282				Above	2026	88	2522	90	3037	92				
					2302	2802	3302										

DOTS-5: Number of children <5 in contact with TB patients who began IPT	Association For Reproductive And Family Health (ARFH)	National program	5389	2013	R&R TB system, yearly management report	Allocated	6007	6623	7204		Tracked under PSM			
						Above								
DOTS-6: Number of TB cases (all forms) notified among key affected populations/high risk groups	Association For Reproductive And Family Health (ARFH)	National program										The target was based on historical information which shows that about 50% 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 6. Tb prevalence among contacts is estimated at 2.5%. Children under 6 who are not diagnosed as a Tb case among the contacts are eligible for IPT.		
			4962	2013	R&R TB system, yearly management report	Allocated	38315	44789	54963					
						Above	52568	73701	97853					
DOTS-7a: Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	Association For Reproductive And Family Health (ARFH)	National program	340		2013	R&R TB system, yearly management report	Allocated						Information is only available for prison population.	
							Above							
DOTS-7b: Percentage of notified TB cases, all forms, contributed by non-NTP providers - public sector	Association For Reproductive And Family Health (ARFH)	National program										This refers to Tb patients notified by 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 cited in private facilities. It is projected that the number of patients notified from private facilities will increase to reach 26% of the notified all forms of TB cases		
			12995		2012	TB prevalence survey	Allocated	21435		30625			44414	
							Above	29409		50394			79073	
Module budget - TB care and prevention														

Allocated request for entire module	USD 67,461,012	Above allocated request for entire module					USD 26,957,112	
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)					
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴
Case detection and diagnosis		Association For Reproductive And Family Health (ARFH)	Allocated	11,327,367	13,241,180	16,248,778	1) Costs based on costed NSP for TB. 2) Key activities include procurement of LED FMs and associated supplies, establishment of diagnostic centres within existing facilities, training of microscopists, training of CSOs and associated community outreach activities in urban slums, and training of facility-based health providers to screen for TB. 3) Allocation covers maintenance of basic services nationwide plus intensified package described in text for the 14 focus areas that account for 50% of missed cases in Nigeria. Above allocation will further expand these interventions to 8 additional states that represent 20% of missed cases.	
			Above	3,130,399	5,916,559	7,263,458		
Treatment		Association For Reproductive And Family Health (ARFH)	Allocated	7,393,987	8,643,238	10,606,462	1) Costs are based on the costed NSP for TB. 2) Activities include procurement of FLDs from the GDF, establishment of DOTS treatment centres within existing facilities, training of health providers, and training of community-based treatment supporters. 3) Allocation amount will cover all cases diagnosed through passive and active case-finding activities implemented with the allocation amount described under Case detection and diagnosis. Above allocation amount will cover additional cases diagnosed with above allocation funds described above.	Global Fund
			Above	2,043,382	3,862,060	4,741,254		

Programmatic Gap				
Coverage Indicator : DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses				
Current National Coverage 17%	Year	Source	Latest Results	
	2013	R&R TB system, yearly management report	100401.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	630'230	650'398	671'211	1,951,839 TB cases of all forms are estimated between 2015 and 2017 based on the TB NSP 2015 - 2020. These estimates are based on the result of the 2012 national TB prevalence survey.
B. Country targets	163'383 25.00 %	229'063 35.00 %	304'126 45.00 %	696,572 TB cases will be notified over the 3-year period according to the country target as contained in the TB NSP 2015 - 2020. This represents 36% of the country need over the 3-year period. The assumption is a progressive increase in TB case notification as structures are established for TB case notification through a combination of routine as well as targeted TB case finding among most at risk population. It is projected that 304,126 TB cases will be notified in 2017, which represents a TB case notification rate of 153.1 per 100,000 (2.7 times increase over the 2013 baseline value)
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	11'388 1.00 %	27'657 4.00 %	56'941 8.00 %	95,986 TB cases will be notified (14% of the country target) with funding support from the government, USG and other partners.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	618,842 99.00 %	622,741 96.00 %	614,270 92.00 %	91% of the country need
E. Targets to be financed by allocation amount	35'306 5.00 %	139'205 21.00 %	170'824 25.00 %	345,335 TB cases (50% of the country's target) to be notified through the funding allocation. It is expected that 170,824 TB cases will be notified in 2017. This is equivalent to a CNR of 86 per 100,000 and represents a 1.5 times increase in TB case notification rate and 70% increase in TB case notification over the baseline of 2013.
F. Coverage from Allocation amount and other resources E+C	46,694 6.00 %	166,862 25.00 %	227,765 33.00 %	525,100 TB cases to be notified (75% of the country target) through funding from Global Fund, government and other partners over the 3 year period. It is projected that 227,765 TB cases will be notified in 2017. This is equivalent to a CNR of 114.7 per 100,000 and represents a 2 times increase in TB case notification rate and 127% increase in TB case notification over the baseline of 2013.
G. Targets to be potentially financed by above allocation amount	32'910 5.00 %	62'201 9.00 %	76'361 11.00 %	171,472 TB cases will be notified (25% of the country target) to meet the national target of 696,752 TB cases over the 3-year period. The above allocation funding will be needed to bridge this gap.
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	79,604 11.00 %	229,063 34.00 %	304,126 44.00 %	696, 572 TB cases will be notified over the 3 years, in line with the national target with funding coverage from allocation amount, existing Global Fund and other resources as well as above allocation amount. If these conditions are met, a total of 304, 126 TB cases will be notified in 2017. This is equivalent to a CNR of 153.1 per 100,000 and represents a 2.7 times increase in TB case notification rate and 203% increase in TB case notification over the baseline of 2013.

Module: MDR-TB																	
Measurement framework for module																	
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets										Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3					
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #	%		
			D #					D #		D #		D #		D #			
MDR TB-1: Percentage of previously treated TB patients receiving DST	Institute of Human Virology Nigeria																Not routinely collected. The national diagnostic alogrithm for DR-TB (RR-TB and/or MDR-TB) cases recognises the use of GeneXpert as the first screening test for presumptive DR-TB cases, which includes all previously treated TB cases. Only the sub-set that are RR-TB follwoing GeneXpert test undergo DST for first line TB medicines to diagnose MDR-TB or rule it out. The percentage of presumptive DR-TB cases that receive testing for DR-TB (RR-TB and/or MDR-TB) is a routinely collected indicator and should suffice here.
			Allocated														
			Above														

MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	Institute of Human Virology Nigeria	Current grant								Targets presented are sub-set of the TB NSP 2015 – 2020 target on notification of DR-TB cases 3,605 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, funding 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). 3,900 DR-TB cases (26% of country's target) will be notified by the GF above allocation amount. This is divided into 750 (5% of country's target) based on incentive funding and 3,150 (21% of country target) based on unfunded quality demand. If this additional funding is made available, this will allow for the notification of 50% of the country's DR-TB target when added to other sources of funding. 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
			665	2013	R&R TB system, yearly management report	Allocated	945	1250	1410	
						Above	900	1300	1700	

MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Institute of Human Virology Nigeria	Current grant								Targets presented are sub-set of the TB NSP 2015 – 2020 target on DR-TB cases put on treatment 3,605 DR-TB patients (29.3% of country’s target) will be put on treatment based on funding from GON Global Fund, USG and other partners. Of these, funding Global Fund (existing and allocation) will account for 1,955 DR-TB patients (16% of the country’s target), while 1650 DR-TB patients (13.4% of the country’s target). 3,900 DR-TB cases (32% of the country's target) will be put on treatment with above allocation funding. The above allocation funding is divided into incentive funding for the treatment of 750 patients (6% of the country target) and unfunded quality demand for the treatment of 3,150 patients (25.6% of the country target). If this additional funding is made available, a total of 7,441 DR-TB patients (61% of country’s target over the period) will be put on treatment when added to other available funding. The population size estimates were derived from the projected number o
			345	2013	R&R TB system, yearly management report	Allocated	945	1250	1410	
						Above	673	1490	1737	

MDR TB-4: Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) started on treatment for MDR-TB who were lost to follow up at six months	Institute of Human Virology Nigeria																
							Allocated										
							Above										

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MDR TB-5: Percentage of DST laboratories showing adequate performance on External Quality Assurance	Institute of Human Virology Nigeria														Targets presented are based the TB NSP 2015 – 2020 target on DST laboratories showing adequate performance on EQA. As at 2013, there 3 laboratories with capacity for at least DST for 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 2015 and 2016 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 arte of at least 95% The primary data source is the laboratory EQA report			
						3	100	2013	R&R TB system, yearly management report	Allocated	6	100	8	100		8	100	
						3				Above	6		8			8		
Module budget - MDR-TB																		

Allocated request for entire module	USD 33,227,398	Above allocated request for entire module					USD 78,828,443		
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	
Case detection and diagnosis: MDR-TB		Institute of Human Virology Nigeria	Allocated	3,145,289	4,551,973	4,945,980	The cost assumptions are derived from the key activities related to DR-TB diagnosis and follow-up, in the TB National Strategic plan (2015-2020). Key activities include sputum transportation logistics from DOTS sites to GeneXpert and TB reference laboratories, procurement and supply chain management of laboratory reagents and consumables, internal and external quality assurance activities, maintenance of existing laboratories as well as establishment of additional TB reference laboratories,	The cost assumptions are derived from the key activities related to DR-TB diagnosis and follow-up, in the TB National Strategic plan (2015-2020). Key activities include sputum transportation logistic from DOTS sites to GeneXpert and TB reference laboratories, procurement and supply chain management of laboratory reagents and consumables, internal and external quality assurance activities, maintenance of existing laboratories as well as establishment of additional TB reference laboratories,	
			Above	5,712,499	7,145,251	8,578,003			
Treatment: MDR-TB		Institute of Human Virology Nigeria	Allocated	3,549,715	7,935,917	9,098,524	The cost assumptions are derived from the key activities related to MDR-TB and XDR-TB treatment and follow-up, in the TB National Strategic plan (2015-2020). Key activities include procurement of second line drugs, drugs for XDR-TB, drugs for adverse events and co-morbid conditions, ancilliary investigations, patient support, capacity building for State and LGA DR-TB teams, establishment of 6 additional MDR-TB wards and 1 XDR-TB ward, support for logistics to ensure daily observed treatment by health and community workers and maintenance support for the treatment centres	The cost assumptions are derived from the key activities related to MDR-TB and XDR-TB treatment and follow-up, in the TB National Strategic plan (2015-2020). Key activities include procurement of second line drugs, drugs for XDR-TB, drugs for adverse events and co-morbid conditions, ancilliary investigations, patient support, capacity building for State and LGA DR-TB teams, establishment of 6 additional MDR-TB wards and 1 XDR-TB ward, support for logistics to ensure daily observed treatment by health and community workers and maintenance support for the treatment centres	
			Above	12,504,033	21,139,037	23,749,620			

Programmatic Gap

Coverage Indicator : MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified

Current National Coverage 12.5%	Year	Source	Latest Results	CCM Comments
	2013	R&R TB system, yearly management report	665.0	
	2015	2016	2017	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	8'630	12'081	16'013	36,724 DR-TB cases (RR-TB and/or MDR-TB) are estimated between 2015 and 2017 based on the TB NSP 2015 - 2020. These estimates are based on the result of the 2010 national TB drug resistance survey.
B. Country targets	2'158 25.00 %	4'833 40.00 %	8'007 50.00 %	14,998 DR-TB cases (RR-TB and/or MDR-TB), representing 41% 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.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	500 5.00 %	550 4.00 %	600 3.00 %	USAID/TB CARE project, Stop TB Partnership through some TB REACH projects, Agbami partners and other USG implementing partners, supported the establishmnet of 69 GeneXpert machines and catridges that largely contribute to the diagnosis of RR-TB cases. However, this support does not cover support for sputum transportation to diagnostic sites as well as confirmation of MDR-TB diagnosis by TB culture and DST. It is assumed that these organisations will continue to provide support for the diagnosis of RR-TB that will contribute to the diganosis and notification of 1,650 DR-TB cases (11% of the country target).
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	8,130 95.00 %	11,531 96.00 %	15,413 97.00 %	95% of the country's need
E. Targets to be financed by allocation amount	285 3.00 %	700 5.00 %	810 5.00 %	1,795 DR-TB (RR-TB and/orMDR-TB) cases to be notified through the funding allocation. This represents 12% of the country target.
F. Coverage from Allocation amount and other resources E+C	785 8.00 %	1,250 9.00 %	1,410 8.00 %	3,605 DR-TB patients will be notified bases on funding from Global Fund, GON, USG and other partners 24% of the country's target
G. Targets to be potentially financed by above allocation amount	900 10.00 %	1'300 10.00 %	1'700 10.00 %	3,900 DR-TB cases will be notified by the GF above allocation amount. This is divided into 750 based on incentive funding (5% of country's target) and 3,150 based on unfunded quality demand (21% of country target). If this additional funding is made available, this will allow for the notification of 50% of the country's DR-TB target when added to other sources of funding.
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,685 18.00 %	2,550 19.00 %	3,110 18.00 %	7,503 DR-TB cases (50% of the country's target) to be financed by Global Fund (exisitng, allocation and above allocation), GON, USG and other partners to ansure all diagnosed cases are put on treatment. The programme would drive for additional resources to fund the reamining 50% of the country target gap

Coverage Indicator : MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Current National Coverage 52%	Year	Source	Latest Results	CCM Comments
	2013	R&R TB system, yearly management report	345.0	
	2015	2016	2017	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	2'158	4'833	8'007	14,998 DR-TB cases (RR-TB and/or MDR-TB) are projected to be notified over the 3 year period (TB NSP 2015 - 2020). All notified DR-TB patients should be put on treatment.
B. Country targets	1'618 74.00 %	3'866 79.00 %	6'806 85.00 %	While, the baseline of the proportion of notified DR-TB patients put on treatment in 2013 is 52%, it is projected that 100% of all notified DR-TB patients will be put on treatment by 2020 (TB NSP 2015 - 2020) as capacity for treatment including ambulatory treatment of patients is established and strengthened nationwide. The projected country's target of the proportion of notified DR-TB patients that will be put on treatment in 2015, 2016 and 2017 are 75%, 80% and 85% (TB NSP 2015 - 2020). Hence, the country's target is to put 12,290 DR-TB cases (82% of the country's need) on 2nd line treatment over the 3-year implementation period.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	500 23.00 %	550 11.00 %	600 7.00 %	The GON provides the human resources and infrastructure for the treatment of DR-TB patients. In-addition, it has committed to providing funds for the purchase of 2nd line drugs for 500 DR-TB patients that will be utilized in 2015. It is projected that the GON will increase its procurement of 2nd line drugs for additional 50 patients each year for 2016 and 2017 i.e. 1,650 DR-TB patients over the 3-year period. The cost of 2nd line drugs is about 50% of the total unit cost of treating a drug-resistant TB patient when patient support costs are put into consideration. It is expected that the USG and other partners will provide patient support costs to the 1,650 DR-TB patients. This represents 13% of the country's target.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	1,658 77.00 %	4,283 89.00 %	7,407 93.00 %	88% of the country need
E. Targets to be financed by allocation amount	285 13.00 %	700 14.00 %	810 10.00 %	1,795 DR-TB patients (14.6% of country's target) to put on treatment from the allocation amount
F. Coverage from Allocation amount and other resources E+C	785 36.00 %	1,250 25.00 %	1,410 17.00 %	3,605 DR-TB patients (29.3% of countrys's target) will be put on treatment based on funding from GF, GON, USG and other partners.
G. Targets to be potentially financed by above allocation amount	673 31.00 %	1'490 30.00 %	1'737 21.00 %	3,900 DR-TB cases (32% of the country's target) will be put on treatment with above allocation funding. The above allocation funding is divided into incentive funding for the treatment of 750 patients (6% of the country target) and unfunded quality demand for the treatment of 3,150 patients (25.6% of the country target)
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,458 67.00 %	2,740 55.00 %	3,147 38.00 %	7,441 DR-TB patients (61% of countrys's target) will be put on treatment based on funding from GF (exisitng, allocation and above allocation), GON, USG and other partners. The programme will drive for additional resources to put the reamining 39% of the country's target on treatment.

Module: Community systems strengthening
Module budget - Community systems strengthening

Allocated request for entire module	USD 6,000,000	Above allocated request for entire module					USD 0	
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)					
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴
Advocacy for social accountability		Association for Reproductive and Family Health	Allocated	531,707	128,190	64,095	Cost Assumption: Calculated from the previous cost	
			Above					
Institutional capacity building, planning and leadership development		Association for Reproductive and Family Health	Allocated	1,255,290	766,626	329,900	Cost Assumption: Previous Global Fund Grants with calculated 5% inflation rate. Key Activities: 1a. Orientation of CSOs and KAP networks in sustainability, M&E result based advocacy, social & community resource mobilization, whistle blowing, project management and organizational governance, human rights and monitoring of health service 1b. Mentorship of CBOs and KAP on Financial management and organizational governance and project management, organizational development, and documentation 2. Monthly Institutional support for CBOs 3. Orientation of CBOs, CVs, CHWs, and health facility supervisors, PMVs and Community Pharmacists to provide health education, refer for ATM services, trace contacts of TB patients and support treatment where possible. 4a. Selection and engagement of CHPs to generate demand for ATM services 4b. Demand generation activities by CBOs and CHPs 4c. orientation of CHPs 5.Joint quarterly health sector data review and analysis meetings at PHC level level for TB, HIV and malaria 6. Finalisation of National integrated CSS framework 7. Quarterly monitoring of project activities by to assess quality of service by PR and SRs (funding to be sourced from GoN through PCRPs)	
			Above					
Social mobilization, building community linkages, collaboration and coordination		Association for Reproductive and Family Health	Allocated	1,304,330	1,283,332	336,530	Cost Assumption: NACA costing for Nigeria. Key Activities: Conduct a rapid situational/needs assessment of all CSOs/KAP/MARPs identified to be engaged. Develop and maintain coordination and joint planning mechanisms to link community actors with each other using facility/cluster coordination meetings at the facility level. Community level groups (health committees) whose mandate includes coordination and networking, identifying and responding to issues and barriers and mobilizing actions, support, linking with the health system, etc. Quarterly data verification and project review coordination, and update meeting for community actors at LGA level. (CSOs, KAP groups, facilities and community Health Pomoters) Support ATM networks Governance meetings (To be funded by GoN) Support participation at Bi-annual operational review meeting (to be supported by NACA) Mentoring to build the capacities of CBOs and CSOs.	
			Above					

Module: HSS-Health information systems and M&E															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #		D #	

M&E-3: Percentage of deaths registered (as reported by civil or sample registration systems, hospitals, community-based reporting systems) among the total deaths for the same period and geographical region	National Agency for Control of AIDS					Allocated										
						Above										
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	National Agency for Control of AIDS	National program				Allocated	26810.0	74.3	27591.0	76.5	29677.0	82.3				36065 comprised of 35291 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. Targets of 80% in 2015, 85% in 2016 and 90% in 2017 was agreed at the National gap analysis and target setting meeting held in June 2014. All reporting units are expected to be supported yearly with reporting materials including registers, summary forms and IT system in some cases.
			11120.0	30.8	2013	HMIS	36065.0									
			36065.0				Above									
M&E-3: Percentage of deaths registered (as reported by civil or sample registration systems, hospitals, community-based reporting systems) among the total deaths for the same period and geographical region	Association For Reproductive And Family Health (ARFH)					Allocated										
						Above										

M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	Association for Reproductive and Family Health	National program					Allocated	26810	74	27591	77	29677	82			36065 comprised of 35291 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.Targets of 80% in 2015, 85% in 2016 and 90% in 2017 was agreed at the National gap analysis and target setting meeting held in June 2014. All reporting units are expected to be supported yearly with reporting materials including registers, summary forms and IT system in some cases.		
			11120	31	2013	HMIS		36065				36065					36065	
			36065															
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	Association for Reproductive and Family Health						Allocated											
							Above											
M&E-3: Percentage of deaths registered (as reported by civil or sample registration systems, hospitals, community-based reporting systems) among the total deaths for the same period and geographical region	Association for Reproductive and Family Health						Allocated											
							Above											
Module budget - HSS-Health information systems and M&E																		
Allocated request for entire module	USD 12,000,000				Above allocated request for entire module							USD 7,621,676						
Intervention	Description of Intervention ²			Intervention budget (request to the Global Fund only)														
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴							

Analysis, review and transparency		National Agency for Control of AIDS	Allocated	805,296	805,295	805,295	Cost Assumption: Previous Global Fund Grants with calculated 3% inflation rate. Key Activities: • Mid-term review of strategic plans for HIV and TB programmes * Global AIDS Response Programme Report (GARPR) • Joint Global fund programme Evaluation for HIV and TB programmes	
			Above	2,297,121	2,298,026	1,106,970		
Other		Association for Reproductive and Family Health	Allocated					
			Above					
		National Agency for Control of AIDS	Allocated	150,000			Cost Assumption: Current Global Fund Grants, Key Activities: • Capacity building training for core trainers on Mathematical Modelling *Bi-annual Mathematical Modelling National TWG meeting *M&E Technical Working Group meeting for TB and HIV • Performance monitoring and Quality assurance measures at state/National level for Continuous Quality Improvement for HIV and TB services *Bi-annual data collection and reviews for Continuous Quality Improvement	Cost Assumption: Previous Global Fund Grants with calculated 3% inflation rate. Key Activities: • Mid-term review of strategic plans for HIV and TB programmes * Global AIDS Response Programme Report (GARPR) • Joint Global fund programme Evaluation for HIV and TB programmes
			Above	178,026	178,026	178,026		
Routine reporting		National Agency for Control of AIDS	Allocated	2,948,873	2,948,873	2,948,873	Cost Assumption: FMOH/DPRS DHIS Roll out costing for Nigeria. Key Activities: • DHIS roll out; infrastructure and TA support including HRH-IS • Printing and distribution of NHMIS tools Above Allocation: Cost Assumption: Current Global Fund Grants, Key Activities: • Review of the HIV &TB integration tools • Printing and distribution of the revised tools (quantify and print yearly)- (ART, HCT, PMTCT, TB) • Train health service providers on the revised tools • Conduct Bi-annual Joint Data Quality Assessment (DQA) and validation visits for HIV & TB Supportive supervision and mentoring on M&E in HIV and TB programs • Conduct longitudinal ART patient cohort monitoring over time	Cost Assumption: FMOH/DPRS DHIS Roll out costing for Nigeria. Key Activities: • DHIS roll out; infrastructure and TA support including HRH-IS • Printing and distribution of NHMIS tools Above Allocation: Cost Assumption: Current Global Fund Grants, Key Activities: • Review of the HIV &TB integration tools • Printing and distribution of the revised tools (quantify and print yearly)- (ART, HCT, PMTCT, TB) • Train health service providers on the revised tools • Conduct Bi-annual Joint Data Quality Assessment (DQA) and validation visits for HIV & TB Supportive supervision and mentoring on M&E in HIV and TB programs • Conduct longitudinal ART patient cohort monitoring over time
			Above					
Surveys		Association For Reproductive And Family Health (ARFH)	Allocated					
			Above					
		National Agency for Control of AIDS	Allocated		587,495		Cost Assumption: Calculated from the previous surveys cost Key Activities: • Support for IBBSS • Support for HIVDR • Other HIV related operations research • Support NARHS	
			Above	553,975	524,160	307,346		

Programmatic Gap				
Coverage Indicator : M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines				
Current National Coverage	Year	Source	Latest Results	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	36'065	36'065	36'065	36065 comprised of 35291 Health facilities across the country and 774 LGAs. LGAs are considered as reporting units because certain community data are only entered at the LGA level not at the facility.
B. Country targets	28'852 80.00 %	30'655 84.00 %	32'459 90.00 %	Agreed National targets from the Gap analysis and target setting meeting in June 2014
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	11'217 31.00 %	12'170 33.00 %	13'479 37.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	24,848 69.00 %	23,895 67.00 %	22,586 63.00 %	
E. Targets to be financed by allocation amount	%	%	%	
F. Coverage from Allocation amount and other resources E+C	11,217 31.00 %	12,170 33.00 %	13,479 37.00 %	
G. Targets to be potentially financed by above allocation amount	%	%	%	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	11,217 31.00 %	12,170 33.00 %	13,479 37.00 %	

Module: HSS-Procurement supply chain management (PSCM)															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			

PSM-1: Percentage of health facilities reporting no stock-outs of essential drugs	National Agency for Control of AIDS	National program												1. Baseline was taken as the minimum value from NTBLCP (85%) and HIV - PEPFAR/GF (88%). Targets were derived from expected projections of effecting changes in HSS PSM sustaining, and then increasing by 5% each year. 2. Scale up strategy for the joint TB/HIV concept note is to restrict scale-up to existing stand-alone sites. 3. A total of 11,035 facilities offer TB and HIV services; from the TB 'Pick and Pack' tool, 34% of the TB DOTS facilities offer HIV/AIDS services. 4. The indicator is the number of facilities that reported no stock out of at least one tracer commodity during the reporting period. 5. Data sources are the PSM databases of the individual programs
			85.0	2013	HMIS	Allocated	85.0	90.0	95.0					
						Above								
Module budget - HSS-Procurement supply chain management (PSCM)														
Allocated request for entire module	USD 11,000,000		Above allocated request for entire module							USD 1,003,542				
Intervention	Description of Intervention ²			Intervention budget (request to the Global Fund only)										
			Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³			Other funding ⁴			

Operationalization of procurement and supply chain management system		National Agency for Control of AIDS	Allocated	3,207,012	3,024,186	1,938,463	1. Sources of cost assumption: Presentation on Nigeria Supply Chain Integration Strategy Programmatic unit costs from NACA/GF 2. Key activities: Project & Change Management Federal & State Coordination LMCU & LMIS Operating Cost for LMCU & LGA Staff Above Allocation New Capital Expenditure 4 Wheel Drives - Federal + State + LGA + PR Staff Computer Technology Cost - Federal + State + LGA + PR Staff Pharma upgrade to existing warehouse Last Mile Delivery Fleet LMIS & reporting tools / Control Tower	1. Sources of cost assumption: Presentation on Nigeria Supply Chain Integration Strategy Programmatic unit costs from NACA/GF 2. Key activities: Project & Change Management Federal & State Coordination LMCU & LMIS Operating Cost for LMCU & LGA Staff Above Allocation New Capital Expenditure 4 Wheel Drives - Federal + State + LGA + PR Staff Computer Technology Cost - Federal + State + LGA + PR Staff Pharma upgrade to existing warehouse Last Mile Delivery Fleet LMIS & reporting tools / Control Tower
			Above	632,498	245,694	125,350		
PSM infrastructure and development of tools		National Agency for Control of AIDS	Allocated	1,718,000	1,112,339		1. Sources of cost assumption: Presentation on Nigeria Supply Chain Integration Strategy Programmatic unit costs from NACA/GF Warehouse upgrade estimates from NACA and NPHCDA 2. Key activities: Warehouse & Distribution - Design Warehouse & Distribution - Execution	1. Sources of cost assumption: Presentation on Nigeria Supply Chain Integration Strategy Programmatic unit costs from NACA/GF Warehouse upgrade estimates from NACA and NPHCDA 2. Key activities: Warehouse & Distribution - Design Warehouse & Distribution - Execution
			Above					

Programmatic Gap

Coverage Indicator : PSM-1: Percentage of health facilities reporting no stock-outs of essential drugs

Current National Coverage	Year	Source	Latest Results	CCM Comments
	2015	2016	2017	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)				
B. Country targets	%	%	%	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	%	%	%	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	0 100 %	0 100 %	0 100 %	
E. Targets to be financed by allocation amount	%	%	%	
F. Coverage from Allocation amount and other resources E+C	0 0 %	0 0 %	0 0 %	
G. Targets to be potentially financed by above allocation amount	%	%	%	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	0 0 %	0 0 %	0 0 %	

Module: Program management									
Module budget - Program management									
Allocated request for entire module	USD 15,679,793		Above allocated request for entire module					USD 4,246,754	
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	

Grant management		Association for Reproductive and Family Health	Allocated	864,424	864,424	864,424	The allocated amount will be used for technical and management assistance: \$1,087,525; Training: \$522,373; part of planning/admin/overheads:500,000 and SRs/SSRs engagement/grant making;483,373. All amounts are based on PR's historical budgets/spending	Government of Nigeria, ILEP Partners
			Above					
		Institute of Human Virology Nigeria	Allocated	448,574	448,574	448,574	Allocated sum will be used for part of the institutional support costs: \$1,000,000; while remainder: \$345,723 will be used for SRs/SSRs engagement/grant making. All amounts are based on PR's historical budgets/spending	
			Above					
		National Agency for Control of AIDS	Allocated	2,105,609	2,105,609	2,105,608	Allocated amount will be prioritized towards institutional strengthening, management/admin and SRs/SSRs engagement/grant making based on based on PR's historical budgets/spending	
			Above					
		Society for Family Health	Allocated	434,718	434,718	434,718	Allocated sum will be used for part of the institutional support costs: \$1,000,000; while remainder: \$304,155 will be used for SRs/SSRs engagement/grant making. All amounts are based on PR's historical budgets/spending	
			Above					
Policy, planning, coordination and management		Association For Reproductive And Family Health (ARFH)	Allocated	435,718	435,718	435,718		
			Above	707,792	707,792	707,793		
		National Agency for Control of AIDS	Allocated	937,555	937,555	937,555	Allocated amount will be prioritized towards planning/coordination and TA activities for NACA and NASCP while the above allocation will be prioritized towards institutional strengthening as per detailed activities workplan prepared	Government of Nigeria
			Above	707,792	707,792	707,793		

Module: TB/HIV																	
Measurement framework for module																	
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets										Comments ¹
							Allocated or Above Allocated	Year 1		Year 2		Year 3					
			N #	%	Year	Source		N #	%	N #	%	N #	%				
			D #					D #		D #		D #		D #			

TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	National Agency for Control of AIDS	National program															(1). overall assumptions: This is based on the current HIV positivity rate of 22% among registered TB patients, it is also based on the 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 75% in 2014, to 85% in 2015, to 95% in 2016; to 100% in 2017 and mainatined 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 sour
			12923.0	66.5	2013	R&R TB system, yearly management report	Allocated	29025.0	85.0	46917.0	95.0	66908.0	100.0				
			19423.0					34147.0				49386.0			66908.0		

(1). overall assumptions: This is based on the current HIV positivity rate of 22% among registered TB patients, it is also based on the 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 75% in 2014, to 85% 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 sour

TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	National Agency for Control of AIDS	National program					Allocated	922022.0	88.7	1015952.0	83.7	1176161.0	84.8		1). overall assumptions: The total number of HIV positive adults and children who are eligible and will be receiving care & treatment in the treatment setting as determined by the 2014 HIV EPP and also agreed upon during the consolidated National target setting meeting will be screened routinely for TB in line with the National Guidelines. (2). anticipated rate of scale up: All the PLHIV in treatment setting will be routinely screened for TB, therefore the coverage of PLHIV in treatment care setting is expected to be 100% annually with these services (3) Population size estimates : These are total number of HIV positive adults and children who are eligible and will be receiving care & treatment in treatment setting in line with the 2014 HIV EPP and also as agreed upon during the target setting meeting. The population size in both allocation and Above allocation were based on the gaps identified in meeting the national target after considering the country's need that will be covere											
			435216.0	68.0	2013	HMIS		1039104.0		1214300.0		1387484.0														
			639937.0					Above		1036323.4		99.7		1210240.0		99.7	1384283.6	99.8								
										1039104.0				1214300.0			1387484.0									

[illegible]

TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Association For Reproductive And Family Health (ARFH)	National program					Allocated	155213.0	95.0	224482.0	98.0	304126.0	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). aniticipated 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 mainatined 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		
			88317.0	88.0	2013	R&R TB system, yearly management report		163383.0											
			100401.0					Above											
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Association For Reproductive And Family Health (ARFH)						Allocated												
						Above													

TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Association For Reproductive And Family Health (ARFH)					Allocated								
						Above								
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Association For Reproductive And Family Health (ARFH)					Allocated								
						Above								
TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	Association For Reproductive And Family Health (ARFH)					Allocated								
						Above								

Module budget - TB/HIV										
Allocated request for entire module	USD 6,979,530	Above allocated request for entire module					USD 11,061,813			
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)							
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions ³		Other funding ⁴	
Collaborative activities with other programs and sectors?		Association For Reproductive And Family Health (ARFH)	Allocated	122,548	222,748	254,704	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: adaptation of guidelines and policy documents; revision and dissemination of tools, capacity building; engagement of professional bodies; joint mentoring and supervision			
			Above							
		National Agency for Control of AIDS	Allocated	183,822	334,123	382,055	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: adaptation of guidelines and policy documents; revision and dissemination of tools, capacity building; engagement of professional bodies; joint mentoring and supervision			
			Above							
Engaging all care providers		Association For Reproductive And Family Health (ARFH)	Allocated	162,548	262,748	374,704	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: mapping and capacity building for existing private facilities without TB/HIV services; incentives to increase service uptake and quality of services; sensitization and engagement of community pharmacists, PMVs and other alternate health care providers, joint mentoring and supervision			
			Above							
		National Agency for Control of AIDS	Allocated	243,822	394,123	562,055	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: mapping and capacity building for existing private facilities without TB/HIV services; incentives to increase service uptake and quality of services; sensitization and engagement of community pharmacists, PMVs and other alternate health care providers, joint mentoring and supervision			
			Above							

Key Affected Populations		Association For Reproductive And Family Health (ARFH)	Allocated	142,144	141,114	148,553	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: adaptation of guidelines and policy documents; revision and dissemination of tools and SOPs, capacity building; joint mentoring and supervision, incentives to increase service uptake in one-stop-shop manner;	
			Above					
		National Agency for Control of AIDS	Allocated	213,217	211,672	222,830	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: adaptation of guidelines and policy documents; revision and dissemination of tools and SOPs, capacity building; joint mentoring and supervision, incentives to increase service uptake in one-stop-shop manner;	
			Above					
TB/HIV collaborative interventions		Association For Reproductive And Family Health (ARFH)	Allocated	194,346	367,433	398,220	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: review, printing and dissemination of TB/HIV Guidelines, SOPs and training materials , support for effective functioning of TB/HIV working group at National, state, LGA and facility levels; TB/HIV programme and management trainings for facility and programme staff, provision of incentives to increase TB/HIV service uptake, support procurement of TB IC equipments and its implementation incorporating FAST strategy ; awareness creation in the community (covered under CSS), joint mentoring, joint supervision, capacity building and system strengthening to intensify TB case finding among PLHIV (Clinical screening, laboratory testing including access to GeneXpert test), IPT uptake among PLHIV, ART uptake and other TB/HIV services among TB/HIV co-infected patients. Above Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP Key activities: scale up nationwide capacity building and system strengthening to increase intensify TB case finding among PLHIV (Clinical screening, laboratory testing including access to GeneXpert test), IPT uptake among PLHIV, ART uptake and other TB/HIV services among TB/HIV co-infected patients. support procurement of TB IC equipments and its implementation incorporating FAST strategy nationwide ; awareness creation in the community, joint mentoring, joint supervision	GF
			Above	737,617	1,249,592	1,331,335		
		National Agency for Control of AIDS	Allocated	291,520	551,150	597,331	Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP. Key activities: review, printing and dissemination of TB/HIV Guidelines, SOPs and training materials , support for effective functioning of TB/HIV working group at National, state, LGA and facility levels; TB/HIV programme and management trainings for facility and programme staff, provision of incentives to increase TB/HIV service uptake, support procurement of TB IC equipments and its implementation incorporating FAST strategy ; awareness creation in the community (covered under CSS), joint mentoring, joint supervision, capacity building and system strengthening to intensify TB case finding among PLHIV (Clinical screening, laboratory testing including access to GeneXpert test), IPT uptake among PLHIV, ART uptake and other TB/HIV services among TB/HIV co-infected patients. Above Allocation: Source of cost assumptions: National Cost Assumptions for the request to the Global Fund, the costed 2015 - 2020 TB NSP Key activities: scale up nationwide capacity building and system strengthening to increase intensify TB case finding among PLHIV (Clinical screening, laboratory testing including access to GeneXpert test), IPT uptake among PLHIV, ART uptake and other TB/HIV services among TB/HIV co-infected patients. support procurement of TB IC equipments and its implementation incorporating FAST strategy nationwide ; awareness creation in the community, joint mentoring, joint supervision	GF
			Above	1,721,105	2,915,716	3,106,448		

Programmatic Gap				
Coverage Indicator : TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register				
Current National Coverage 80%	Year	Source	Latest Results	
	2013	TB patient register	88317.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	163'383	229'063	304'126	The National Guidelines stipulate routine HCT for all registered TB patients, a total of 696,572 TB cases are expected to be notified over the 3-year period according to the country target as contained in the TB NSP 2015 - 2020. The TB cases expected to be detected within the 3 year period will be the population in need
B. Country targets (from National Strategic Plan)	155'213 95.00 %	224'482 98.00 %	304'126 100.00 %	In line with the TB NSP 2015 - 2020, 95% of the TB cases detected in 2015 are expected to be tested for HIV and their HIV test results documented in the TB register, 98% in 2016 and 100% in 2017
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	11'388 6.97 %	27'657 12.07 %	56'941 18.72 %	95,986 TB cases will be notified with funding support from the government, USG and other partners and they will all be tested for HIV
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	151,995 93.03 %	201,406 87.93 %	247,185 81.28 %	This does not include coverage projected from existing GF TB grant that ends by June 2015 based on the existing performance framework. A total of 83,779 TB cases will be notified and tested for HIV and their HIV test results documented in the TB register
E. Targets to be financed by allocation amount	35'306 21.61 %	139'205 60.77 %	170'824 56.17 %	It is expected that 345,335 TB cases will be notified through the funding allocation and all of these TB cases will be tested for HIV.
F. Coverage from Allocation amount and other resources E+C	46,694 28.58 %	166,862 72.84 %	227,765 74.89 %	525,100 TB cases to be notified through funding from Global Fund, government and other partners over the 3 year period will be tested for HIV
G. Targets to be potentially financed by above allocation amount	24'740 15.14 %	57'620 25.15 %	76'361 25.11 %	158,721 TB cases will be notified and tested for HIV to meet the national target of 683,821 TB cases who had HIV test result recorded in the TB register over the 3-year period. The above allocation funding will be needed to bridge this gap.
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	71,434 43.72 %	224,482 97.99 %	304,126 100.00 %	In line with the 2015 - 2020 TB NSP , a total of 683,821 TB cases will be notified and tested for HIV and will have thier HIV test result recorded in the TB register over the 3 years.

Coverage Indicator : TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment

Current National Coverage 67%		Year	Source	Latest Results	CCM Comments
		2013	TB patient register	12923.0	
		2015	2016	2017	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	34'147	49'386	66'908		The target population are the expected TB patients with HIV positive results within the three year period. This is based on the current HIV positivity rate of 22% among registered TB patients tested for HIV. Therefore 22% of the TB cases tested for HIV within the three year period will be HIV positive and will be the population in need.
B. Country targets (from National Strategic Plan)	29'025 85.00 %	46'917 95.00 %	66'908 100.00 %		In line with the TB NSP 2015 - 2020, the anticipated rate of scale up for the the percentage of HIV positive registered TB patients given ART during TB treatment will increase from the current 67% in 2013, to 75% in 2014, to 85% in 2015, to 95% in 2016; to 100% in 2017 .
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	2'505 7.34 %	6'085 12.32 %	12'527 18.72 %		It is expected that 22% (21,117) of the 95,986 TB cases that will be notified with funding support from the government, USG and other partners during the period will be HIV positive and will receive ART during the TB treatment
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	31,642 92.66 %	43,301 87.68 %	54,381 81.28 %		Again, this doesn't include current GF monies. It is also expected that 22% of the projected TB cases (83,779) to be covered by the existing GF TB grant will be HIV positive and will receive ART
E. Targets to be financed by allocation amount	7'767 22.75 %	30'626 62.01 %	37'581 56.17 %		It is expected that 22% (75,974) of the 345,335 TB patients that will be put on treatment based on funding from Global Fund allocation funding will be HIV positive and will be placed on ART
F. Coverage from Allocation amount and other resources E+C	10,272 30.09 %	36,711 74.33 %	50,108 74.89 %		22% (115,522) of the 525,100 TB cases that will be detected over the 3 year period will be HIV positive and will receive ART
G. Targets to be potentially financed by above allocation amount	322 0.94 %	10'206 20.67 %	16'800 25.11 %		Additional 27,328 TB cases with HIV positive result will be put on ART during TB treatment to meet the national target of putting 142,850 TB cases with HIV positive result on ART over the 3-year period.
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	10,594 31.03 %	46,917 95.00 %	66,908 100.00 %		With funding coverage from allocation amount, existing Global Fund and other resources as well as above allocation amount, a total of 142,850 TB cases with HIV positive result will be put on ART over the 3 year period in line with the national target.

Coverage Indicator : TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings

Current National Coverage 68%		Year	Source	Latest Results	CCM Comments
		2013	Reports (specify)	435216.0	
		2015	2016	2017	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	1'039'104	1'214'300	1'387'484		This is the total number of HIV positive adults and children who are eligible and will be receiving treatment as agreed upon during the consolidated National target setting meeting . Source: 2014 HIV EPP
B. Country targets	1'039'104 100.00 %	1'214'300 100.00 %	1'387'484 100.00 %		Source are 2010-2015 National HIV/AIDS Strategic plan and the 2015 -2020 TB NSP with target of screening 100% of PLHIV in HIV care or treatment settings for TB
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	702'916 67.00 %	915'252 75.00 %	990'261 71.00 %		"Assumption: The GoN will enroll 40,000 new patients each year with the PCRP funds while PEPFAR will enroll 75,009 new patients annually. In addition the ongoing PEPFAR support will be maintained. These patients from PEPFAR and GoN support will be screened for TB in line with the National Guidelines. Source is PEPFAR Nigeria COP 2014; PCRP, NACA Gap analysis/Operational plan 2014"
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	336,188 33.00 %	299,048 25.00 %	397,223 29.00 %		
E. Targets to be financed by allocation amount	117'082 11.00 %	198'348 16.00 %	211'323 15.00 %		The cost for strengthening mechanism for coordination (Joint programming, Joint planning, coordination, Guidelines and Policy) is 7% of the total cost for TB/HIV cost (WHO TB Planning and budgeting tool). The calculated unit cost for TB/HIV Joint programming, Joint planning, coordination, Guidelines and Policy was used in determining the targets (see attached unit cost for TBHIV intervention). The existing GoN and PEPFAR support will lead to the achievement of 68% of the target in 2015 and 2016 and 67% in 2018. The existing GF support and the current GF allocation will move the programme towards reaching 91% , 81% and 80% of the target in year 1,2 and 3 respectively. However this is short of the universal access and the country target of achieving 100% as stated in the 2015 -2020 TB NSP and in the 2010-2015 National HIV/AIDS Strategic plan
F. Coverage from Allocation amount and other resources E+C	819,998 78.00 %	1,113,600 91.00 %	1,201,584 86.00 %		
G. Targets to be potentially financed by above allocation amount	%	%	%		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	819,998 78.00 %	1,113,600 91.00 %	1,201,584 86.00 %		

E. Financial Gap Analysis and Counterpart Financing

Country: Nigeria	Currency: USD
Component: HIV/AIDS	Cycle: January - December
Year of CN Submission: 2014	

	Current and previous				Estimated			
Part One: National Strategic Plan Funding Needs and Resources								
Total Funding Needs								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Funding needs for the National Strategic Plan (provide annual amounts)			933,000,000		1,172,496,812	1,556,401,395	1,961,116,345	2014 figure is based on NSP 2010-2015; 2015 - 2019 figures are projections based on the National Spectrum file
LINE A: Total Funding needs for the National Strategic Plan			5,623,014,552					
Domestic Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Resources								
Domestic source B1: Loans	55,000,000	55,000,000	55,000,000		55,000,000			World Bank credit; \$220m over 4 years
Domestic source B2: Debt relief								
Domestic source B3: Government revenues	60,500,000	28,052,500	70,062,469		77,068,716	84,775,588	93,253,147	2012 figures are actual and drawn from Nigeria-US Partnership Framework on HIV/AIDS Implementation Plan (2010-2015). This includes resources from debt relief. 2013 and 2014 figures are actuals derived from the FGN budget; 2014 numbers include PCR allocation of N8bn from SURE-P. Annual increase of 10% over the 2014 figures is assumed
Domestic source B4: Social health insurance								
Domestic source B5: Private sector contributions national	850,547	850,547	850,547		850,547	935,601	1,029,161	Data based on NASA 2009 - 2010 Report. Assumes funding contribution will be constant up to 2015; and 10% annual increase from 2015 to 2018
LINE B: Domestic Resources	116,350,547	83,903,047	125,913,016		132,919,263	85,711,189	94,282,308	

External Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
United States Government (USG)	458,614,281	458,614,281	458,614,281		458,614,281	458,614,281	458,614,281	For 2016-2018 - we assume that funding will stay at current levels and on-going re-programming will help to sustain client growth at levels that can be accommodated.
United Kingdom	27,000,000	27,000,000	27,000,000		27,000,000			Nigeria-US Partnership Framework on HIV/AIDS Implementation Plan (2010-2015), Assumes 90 million pounds over five years @\$1.5 per pound and extended into sixth year.
LINE C: External Resources	485,614,281	485,614,281	485,614,281		485,614,281	458,614,281	458,614,281	

Global Fund Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
NGA-H-PPF	3,662,730	0	0		0	0	0	
NGA-H-CiSHAN	1,442,383	1,144,891	0		0	0	0	
NGA-H-NACA	58,783,858	114,761,896	42,139,374		0	0	0	
NGA-H-ARFH	5,606,812	11,451,464	4,169,448		0	0	0	
NGA-H-SFHNG	8,716,772	11,788,223	5,070,417		0	0	0	
LINE D: Global Fund Resources	78,212,555	139,146,474	51,379,239		0	0	0	

Total Request								
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total anticipated resources (annual amounts)			662,906,536		618,533,544	544,325,470	552,896,589	
LINE E : Total anticipated resources (Line B+C+D)			2,378,662,139					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)			270,093,464		553,963,268	1,012,075,925	1,408,219,756	
LINE F: Total anticipated funding gap (Line A - E)			3,244,352,413					
LINE G: Total Funding Request to the Global Fund			0		88,736,663	111,724,140	110,941,931	
LINE H: Funding request within the Allocated Amount			0		60,720,044	81,631,724	86,291,231	
LINE I: Funding request above the Allocated Amount			0		28,016,620	30,092,415	24,650,700	

Part Two: Overall Health Sector - Government Health Spending								
Government Health Spending							Data Sources/Comments	
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Domestic source J1: Loans	55,000,000	55,000,000	55,000,000		55,000,000			World Bank credit; \$220m over 4 years
Domestic source J2: Debt Relief								
Domestic source J3: Government funding resources	1,824,334,009	1,805,287,445	2,061,667,791		1,960,055,329	1,969,474,667	1,979,835,938	2014 MDG (\$85,630,346 -10% increase projected annually)
Total government health	1,879,334,009	1,860,287,445	2,116,667,791		2,015,055,329	1,969,474,667	1,979,835,938	

Part Three: Counterpart Financing								
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%								
Counterpart Financing								
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total government resources	115,500,000	83,052,500	125,062,469					
Average of government resources	107,871,656							
Average of request within allocated			76,214,333					
Counterpart financing based on existing commitments						58.60%		
Average of total request			103,800,911					
Counterpart financing based on total funding request						50.96%		

Country: Nigeria				Currency: USD				
Component: Tuberculosis				Cycle: January - December				
Year of CN Submission: 2014								
	Current and previous				Estimated			
Part One: National Strategic Plan Funding Needs and Resources								
Total Funding Needs							Data Sources/Comments	
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Funding needs for the National Strategic Plan (provide annual amounts)			143,542,249		200,060,651	224,798,050	297,332,372	
LINE A: Total Funding needs for the National Strategic Plan			865,733,322					

Domestic Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Resources								
Domestic source B1: Loans								
Domestic source B2: Debt relief	2,254,428	1,352,657	1,842,190		1,610,306	1,932,367	2,254,428	MDG Funds
Domestic source B3: Government revenues	17,494,575	15,466,730	16,106,227		16,875,484	17,755,926	18,740,960	Federal and State Governments budgets
Domestic source B4: Social health insurance								
Domestic source B5: Private sector contributions national	1,406,250	1,406,250						Funding support from Agbami Partners for building and equipping 15 chest units including geneXpert machines
LINE B: Domestic Resources	21,155,253	18,225,637	17,948,417		18,485,790	19,688,293	20,995,388	
External Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Other	233,816	255,072	276,329		297,585	297,585	297,585	TLMN-Nigeria. Funding support from TLMN-Nigeria
Other	141,255	0	0					NLR-Nigeria. Funding support from NLR-Nigeria. NLR has ceased providing financial support for TB control beyond 2012, all support is exclusively for Leprosy control
Other	384,203	630,369	469,127					DFB-Nigeria. Funding support from DFB-Nigeria
United States Government (USG)	13,000,000	13,008,000	13,500,000		13,000,000	13,000,000	13,000,000	From USAID. Also include figure for TB/HIV funding
STOP TB Partnership	1,314,135	657,869	978,616					Stop TB Partnership. Represents TB REACH waves 2, 3 and 4 grants to organisations to support TB control in Nigeria. If subsequent waves of the grant are advertised, Nigerian organisations will apply and hoprfully will be funded
Germany	731,198	809,430	853,210					GLRA-Nigeria. Funding support from GLRA-Nigeria
LINE C: External Resources	15,804,607	15,360,740	16,077,282		13,297,585	13,297,585	13,297,585	

Global Fund Resources							Data Sources/Comments
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
NGA-T-IHVN	2,315,996	6,099,155	2,361,548		2,977	0	0
NGA-T-ARFH	14,333,996	17,507,316	24,364,131		107,440	0	0
LINE D: Global Fund Resources	16,649,992	23,606,471	26,725,679		110,417	0	0
Total Request							
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
Total anticipated resources (annual amounts)			60,751,378		31,893,792	32,985,878	34,292,973
LINE E : Total anticipated resources (Line B+C+D)					159,924,021		
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)			82,790,871		168,166,859	191,812,172	263,039,399
LINE F: Total anticipated funding gap (Line A - E)					705,809,301		
LINE G: Total Funding Request to the Global Fund			0		60,208,223	84,253,007	94,862,480
LINE H: Funding request within the Allocated Amount			0		33,543,097	42,354,327	47,240,064
LINE I: Funding request above the Allocated Amount			0		26,665,125	41,898,681	47,622,416
Part Two: Overall Health Sector - Government Health Spending							
Government Health Spending							Data Sources/Comments
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
Domestic source J1: Loans							
Domestic source J2: Debt Relief							
Domestic source J3: Government funding resources							
Total government health	0	0	0		0	0	0
Part Three: Counterpart Financing							
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%							
Counterpart Financing							
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
Total government resources	19,749,003	16,819,387	17,948,417				
Average of government resources		18,172,269					
Average of request within allocated					41,045,829		
Counterpart financing based on existing commitments							30.69%
Average of total request					79,774,570		
Counterpart financing based on total funding request							18.55%

Footnotes

1 - Target Assumptions :

Please describe:

- 1) overall assumptions used in calculating targets,
- 2) anticipated rate of scale-up,
- 3) population size estimates,
- 4) description of indicator/package of services,
- 5) data source,
- 6) other relevant information

2 - Description of Intervention :

Please describe:

- 1) rationale for Global Fund support,
- 2) linkages to national strategic plan,
- 3) target population and geographic scope,
- 4) implementation approach, and
- 5) other relevant information.

Please differentiate between scope of allocated and above allocated request

3 - Cost Assumptions for the request of the Global Fund

Please describe:

- 1) cost assumptions and data sources,
- 2) key activities,
- 3) other relevant information.

Please differentiate between allocated and above allocated

4 - Other funding received for this intervention (including scope of activities funded)