

Narrative Cover Sheet for Nigeria's 2019 Sustainability Index and Dashboard

1. Introduction

The 2019 Nigeria Responsibility Matrix is an accompanying assessment tool to the 2019 Nigeria Sustainability Index and Dashboard (SID 2019). The Responsibility Matrix (RM) assesses at this baseline, the functional responsibilities (by contributing to that element and being accountable for its level of success or failure) of the three major funding components of the HIV response: PEPFAR, the Global Fund, and Host Government.

The tool was completed by the same Expert Panel that worked on the Nigeria SID 2019 and was reviewed similarly by stakeholders in a validation, which held on September 16, 2019.

2. Summary of Assessment

A. Programs

Despite the relatively small number of sites they support, Government's responsibility for service delivery is "secondary" because Government-owned public health facilities make up most of the service delivery points. All three funders contribute almost equally to training and supportive supervision and to policymaking and planning activities. For services outside the hospitals (especially those targeted at key populations and OVCs), Government has little to no responsibility.

B. Commodities

Each funder is primarily responsible for commodity procurements for the hospitals they support. On a national scale, Government contribution is much less than that from PEPFAR and the Global Fund but they have a more relevant role at the policy and decision making level. Government's currently has a nominal role in the procurement of viral load reagents as well as the purchase and maintenance of lab equipment for the HIV program and training/supervision for the use of this equipment. Again, their involvement is more at policy and planning level.

C. Health Workforce

Government recruits and remunerates majority of the formal health workforce in the country while PEPFAR and Global Fund support most of the lay workers in the HIV/AIDS programs. For all those who work in the HIV program, external donors also primarily support their training and supervision. Government plays a more critical role determining policy standards for the formal workforce and developing operational guidelines, while the external donors enforce similar standards for the lay workers.

D. Above Site

The external donors have primary responsibility for system-level activities that are more closely related to the site-level functions (health information, supply chain and laboratory systems) and based on their lack of direct funding investments in health workforce systems, governance systems, institutional capacity and health financing, they have just a nominal role.

Strategic Information – The external donors have a primary role in service delivery, training and supervision, but Government's role is seen more in national level coordination.

HIV/AIDS Responsibility Matrix		Legend								
		Country: Nigeria Epidemic Type: Generalized Income Level: Lower Middle Income PEPFAR Categorization: Long-Term Strategy								
FUNCTIONAL ELEMENTS		DIMENSIONS								
		SERVICE DELIVERY ¹			NON-SERVICE DELIVERY ASSISTANCE ²			STRATEGY FORMULATION AND PLANNING ³		
		Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR	GFATM
Programs										
Care and Treatment		Secondary	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
Clinical Interventions		Secondary	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
Laboratory		Secondary	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary
Linkage, Retention, Adherence		Secondary	Primary	Primary	Nominal	Primary	Primary	Secondary	Primary	Primary
TB-HIV		Secondary	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
HIV Testing Services		Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
Prevention		Secondary	Secondary	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Secondary
Prevention of Mother-To-Child Transmission		Secondary	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
Male Circumcision										
Other Biomedical Prevention		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Primary	Primary
Key and Priority Populations		None	Primary	Primary	None	Primary	Primary	Primary	Primary	Primary
Orphans and Vulnerable Children		Secondary	Primary	Primary	Nominal	Primary	None	Primary	Primary	None
Commodities										
Condoms		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Secondary
Male Circumcision Kits and Supplies										
Rapid Test Kits		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Secondary
Antiretroviral Drugs		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Secondary
Other Essential Drugs		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Secondary
CD4		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Secondary
Viral Load		Nominal	Primary	Primary	Secondary	Primary	Primary	Primary	Primary	Primary
Reagents and Supplies										
Health Equipment		Nominal	Primary	Primary	Nominal	Primary	Primary	Primary	Primary	Primary
PSM Costs		Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Primary	Primary
Health Workforce										
Service Delivery Personnel: Facility-level staff total		Primary	Secondary	Secondary						
Salary and Benefits		Primary	Secondary	Secondary				Primary	Secondary	Secondary
Salary Top-Ups		None	None	Secondary				None	None	Primary
Training and Supervision		Primary	Primary	Primary				Primary	Primary	Primary
Non-Service Delivery Personnel: Facility-level staff					Primary	Primary	Primary			
Salary and Benefits					Primary	Primary	Primary	Primary	Primary	Primary
Salary Top-Ups					None	None	None	Primary	None	None

Training and Supervision					Nominal	Primary	Primary		None	Primary	Primary
Community Health Workers/Lay Cadres staff number											
Salary and Benefits	None	Primary	Primary		None	Primary	Primary		None	Primary	Primary
Salary Top-Ups	None	None	None		None	None	None		None	Primary	Primary
Training and Supervision	None	Primary	Primary		None	None	None		None	Primary	Primary
Secondment Staff number											
Above Site (Systems)											
Health Workforce					Primary	Nominal	Nominal		Primary	Nominal	Nominal
Governance					Primary	Nominal	Nominal		Primary	Nominal	Nominal
Institutional and Organizational Development					Primary	Nominal	Nominal		Primary	Nominal	Nominal
Health Financing					Primary	Secondary	Secondary		Primary	Secondary	Secondary
Health Management Information Systems					Secondary	Primary	Primary		Secondary	Primary	Primary
Supply Chain Systems					Secondary	Primary	Primary		Secondary	Primary	Primary
Laboratory Systems					Secondary	Primary	Primary		Secondary	Primary	Primary
Other Systems Support											
Disease Surveillance					Secondary	Primary	Primary		Secondary	Secondary	Secondary
Strategic Information											
Monitoring and Evaluation	Primary	Primary	Primary		Secondary	Primary	Primary		Primary	Primary	Primary
Surveys and Surveillance	Primary	Primary	Primary		Primary	Primary	Primary		Primary	Primary	Primary
Research and Other Surveys	Secondary	Primary	Secondary		Secondary	Primary	Secondary		Primary	Primary	Primary
Program Implementation, Management, and Support											
At the Implementation Level											
At the Donor Level											

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

HIV/AIDS Responsibility Matrix		Supplementary Comments/Notes
Country: Nigeria		
Programs		
Care and Treatment	PEPFAR supports HIV/AIDS services in about 1,761 health facilities in 35 of 37 sub-national entities (PEPFAR does not support services in Abia and Taraba States), while the Global Fund supports services in more than 420 sites (204 treatment sites, no support in Akwa Ibom and Rivers States since mid-2018). The Government of Nigeria almost exclusively funds treatment services in Abia and Taraba States and is owns most of the hospitals across the country where HIV/AIDS services are delivered. Government's responsibility for service delivery was considered "secondary" because of the relative small number of sites they support.	
Clinical Interventions	All three funders train, supervise and support health workers in public and private health facilities to provide HIV/AIDS services; including the supply of commodities in the hospitals they support. Since most of the programs are implemented in public hospitals, the programs are mostly delivered by Government paid health workers.	
Laboratory	By the relative volume of the clients they support, all three funders contribute the delivery of laboratory services. In public facilities most the lab staff providing general lab services are paid salaries by the Government. PEPFAR and Global Fund may provide additional allowances but they mostly fully pay the staff who deliver viral load services. Practically all of the HIV-related service infrastructure is procured and maintained by PEPFAR and the Global Fund.	
Linkage, Retention, Adherence	Most of these services are provided by layworkers recruited, trained and supervised by PEPFAR and Global Fund Implementing Partners. They do however interface with Government-paid public health workers.	
TB-HIV	Just as for "Clinical Interventions" above. In addition, the Global Funds pays for all of the TB drugs, while PEPFAR and Global Fund support the delivery of GenXpert operations.	
HIV Testing Services	Just as for "Clinical Interventions" above. RTK procurements from all three funders currently match the sizes of the programs they support, though shortfalls are often addressed with reprogrammed Global Funds resources.	
Prevention	All three funders currently have very little investments in prevention programs targeted at the general population.	
Prevention of Mother-To-Child Transmission	Just as for "Clinical Interventions" above.	
Male Circumcision	Nigeria does not provide male circumcision services all part of the HIV response.	
Other Biomedical Prevention	These services (including PrEP and PEP) are mostly supported by PEPFAR and the Global Fund but again, there is a huge dependence on Government-owned public hospitals.	
Key and Priority Populations	The Government does not provide any specific services tailored for Key Populations, they do however contribute to policy formulation and are part of intervention processes to mitigate the impact of the legal restrictions facing key populations in Nigeria.	
Orphans and Vulnerable Children	Most of these services are provided by layworkers recruited, trained and supervised by PEPFAR and Global Fund Implementing Partners. They do however interface with Government-paid public health workers. Government also intervenes at a policy level. And helps to set service delivery standards.	
Commodities		
Condoms	The Government procures Condoms for Family Planning services through a counterpart funding agreement with UNICEF. The HIV program often leverages from this pool. PEPFAR and Global Fund source condoms for their programs through their networks.	
Male Circumcision Kits and Supplies	Nigeria does not provide male circumcision services all part of the HIV response.	
Rapid Test Kits	RTK procurements from all three funders currently match the sizes of the programs they support, though shortfalls are often addressed with reprogrammed Global Funds resources.	
Antiretroviral Drugs	ARV procurements from all three funders currently match the sizes of the programs they support. No shortfalls have been experienced.	
Other Essential Drugs	OI drug procurements from all three funders currently match the sizes of the programs they support. No shortfalls have been experienced. Other essential drugs are procured by Government and patients pay out-of-pocket to access these drugs.	
CD4	CD4 reagent procurements from all three funders currently match the sizes of the programs they support. Most of the equipment is essentially procured and maintained by PEPFAR and the Global Fund.	
Viral Load	Almost of the Viral Load commodities, infrastructure and systems are support by PEPFAR and the Global Fund (with PEPFAR being the more dominant investor, sample collection processes are paid for the Funde supporting the hospitals requesting the services).	
Reagents and Supplies	Not clear which reagents and supplies are referred to here.	
Health Equipment	Equipment procurement and maintenance has mainly been done by PEPFAR and the Global Fund.	
PSM Costs	PSM costs mainly covered by PEPFAR and the Global Fund but there is a significant Government collaboration for coordination and planning.	
Health Workforce		
Service Delivery Personnel: Facility-level staff total	A huge majority of the health workforce is recruited and paid by the Government. PEPFAR and Global Fund have significant responsibility for those who provide HIV/AIDS services, more so for those who work outside the hospitals.	
Salary and Benefits	Salaries and benefits mainly paid for by Government in public facilities. PEPFAR and Global Fund may provide additional stipends/allowances and often hire staff to augment those providing specialized services like the running on the Viral Load Labs. PEPFAR and Global determine how much to pay for what in direct negotiations with hospitals. Government decisions are made in concert with professional health workers bodies as part of Government policy-making process.	
Salary Top-Ups	There is no officially recognized payments of "salary top ups" for health workers providing HIV/AIDS services.	
Training and Supervision	Pre-service training is mainly done by Government and the private sector. In-service training is where PEPFAR and Global have considerable investments, even more than Government for services related to HIV and AIDS.	
Non-Service Delivery Personnel: Facility-level staff total	For data clerks and M&E staff support HIV/AIDS service systems, all three donors have significantly critical responsibility.	
Salary and Benefits	For data clerks and M&E staff support HIV/AIDS service systems, all three donors have significantly critical responsibility.	
Salary Top-Ups	There is no officially recognized payments of "salary top ups" for health workers providing HIV/AIDS services.	
Training and Supervision	Most of the training done and supervision done for "data clerks" in the HIV/AIDS program is done by PEPFAR and Global Fund. Majority are layworkers (no formal qualifications in records management) and the available formal training does not exactly equip them to perform this functions in the HIV program.	
Community Health Workers/Lay Cadres staff number	Those there is a formally recognized Community Health workers cadre, most do not work in the HIV program. Those who do community work in the HIV program are mostly lay workers recruited, trained and supervised by PEPFAR and Global Fund Implementing Partners.	
Salary and Benefits	For the HIV program, this is mainly done by PEPFAR and the Global Fund.	
Salary Top-Ups	There is no officially recognized payments of "salary top ups" for health workers providing HIV/AIDS services.	
Training and Supervision	For the HIV program, this is mainly done by PEPFAR and the Global Fund.	
Secondment Staff number	Nigeria has no experience with Staff secondment for HIV/AIDS service delivery.	
Above Site (Systems)		
Health Workforce	Government is primarily responsible for the Pre-service training of the health workforce. PEPFAR and Global Fund contribute to in-service training for those providing HIV/AIDS services. (Specific guidance is probably needed to fully evaluate this).	
Governance	Government is primarily responsible the governance of the broader health system. (Specific guidance is probably needed to fully evaluate this).	
Institutional and Organizational Development	Government is primarily responsible the governance of the broader health system. (Specific guidance is probably needed to fully evaluate this).	
Health Financing	Government is primarily responsible financing of the broader health system. However, PEPFAR and Global Fund are critical financiers for the HIV program and even the broader health system.	
Health Management Information Systems	PEPFAR and Global Fund investments are critical to operations of the Health Management Information Systems in Nigeria, especially for the HIV program.	
Supply Chain Systems	PEPFAR and Global Fund investments are critical to operations of the Supply Chain Systems in Nigeria, especially for the HIV program.	
Laboratory Systems	PEPFAR and Global Fund investments are critical to operations of the Laboratory Systems in Nigeria, especially for the HIV program.	
Other Systems Support	Responders have no idea what is expected to reviewed in this area.	
Disease Surveillance	Given the recent investment in the NAIS and other similar surveys, PEPFAR and Global Fund investments are critical for disease surveillance in Nigeria, especially for the HIV program.	
Strategic Information		
Monitoring and Evaluation	All three funders are responsible for M&E within the hospitals they support. PEPFAR and Global Fund more so for training and supervision and also support to sub-national structures.	
Surveys and Surveillance	All thee dones are responsible for surveys and surveillance activities.	
Research and Other Surveys	All thee dones are responsible for research and other survey activities.	
Program Implementation, Management, and Support		
At the Implementation Level		
At the Donor Level		