



United States Department of State

Washington, D.C. 20520

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06/11/2021

MEMO FOR Mary Beth Leonard, U.S. AMBASSADOR TO Nigeria

SUBJECT: PEPFAR Nigeria Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Nigeria Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Nigeria, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Nigeria Country Operational Plan (COP) 2021 with a total approved budget of \$444,025,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	437,240,786	6,784,214	444,025,000
Bilateral	435,740,786	6,784,214	442,525,000
Central	1,500,000		1,500,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$444,025,000 without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

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Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the [April 26-27th], 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Nigeria's COP 2021 are approved to support PEPFAR Nigeria's vision to achieve treatment saturation throughout the country with a three pronged approach: strengthening the National Alignment of PEPFAR Nigeria, the Global Fund, and the Government of Nigeria, expanding equitable treatment programs, and ensuring continuity in care & deepened resilience. Nigeria's Country Operational Plan (COP) 2021 will support PEPFAR Nigeria's vision in partnership with the Government and people of Nigeria to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. By the end of COP21/FY22, PEPFAR Nigeria will achieve 95-95-95 clinical cascade targets at the OU level by growing the patient cohort on treatment to 1,696,474, and putting an additional 238,702 patients on treatment. The program of COP 2021 will focus intensely on moving 19 states toward achievement of 81% treatment coverage while 6 states with lower burden will require a longer term plan for epidemic control will achieve a minimum 60% coverage.

PEPFAR Nigeria strategy for programming/funding to be implemented during FY 2022 will focus on maintaining PLHIV on continuous, uninterrupted ART and continuing to prevent new HIV infections through (1) Saturation of HIV/AIDS services across 19 states, effectively achieving the UNAIDS 95-95-95 epidemic control targets for Nigeria as a whole ; (2) Maintaining the gains from the two year surge initiative that led to unprecedented growth of the Nigeria cohort; (3) maturing the alignment between PEPFAR, Global Fund, and the Nigerian Government to achieve and maintain epidemic control across Nigeria; (4) building on gains from the key populations programming and enhancing the support for the initiative in key areas; (5) Enhanced community-led, site-level monitoring; (6) Improving pediatric treatment and continuing to provide support for Orphans and Vulnerable Children (OVC); (7) Refining PMTCT programming to expand access and reach to a wider cohort of beneficiaries; (8) Continuing to improve partner management through improved data use to sustain gains and retain patients in care in COP 2021.

PEPFAR funds for Nigeria will focus heavily on increasing yield, treatment continuity and viral suppression through expanding access to patient-centered strategies that include community and facility outreach initiatives. The ultimate goal will be treatment saturation for the whole OU through refined, tailed testing approaches, community VL suppression, and a focus on outreach

and saturation within specific sub-populations. Treatment saturation will be accomplished through a focus on client centered care, enhanced site monitoring both within the community and facility approaches, and situational gap analysis. PEPFAR Nigeria will also be unbundling PEPFAR surge learning from the rapid acceleration of care in Akwa Ibom and Rivers across the whole country. Some domains of learning will include defining of epidemic spectrum and burden, site & community prioritization, target populations and context, and CQI integrated across programming. Pediatric focused approaches will include HIV geographic prioritization, expanded caregiver assisted HIVST for children ages 2-11, strengthening early infant diagnosis, optimization of risk-based testing, and collaboration with the successful OVC program. Prevention shifts will include increasing access to PrEP for HIV-negative clients at high risk, such as PBFW, AGYW, and KPs such as FSW and individuals in high-risk relationships.

During COP2021, PEPFAR Nigeria will continue to invest in 29 of Nigeria's states that include 6 of the highest HIV burdened sub-national units ultimately accounting for 94.4% of the PLHIV in the country. Additionally, PEPFAR Nigeria will be expanding support into two additional states of Abia and Taraba that will include an additional 98,057 PLHIV. Abia along with 5 other states present with particularly low treatment coverage challenges and security challenges that PEPFAR programming will have to adapt community and facility initiatives to these local contexts while rolling out lessons learned from surge initiatives in high burdened states. Novel approaches within Nigeria's COP21 will include strategies for reaching never-married women and men including delivery of interventions that combine evidence-based approaches beyond the health sector and addressing the structural drivers of HIV transmission. Additionally there will be more implementation of community PMTCT interventions in target states to include faith focused community initiatives. All interventions will be aligned with the Global Fund and the Government of Nigeria initiatives, and targets will be set in close collaboration across all stakeholders in the country.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$17,525,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$17,525,000 in ARPA funds, \$17,525,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$0 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

<u>Agency/OPDIV</u>	<u>ARPA Funds Programmed in COP21 FAST for COP21 Outlay</u>	<u>ARPA Funds To be Added to COP20 for COP20 Outlay</u>	<u>TOTAL ARPA Funds</u>
TOTAL	\$17,525,000	\$0	\$17,525,000
DOD	\$500,000	\$0	\$500,000
HHS/CDC	\$8,716,750	\$0	\$8,716,750
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0

USAID	\$5,808,250	\$0	\$5,808,250
USAID/WCF	\$2,500,000	\$0	\$2,500,000

Any ARPA funds not outlaid in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlaid during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff), mitigate COVID-19 impact on PEPFAR programs and beneficiaries, and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2021, the ARPA funds will support:

- infection prevention and control programming,
- COVID-19 vaccination messaging and sensitization,
- the national COVID-19 response by leveraging the HIV sample transport network and supply chain logistics system,
- COVID-19 testing among PEPFAR beneficiaries and staff,
- expanded virtual telecommunications,
- enhanced COVID-19 laboratory capacity, and
- expanding decentralized drug distribution (DDD) to reduce client exposure to COVID-19 within health facilities.

Recency

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Funding Summary

All COP 2021 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding							Applied Pipeline		
		Total	FY 2021				FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	442,525,000	435,740,786	435,740,786	366,253,286	50,000,000	1,962,500	17,525,000	-	-	6,784,214	444,025,000
DOD Total	14,437,139	13,402,219	13,402,219	12,902,219	-	-	500,000	-	-	1,034,920	14,437,139
DOD	14,437,139	13,402,219	13,402,219	12,902,219	-	-	500,000	-	-	1,034,920	14,437,139
HHS Total	164,669,759	164,669,759	164,669,759	153,990,509	-	1,962,500	8,716,750	-	-	-	164,669,759
HHS/CDC	164,669,759	164,669,759	164,669,759	153,990,509	-	1,962,500	8,716,750	-	-	-	164,669,759
STATE Total	1,091,375	429,134	429,134	429,134	-	-	-	-	-	662,241	1,091,375
State	139,389	139,389	139,389	139,389	-	-	-	-	-	-	139,389
State/AF	951,986	289,745	289,745	289,745	-	-	-	-	-	662,241	951,986
USAID Total	262,326,727	257,239,674	257,239,674	198,931,424	50,000,000	-	8,308,250	-	-	5,087,053	263,826,727
USAID, non-WCF	104,187,203	104,187,203	104,187,203	48,378,953	50,000,000	-	5,808,250	-	-	-	104,187,203
USAID/WCF	158,139,524	153,052,471	153,052,471	150,552,471	-	-	2,500,000	-	-	5,087,053	159,639,524

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

	of which, Central									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding							Applied Pipeline		
		Total	FY 2021				FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	1,500,000	1,500,000	1,500,000	-	1,500,000	-	-	-	-	-	444,025,000
DOD Total	-	-	-	-	-	-	-	-	-	-	14,437,139
DOD	-	-	-	-	-	-	-	-	-	-	14,437,139
HHS Total	-	-	-	-	-	-	-	-	-	-	164,669,759
HHS/CDC	-	-	-	-	-	-	-	-	-	-	164,669,759
STATE Total	-	-	-	-	-	-	-	-	-	-	1,091,375
State	-	-	-	-	-	-	-	-	-	-	139,389
State/AF	-	-	-	-	-	-	-	-	-	-	951,986
USAID Total	1,500,000	1,500,000	1,500,000	-	1,500,000	-	-	-	-	-	263,826,727
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	104,187,203
USAID/WCF	1,500,000	1,500,000	1,500,000	-	1,500,000	-	-	-	-	-	159,639,524

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

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GHP-State Funds: Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Nigeria has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Nigeria. Upon approval of this memo, the amounts below will become the new earmark controls for Nigeria. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	282,419,584	282,419,584	-	-
Orphans and Vulnerable Children	28,037,980	28,037,980	-	-
Preventing and Responding to Gender-based Violence	6,700,000	6,700,000	-	-
Water	437,000	437,000	-	-

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	3,874,877	3,874,877	-	-	-
Of which, AB/Y	751,555	751,555	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	19.4%	19.4%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

With a 68% care and treatment earmark to achieve the ‘ambitious’ going green strategy in Nigeria, the HIV prevention budget is low at about 19%. Prevention program areas and beneficiaries in Nigeria have been realigned to target our Key Population (KP). KP prevention programming is principally focused on the provision of pre-exposure prophylaxis (PrEP) for high-risk persons, provision of condoms/lubricants, STI counselling, diagnosis and treatment and sexual violence prevention. The KP program is growing and increasingly becoming significant to the overall country portfolio, having contributed 25% to people newly placed on treatment in FY20. Since Nigeria does not have a DREAMS program, Abstinence, Be faithful and Youth (AB/Y) prevention programming in the general population is largely limited to HIV and sexual violence prevention services situated within the OVC portfolio. The OVC program implements primary prevention services for children and adolescent ages 9-14, through the use of evidence-based HIV and violence prevention curricula and interventions amongst in-school and out of school at-risk girls and boys in high burden SNU. However, this population only accounts for a relatively small portion of our OVC portfolio which is strategically aligned to provide a comprehensive cascade of services through bidirectional facility and community programs. While GBV prevention is integrated across our care and treatment portfolio, Nigeria’s targeted KP prevention portfolio and allocation restricts Nigeria’s ability to meet the 50% AB reporting requirement in COP 21.

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central-New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	6,784,214	1,500,000	435,740,786	444,025,000
<i>of which, Community-Led Monitoring</i>	-	53,321	-	246,679	300,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,500,000	-	1,500,000
<i>of which, Core Program</i>	-	6,730,893	-	435,494,107	442,225,000
DOD Total	-	1,034,920	-	13,402,219	14,437,139
<i>of which, Core Program</i>	-	1,034,920	-	13,402,219	14,437,139
HHS Total	-	-	-	164,669,759	164,669,759
<i>of which, Core Program</i>	-	-	-	164,669,759	164,669,759
STATE Total	-	662,241	-	429,134	1,091,375
<i>of which, Community-Led Monitoring</i>	-	53,321	-	246,679	300,000
<i>of which, Core Program</i>	-	608,920	-	182,455	791,375
USAID Total	-	5,087,053	1,500,000	257,239,674	263,826,727
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,500,000	-	1,500,000
<i>of which, Core Program</i>	-	5,087,053	-	257,239,674	262,326,727

FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Nigeria		SNU Prioritizations						
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
HTS_INDEX	<15	-	1,940	2,434	28,312	-	102	32,788
	15+	-	70,342	135,296	232,193	-	6,668	444,499
	Total	-	72,282	137,730	260,505	-	6,770	477,287
HTS_TST	<15	-	32,353	38,382	421,752	-	1,648	494,135
	15+	-	1,403,023	2,911,083	5,731,664	-	146,250	10,192,020
	Total	-	1,435,376	2,949,465	6,153,416	-	147,898	10,686,155
HTS_TST_POS	<15	-	1,029	1,260	13,251	-	54	15,594
	15+	-	37,011	69,450	114,879	-	3,912	225,252
	Total	-	38,040	70,710	128,130	-	3,966	240,846
TX_NEW	<15	-	1,073	1,318	13,344	-	62	15,797
	15+	-	36,437	68,119	114,431	-	3,918	222,905
	Total	-	37,510	69,437	127,775	-	3,980	238,702
TX_CURR	<15	-	13,400	9,304	61,128	-	314	84,146
	15+	-	337,845	272,802	963,555	-	38,126	1,612,328
	Total	-	351,245	282,106	1,024,683	-	38,440	1,696,474
TX_PVLS	<15	-	12,261	8,613	41,228	-	308	62,410
	15+	-	291,852	273,329	848,267	-	36,178	1,449,626
	Total	-	304,113	281,942	889,495	-	36,486	1,512,036
CXCA_SCRN	Total	-	13,574	12,487	47,727	-	1,907	75,695
OVC_SERV	<18	-	190,713	186,502	545,797	-	-	923,012
	18+	-	72,084	77,397	169,522	-	-	319,003
	Total	-	262,797	263,899	715,319	-	-	1,242,015
OVC_HIVSTAT	Total	-	171,060	164,803	482,492	-	-	818,355
PMTCT_STAT	<15	-	183	191	1,937	-	28	2,339
	15+	-	146,407	376,992	1,186,456	-	14,829	1,724,684
	Total	-	146,590	377,183	1,188,393	-	14,857	1,727,023

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Nigeria		SNU Prioritizations						
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
PMTCT_STAT_POS	<15		5	4	41		1	51
	15+		4,238	6,189	24,960		470	35,857
	Total		4,243	6,193	25,001		471	35,908
PMTCT_ART	<15		5	4	41		1	51
	15+		4,227	6,163	24,922		470	35,782
	Total		4,232	6,167	24,963		471	35,833
PMTCT_EID	Total		4,316	6,263	26,517		478	37,574
PP_PREV	<15							
	15+							
	Total							
KP_PREV	Total		171,561	72,664	238,806		20,868	503,899
KP_MAT	Total							
VMMC_CIRC	Total							
HTS_SELF	<15		6,651	2,682	6,389		340	16,062
	15+		143,689	130,109	275,562		12,252	561,612
	Total		150,340	132,791	281,951		12,592	577,674
PrEP_NEW	Total		37,298	24,161	74,185		6,996	142,640
PrEP_CURR	Total		39,910	25,852	79,366		7,487	152,615
TB_STAT	<15		288	531	2,559		33	3,411
	15+		4,363	8,477	37,570		672	51,082
	Total		4,651	9,008	40,129		705	54,493
TB_ART	<15		66	57	277		4	404
	15+		909	1,203	5,588		93	7,793
	Total		975	1,260	5,865		97	8,197
TB_PREV	<15		2,360	2,018	16,363		81	20,822
	15+		65,672	78,603	194,237		7,282	345,794
	Total		68,032	80,621	210,600		7,363	366,616
TX_TB	<15		12,695	9,318	65,306		330	87,649
	15+		328,245	298,993	945,355		36,873	1,609,466

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Nigeria		SNU Prioritizations						
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
	Total		340,940	308,311	1,010,661		37,203	1,697,115
GEND_GBV	Total		5,160	5,878	17,520		1,383	29,941
AGYW_PREV	Total							
* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above								

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems.

Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target.

This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator.

Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy.

PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Nigeria's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

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