Modular Framework Handbook

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The Global Fund

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1. Introduction to the Modular Framework Handbook

The Modular Framework Handbook is used by the Global Fund to organize programmatic and financial information for each grant throughout its life cycle, from the initial funding request to grant-making and implementation. It is to be used by applicants during the next Global Fund allocation period 2020-2022.

This handbook has been updated and aligned with the latest technical guidance and following partners' recommendations. As WHO and UNAIDS are currently reviewing their guidance on HIV indicators, this publication will be updated at the end September.

The Modular Framework Handbook is comprised of standardized categories called modules. These modules are broad program areas that are further divided into a comprehensive set of interventions essential to respond to the three diseases and build resilient and sustainable systems for health (RSSH).

An illustrative list of activities is included in the handbook, outlining the scope of each intervention. In addition to the list of modules, interventions and activities, the framework provides associated impact, outcome and coverage indicators. For RSSH, it also includes a recommended set of workplan tracking measures (WPTM). These are input and process level measures to track implementation of key activities included in the workplans.

The modular framework provides a clear structure using standardized categories that enable linking programmatic and financial data in the performance frameworks and budgets that applicants complete. It fosters consistency in documenting and tracking results, grant budgets and expenditures throughout the Global Fund's grant life cycle.

Applicants should use this document to select relevant disease or RSSH modules to include in the funding request to the Global Fund. Applicants should also select related indicators to monitor progress of the activities proposed to be funded by the Global Fund. Modules and indicators should be based on program goals and objectives outlined in national strategic plans and country priorities.

The handbook provides a structure for organizing the funding request and is not meant to guide countries in their planning or programming. Countries should use the Global Fund information notes, available technical partner guidance, and the country dialogue process to identify areas for strategic investments.

2. How to use this handbook

This handbook is designed as a resource tool to provide guidance to countries on how to summarize activities in Global Fund funding requests and grants. It lists:

- Components;
- Modules;
- Interventions;
- Scope and description of intervention package;
- Impact, outcome and coverage indicators.

These lists form the drop-down menu in various Global Fund funding request and grant-making templates and are used by applicants when filling the following documents: performance frameworks, budgets and progress updates.

The scope and description of intervention packages includes an illustrative list of activities. Applicants can introduce additional activities if under a defined intervention.

For each component, the information is structured in two sections:

Section 1: Modules and interventions

Component	Module	Target Population*	Intervention	Scope and Description

Section 2: Indicators

Component	Indicator Type	Module (if applicable)	Target Population*	Disaggregation Category

* Target population column is applicable only for some specific modules under the HIV component

3. Selecting Modules and Interventions

This section guides applicants and grant recipients on where to fit activities that may be overlapping or that are common to the three diseases and RSSH. The expanded list of illustrative activities is described in each of the individual modular frameworks for the three diseases and RSSH.

Three diseases and RSSH

1. Activities to strengthen delivery of quality HIV, TB or malaria services should be included under the relevant disease-specific modules.

2. Activities related to strengthening resilient and sustainable systems for health, should be cross-cutting, for example, they should benefit the fight against more than one disease including but not limited to the three diseases. These activities should be included in the RSSH modules.

Health Products Management and Laboratory Systems

3. Activities related to strengthening national procurement and supply chain systems and national laboratory systems that support more than one disease are encouraged and should be included in the RSSH modules on 'health products management systems' and 'laboratory systems'. For example, assessments of national medical products regulatory systems, quality control mechanisms for pharmaceutical products, and quality assurance testing should be included in the 'health products management systems strengthening' RSSH module. Activities such as developing integrated specimen transport network for all diseases should be included in the 'laboratory systems' RSSH module.

   Any activities related to strengthening procurement and supply chain and laboratory systems specifically for one of the three diseases should be included in the relevant disease-specific modules and associated interventions. For example, technical assistance to national TB reference laboratory, and post marketing surveillance for TB drugs should be included under the respective TB modules.

   Procurement and related cost of commodities and supplies for treatment and diagnosis that benefit only one disease program (for example, antiretroviral medicines, LLINs, ACTs and malaria RDTs, DST reagents for TB) should be included under disease specific modules and interventions.

Data management

4. Integrated data platforms and reporting of disease specific data systems to the national health management information system are encouraged and should be included under the 'health management information systems and monitoring and evaluation' RSSH module (Health Management Information system, Civil Registration and Vital Statistics systems, population-based surveys such as DHS). Activities related to strengthening disease-specific monitoring and evaluation systems (malaria surveillance, HIV patient tracking, TB prevalence surveys,) should also be included under this RSSH module.

Human Resources for Health

5. Accelerating the development and adoption of an integrated health workforce that delivers health services for more than one disease, and which includes the community health workforce, is encouraged. Activities to support these efforts should be included under the RSSH module 'human resources for health including community health workers'. Activities include joint training and supervisio, and salaries for staff working across diseases and programs.

   Capacity building, training, salaries, and other activities and costs for recruitment and retention of human resources that support a single disease should be rationalized and included under the relevant disease modules. For example, human resources and related costs for vector control should be included under the relevant intervention in the malaria 'vector control' module.

   Human resource costs related to specific RSSH modules, such as supply chain, laboratory systems, Health Management Information Systems and M&E, should be included under the relevant RSSH modules.

   Human resource costs related to program management should be included under the 'program management' module.

Integrated Service Delivery and Quality Improvement

6. Developing and implementing integrated service delivery approaches, and accompanying systematic, continuous and measurable quality improvement approaches is encouraged. This includes: collaborative and team-based improvement cycles, adapting models of care to meet needs of patients, and provider-initiated feedback mechanisms. Such activities should be included in the RSSH module 'integrated service delivery and quality improvement'.

   Applicants are also encouraged to embed quality improvement methods and approaches in all disease modules. Activities targeted at improving a specific disease outcome, such as HIV differentiated service delivery models for key populations, improving TB case finding, or improving quality of malaria case management, should be included under respective disease modules and interventions.

Financial Management Systems

7. Activities to strengthen in-country public financial management should be included in the RSSH module on 'financial management systems', under the intervention 'public financial management (country or donor harmonized systems)'. In addition, activities to strengthen financial management of Global Fund grants should also be included in the same RSSH module, under a different intervention 'routine grant financial management systems'.

Health Sector Governance

8. Activities related to strengthening health sector governance should be included in the RSSH module on 'health sector governance and planning' under the intervention 'National health sector strategies and financing'. Disease specific policy and planning related activities should also be included in this module, under the 'policy and planning for national disease control programs' intervention.

Community Systems Strengthening

9. Activities to strengthen community systems that underpin community-led and community-based responses should be included under the RSSH module 'community systems strengthening'. Disease specific community-led and community-based service delivery should be included in the relevant HIV, TB or malaria modules.

Program Management

10. This is a common module across all three diseases and RSSH. Program management activities related to Global Fund grant management and routine management of disease control programs should be included in the 'program management' module. The only exception would be activities to strengthen financial management of Global Fund grants, which should be included in the RSSH module on 'financial management systems' under the intervention 'routine grant financial management systems'. Strategic planning for health sector and disease control programs should be included in the RSSH module 'health governance and planning'.

4. Modular Framework- RSSH and three diseases

The list of modules, interventions and indicators for the three diseases are included on the following pages. WHO and UNAIDS are reviewing their guidance on HIV indicators so this handbook will be updated accordingly by the end of September 2019.

Resilient and Sustainable Systems for Health Modular Framework

Core List of Indicators*

Work Plan Tracking Measures

HIV Modular Framework

Core List of Indicators*

TB Modular Framework

Core List of Indicators*

Malaria Modular Framework

Core List of Indicators*

*Indicators marked with (M) are mandatory indicators which must be included in the Performance Framework for countries categorized as "Focused", if those respective modules are supported by Global Fund grants.

Resilient and Sustainable Sytems for Health
Modular Framework
Last updated: 31Jul2019

Module	Intervention	Scope and description of intervention package
RSSH: Health products management systems	Policy, strategy, governance	It includes activities related to implementation of a national strategy for managing health products at all levels of health care. For example: • Development or update of a national medicines policy; • Development or update of a national strategy for procurement and supply chain management/logistics plan/implementation plan; • Update of the essential medicines lists, national drug formularies and standard treatment guidelines; • Integrate management of the disease specific health products into the national system; • Technical assistance; • National health products management, PSM coordination, supportive supervision and monitoring mechanisms.
	Storage and distribution capacity	It includes activities to ensure appropriate storage, inventory management and distribution of medicines and other health products including cold chain to strengthen national supply chain performance. For example: • Assessment of the supply chain maturity; • Developing performance monitoring mechanisms and indicators; • Warehouse management capacity building; • Building capacity to develop dashboards and stock security monitoring reports; • Fleet management capacity; • Contract management capacity; • Infrastructure upgrade (central and/or peripheral level), for example: • Physical warehouse infrastructure upgrade/increasing storage capacity; • Increasing distribution/transport capacity; • Equipment for warehouse management. • Logistics Management Information Systems (software, hardware, trainings, technical assistance, including system interoperability capacity).
	Procurement capacity	It includes activities to support capacity for effective procurement of health products and services for health product management. For example: • Assessment of procurement capacity; • Capacity building for improved supply/demand analysis, widening VFM procurement options, procurement performance monitoring, etc. • Technical assistance; • Development of metrics to monitor procurement efficiency and supplier's performance monitoring.
	Regulatory/quality assurance support	It includes activities to strengthen capability of the national regulatory authorities (NRA) in their key regulatory functions. For example: • Update of the regulatory legal framework and policies; • Optimizing registration process for more rapid uptake of new technologies; • Increasing capacity to conduct post marketing surveillance; • Pharmacovigilance; • Medicines and health technologies (including in-vitro diagnostics and equipment); • Quality control (QC) of health products, such as supporting QC lab accreditation or prequalification and supporting national in-country quality monitoring activities; • Technical support; • Inspection and enforcement capacity building of NRA- including updates and dissemination of regulatory frameworks, strategies to combat counterfeits, strengthening collaboration with enforcement bodies (Ministry of Justice, police, customs/border control, etc.).
	Avoidance, reduction and management of health care waste	It includes activities that contribute to strengthen national systems for the avoidance, reduction and management of health care waste including the waste generated under Global Fund grants. Examples include: • Assessments and interventions for responsible green procurement of health products and sustainable 'Deliver' and 'Return' supply chains compliant with international and national regulations; • Assessment and development of policy frameworks, guidance and operational plans for management of health care waste and/or supply chain wastage; • Risk assessment and development of sustainable, safe and environmental friendly interventions for the management and/or disposal of specific health products (e.g. ARV, ACT, RDT, LLIN, viral load testing etc.) as well as non-health products (e.g. e-waste, solar panel, batteries etc.) as part of the national waste management system; • Setting up and strengthening of national waste management systems including the safe collection, classification and segregation, handling, Return transportation, recycling and/or treatment as well as disposal of waste; • Training of human resources across all tiers in the public and private sector to increase awareness and improve competency in waste management practices including the Return supply chain; • Infrastructure and equipment for the collection, transport, treatment and disposal of health care waste that are compliant with environmental and occupational health standards; • Public-private partnerships for sustainable and environmental friendly health care waste management; • Engagement with communities and civil society to implement environmental friendly health care waste management practices; • Introduction of sustainable innovative methods that seek to comply with the waste management hierarchy to prevent, minimize, reuse and recycle health care waste; • Evaluation of carbon footprint of 'End to End' Supply Chain, especially waste management and disposal options and promotion of climate-smart waste management systems and practices.
RSSH: Health Management Information Systems and M&E	Routine reporting	This intervention covers activities related to establishment/expansion/maintenance/strengthening of national HMIS, that are disease specific and/or cross-cutting. This includes aggregate and/or patient level reporting, cased-based surveillance, sentinel sites and mortality reporting at any reporting level (community, facility) and providers (public, private, community) for either paper based or digital HMIS reporting systems (e.g. DHIS or other platforms). Some specific examples include: • Assessment, review, or situational analysis of M&E systems/ HMIS; • Developing national M&E/ Health Information Systems (HIS) strategies, implementation plans, governance/coordination; • Developing national M&E framework, indicators and/or reporting tools/forms- including for community-based reporting, GBV, AGYW, human rights related programs, etc.; • Human resource, training, and technical assistance related to data collection and reporting; • Developing and strengthening community health information systems; • Integration/interoperability of other information systems (e.g. LMIS, Lab, or CHIS) with the HMIS; • Developing and implementing security and privacy policies and protocols for collecting, using and sharing data. For HIV it could include: − Sentinel surveillance among key Populations/AGYW/human rights programs; − HIV case-based surveillance; − Reporting on HIV testing services including routine ANC testing; − Reporting on antiretroviral therapy, tracking loss-to-follow-up, viral load testing; − Longitudinal prospective ART patient cohort monitoring- all registered ART patients or representative sentinel sites (applicable where national electronic information systems are not sufficient to enable quality cohort monitoring); − Reporting on distribution of commodities such as condoms and lubricants, sterile injecting equipment, etc.; − Routine reporting of TB/HIV collaborative activities and infection control measures; etc.

Module	Intervention	Scope and description of intervention package
		For TB it could include: − Routine R & R/ e-TB register; − Data collection and reporting of case finding, treatment outcomes, monitoring on stock-outs, ACSM, service quality (stigma, confidentiality, informed consent); − Data collection and reporting of TB-HIV collaborative activities, infection control measures and MDR-TB; − TB Surveillance systems and application of Standards & Benchmarks checklist (TB case and mortality notification). For Malaria it could include: − Activities enabling reporting on "Test, Treat and Track" from all care providers (public, private, community) including diagnosis and results by microscopy and RDT, anti-malaria treatment; − Reporting on stock-status; − Reporting on continuous ITN/LLIN distribution through ANC clinics, EPI services, schools, etc.; − Sentinel surveillance in burden reduction settings as well as surveillance activities for elimination (e.g., case and foci investigation, case-based reporting); etc. → Activities related to increasing data analysis and use in/from routine reporting systems (e.g. capacity building, review meetings) should be included under the intervention "Analysis, evaluations, review and transparency". → Support for supply chain and logistics (e.g. LMIS), lab reporting systems (e.g. LIS), finance reporting systems, and human resource reporting systems should be in the respective modules. → Supervision for data collection and reporting activities should be included under program and data quality interventions, not here. → Human resource costs related to this intervention should be included here.
	Program and data quality	It includes activities related to assessments of program and/or data quality, as well as monitoring of quality improvement activities or interventions. For example: • Health facility assessments with a quality of services component; including stigma, informed consent, confidentiality; • Other assessments of program quality including cost efficiency analyses; • Methods and tools to monitor or assess routine quality improvement activities including databases, tools, standards; • Data quality reviews, assessments and validations; • Supervisory visits specific to data collection and reporting only → Supervisory visits related to other aspects of the program should be included under the "Health sector governance and planning" module.
	Analysis, evaluations, review and transparency	It includes analysis, interpretation and use of available data, at national and sub-national level, collected through various sources, e.g., routine reporting, surveys, special studies, evaluations, reviews, etc. • Evaluation of the performance, quality and impact of whole or a specific component of a program; • National health sector and /or disease-specific program review, mid-term review of the national strategic plans, and related epidemiological and impact analyses; • Annual, biannual and quarterly reviews at national and sub-national levels; • Evaluations of AGYW and human rights programs, integration of community responses, community system strengthening interventions and enabling environment; • Disease-specific analysis, e.g. HIV cascade analysis, TB patient pathway analysis, Malaria Test, Treat and Track, etc.; • Mortality and cause of death analysis using various data sources- records of vital events, hospital death registers, surveys, SRS, HDSS, etc.; • Development and sharing of periodic reports through sub-national (health facility, district, provincial) and national analytical bulletins/websites/publications; • Analytical capacity building- training, mentoring and supervision of subnational staff on data analysis and use; • Thematic reviews of cross-cutting programmatic areas and operational issues, such as community service delivery, IPTp, EID, etc.; • Model-based estimations- EPP/Spectrum other modeling exercises such as OPTIMA, AIM, GOAL, Elimination Scenario Planning (ESP), TIME • Quantitative and qualitative analyses of barriers to access HIV, TB and malaria services such as gender, human rights and legal barriers. • Operations research- e.g. specific to any of the components of HIV, TB, and Malaria control programs, community-led research on improving access to and quality of services for AGYWs and key and vulnerable populations; → Research activities, such as entomological monitoring, insecticide resistance studies and therapeutic efficacy studies should be included under malaria vector control and case management modules → Research activities related to, e.g. introduction and acceptance of new health technologies should be included under respective disease or RSSH modules.
	Surveys	It includes surveys/studies related to assessment of morbidity, mortality, service coverage and bio-behavioral surveys/studies in general populations or identified populations at risk. Some specific examples include- • Demographic and Health Survey; • Health and morbidity surveys to assess out-of-pocket expenditures or burden; • Community-led surveys; • Client satisfaction surveys; etc. <u>For HIV it could include</u>: − Targeted and/or sub-national surveys estimating HIV prevalence and/or incidence/recent infection. − Population-based surveys including HIV biomarker (prevalence) and/or incidence based on recent infection, e.g. PHIA. − Risk behavior and KAP surveys, e.g. Bio Behavioral Surveys in key populations; − Qualitative surveys on facilitators and barriers to access to services, specific needs of different key populations, GBV; − Modes of Transmission studies; − AIDS indicator survey or other nationally representative household surveys; → Designing and implementing HIVDR surveillance/surveys should be included under the HIV Treatment care and support module. <u>For TB it could include</u>: − TB prevalence survey − Anti-TB drug resistance survey − TB inventory study <u>For Malaria it could include</u>: − Household surveys, e.g. DHS, MICS and MIS to monitor anemia/parasitemia prevalence, under-5 mortality and ITN/IRS/IPT/treatment coverage, etc.
	Administrative and finance data sources	It includes activities to strengthen administrative and financial ddata sources such as: • Establishing systems for periodic (annual) reporting on key health administrative and service availability statistics, such as: Health workforce, inventory of health care providers and institutions; health care utilization, coverage by social protection mechanisms etc. • National Health Accounts and disease distributional accounts; • Annual health budget review and analysis; • Expenditure studies-e.g. NASA or other spending assessments; etc.
	Civil registration and vital statistics	It includes activities related to establishing/ strengthening and scale up of vital registration information system such as: • Sample vital registration systems; • Strengthening reporting of hospital morbidity and mortality statistics; cause of death; • Establishment of SMS system of reporting; • Training of community health workers on reporting vital events, drug stock-outs, etc.

Module	Intervention	Scope and description of intervention package
RSSH: Human resources for health, including community health workers	Education and production of new health workers (excluding community health workers)	It includes pre-service education of health workers who provide quality health services across the three diseases (HIV, TB, Malaria) and for other health outcomes (e.g., RMNCAH). It includes training of health workers including doctors, nurses and midwives and others who are responsible for delivering integrated, people-centered health services. activities include: • Pre-service training for example on: - Provision of prevention, quality treatment, care and support services for HIV, TB, malaria and beyond (e.g. RMMCAH issues); - Leadership and management; - Integrated trainings on medical ethics aimed to reduce stigma and discrimination at healthcare settings including confidentiality, informed consent, sensitization on gender and key populations, gender-based violence, and related social services, etc., as related to the three diseases and beyond; - Measures for safety and protection of health workers; • Development or revision of training curricula; • Institutionalization of innovative learning approaches (e.g. e-learning); • Building sustainable relationships with national/international academic institutions (or others in the education sector) to ensure sustainable approaches, etc. → Pre-service education costs for single-disease specific areas (e.g. PMTCT, MDR-TB) are discouraged. If requested they should be included in the relevant disease modules. → This intervention does not include community health workers; use the intervention "Community health workers: Education and production" for pre-service education of community health workers.
	Remuneration & deployment of existing/new staff (excluding community health workers)	It includes HRH costs aimed at retention and scale-up of the health workforce (e.g. doctors, nurses, midwives). This intervention is aimed at health workers who provide health services for multiple disease programs, and also have broader reach to other health outcomes (e.g. RMNCAH). Activities can include: • Salaries, monetary and non-monetary incentives; performance-based financing; • Retention schemes and salary payments. → Applicants are encouraged to support health care workers, including at the primary health care level, who address the full spectrum of diseases. HRH costs for retention and scale-up of single disease specific health workers should be included under the relevant disease module. → These activities and costs should be accompanied by nationally owned HRH strategies which articulate how the costs will be absorbed in the medium- and long term by national budgets.
	In-service training (excluding community health workers)	It includes in-service education of health workers who provide health services across the three diseases (HIV, TB, Malaria) and for other health outcomes (e.g., RMNCAH). It includes training of health workers including doctors, nurses and midwives and others who are responsible for delivering integrated, people-centered health services. Activities include : • In-service training, for example on the following topics: - Provision of quality treatment, care and support, preventive and related social services for HIV, TB, malaria and beyond (e.g. RMNCAH such as provision of ante-natal and post-natal care, integrated management of childhood illness (IMCI), gender-based violence, etc.); - Leadership and management; - Supervision of health workers; - Measures for safety and protection of health workers; - Integrated trainings on medical ethics (for all facility staff) aimed to reduce stigma and discrimination at healthcare settings including confidentiality, informed consent, sensitization on gender and key populations, gender-based violence, and related social services, as related to the three diseases and beyond; • Development or revision of training curricula; • Institutionalization of innovative learning approaches (e.g. e-learning); • Building sustainable relationships with national/international academic institutions (or others in the education sector) to ensure sustainable approaches, etc. → In-service education costs for single-disease specific areas (e.g. PMTCT, MDR-TB) should be rationalized. If requested, they should be included in the relevant disease modules. → This intervention does not include community health workers; use the intervention "Community health workers: In-service training " for in-service education of community health workers.
	HRH policy and governance	It includes activities that focus on developing HRH policy and strengthening HR governance frameworks. Activities can include: • Support for a National HRH strategy, and supportive analyses such as health labour market assessments, workload indicators of staffing need (WISN) surveys, etc.; • Support for the development and strengthening of a comprehensive HRH Information System and its various functions, for example, registration and licencing, performamce managment system, in-service trainings; • Support for development of a national electronic HR registry; • Safety and protection of health workers including community health workers. • Situation analysis or policy and program development. → Human resource costs related to this intervention should be included here.
	Community health workers: Education and production	It includes pre-service education of community health workers who provide quality health services across the three diseases (HIV, TB, Malaria) and for other health outcomes, with a focus on RMNCAH issues, including integrated community case management (iCCM). Activities can include: • Pre-service training for example on: - Provision of quality prevention, treatment, care and support for the three diseases and beyond (e.g. RMNCAH) that are aligned with an integrated, people-centered approach; - Leadership and management; - Integrated training on medical ethics aimed to reduce stigma and discrimination and increase quality of service delivery including confidentiality, informed consent, sensitization on gender and key populations, gender-based violence, and related social services, as related to the three diseases and beyond. - Measures for safety and protection of community health workers; • Development or revision of training curricula; • Institutionalization of innovative learning approaches (e.g. e-learning); • Building sustainable relationships with national/international academic institutions (or others in the education sector) to ensure sustainable approaches. → Pre-service education costs for single-disease specific areas (e.g. PMTCT, MDR-TB) are discouraged. If requested they should be included in the relevant disease modules.
	Community health workers: Remuneration and deployment	It includes activities aimed at retention and scale-up of the community health workforce. This intervention is aimed at health workers who provide quality health services for multiple disease programs, including iCCM and other RMNCAH activities. Activites can include: • Salaries, monetary and non-monetary incentives; performance-based financing; • Retention schemes and salary payments. → Applicants are strongly encouraged to support community health workers who address the full spectrum of diseases wherever possible. HRH costs for retention and scale-up of single disease specific community health workers should be included under the relevant disease module. → These activities and costs should be accompanied by nationally owned HRH strategies which articulate how the costs will be absorbed in the medium- and long term by national budgets

Module	Intervention	Scope and description of intervention package
	Community health workers: In-service training	It includes in-service education of community health workers who provide health services across the three diseases (HIV, TB, Malaria) and for other health outcomes with a focus on RMNCAH including integrated community case management (iCCM). It can include: • In-service training for example on: - Provision of quality treatment, care and support, preventive and related social services that are aligned with an integrated, people-centered approach; - Reporting of vital events to input into vital registration information systems if it is part of a larger integrated training package (trainings focused specifically on this topic should be included in the CRVS intervention in the Health Management Information System and M&E module); - Leadership and management; - Supervision of community health workers; - Integrated training on medical ethics aimed to reduce stigma and discrimination at healthcare settings including confidentiality, informed consent, sensitization on gender and key populations, gender-based violence, and related social services, as related to the three diseases and beyond; • Development or revision of training curricula; • Institutionalization of innovative learning approaches (e.g. e-learning); • Building sustainable relationships with national/international academic institutions (or others in the education sector) to ensure sustainable approaches, etc. → In-service education costs for single-disease specific areas (e.g. PMTCT, MDR-TB) should be rationalized. If requested they should be justified and included in the relevant disease modules.
RSSH: Integrated service delivery and quality improvement	Quality of care	It includes activities that strengthen the development and use of tools for the provision of high quality integrated, people-centered health services. Activities can include: • Developing national quality of care policies, strategies, guidelines, regulatory functions and governance structures for quality improvement at macro, meso and micro levels; • Advocacy and support for development and strengthening of strategic frameworks for quality of care, related to essential packages of health services; • Development and revision of standards, clinical guidelines and treatment protocols; • Development of national measurement and performance frameworks to monitor quailty of care; • Development of client satisfaction data collection strategies; • Developing and implementing systematic, continuous and measurable quality improvement approaches, for example, adapting clinical practices, quality inprovement knowledge management, collaborative and team-based improvement cycles, adapting models of care to meet needs of patients, patient engagement and empowerment; • Support national learning systems for quality to enhance rapid cycles of improvement; • Provider-initiated feedback mechanisms, such as development of public audits and scorecards, sharing of best practices across facilities and differentiated models of care, complaints mechanisms, intercept surveys of users, accountability tools; • Analysis of feedback data for service performance assessment and improvement; • Development of national guidelines, laws and policies for GBV; • Capacity building and other HRH related costs related to improving quality of care policies and implementation. → Activities included here should be cross-cutting with the explicit aim of improving the quality of integrated service delivery. If activities are being requested that relate to quality improvement for only one disease outcome, it should be included in respective disease modules, noting that more integrated quality of care approaches are encouraged. → TB-HIV collaborative activities should be included under the TB-HIV module. → Community-based monitoring for tracking stock-outs and service quality, including stigma, discrimination, informed consent and confidentiality should be included in the CSS module under the intervention "Community based monitoring.
	Service organization and facility management	It includes activities that are aimed at improving effectiveness and efficiency of organizational management systems for the delivery of high quality integrated, people-centered health services for HIV, TB, malaria, with links to broader RMNCAH, GBV and other services, whether in health facilities or in community-based organizations. Activities can include improving service organization and management systems in health facilities, including through a regional or sub-regional approach, for example: • Strengthening district management systems, innovations around integrated supervision, service delivery mechanisms/models for integrated delivery of services at health clinics, etc.; • Accountability mechanisms that strengthen the participation and empowerment of the general public and affected populations; • Stengthening linkages, including referrals, between communities and facilities. → Activities incuded under this intervention should be cross-cutting with the explicit aim of improving the quality, coverage and effectiveness of health services. Activities benefitting only one disease outcome should be included in respective disease modules. → Service delivery costs for TB-HIV should be included under the TB-HIV module.
	Service delivery infrastructure	It includes activities related to upgrading or scaling up service delivery infrastructure, particularly at the PHC level, to ensure facilities are properly equiped to deliver integrated, people-cenered health services. Activities can include: • Refurbishing facilities, furniture, vehicles, etc.; • Operational costs, where necessary (e.g., in low-income countries and/or challenging operating environments). → Activities should benefit the delivery of health services across the three diseases. Disease specific activities should be included in the relevant disease module. → Large-scale construction projects (e.g. building a multi-functional hospital) are not funded by the Global Fund.
RSSH: Financial management systems	Public financial management (country or donor harmonised) systems	It includes activities supporting strengthening and alignment with country financial management systems for budgeting, accounting, reporting and assurance provision including for Global Fund grants. It also includes activities promoting harmonisation with other development partners on financial management implementation arrangements for better health outcomes and sustainable impact. The activities should have a direct bearing on the Global Fund's intervention in the health sector, and promote sustainability and harmonisation in financial management. Activities can include: • Financing country action plans for public financial management and accountability and oversight; • Enhancing internal controls; • Process improvements; • Information systems strengthening; • Activities to ensure collaboration with other development partners for achievement of synergies. → Human resource costs related to this intervention should be included here (e.g. capacity building of auditing bodies/implementers).
	Routine grant financial management	It includes activities supporting financial management capacity improvements for Global Fund grants to enable better fiduciary control, timely and quality reporting for program performance. It includes any activities aimed at strengthening in-country grant management processes and systems. Activities can include: • Risk, assurance and treasury management directly at the grant level; • Specific grant-related accounting software enhancements; • Introduction of tools & process development; • Other capacity building directly related to Principal recipient (PR) and sub-recipient (SR) grant implementers.

Module	Intervention	Scope and description of intervention package
RSSH: Health sector governance and planning	National health sector strategies and financing	It includes activities that contribute to planning, developing and reviewing national health sector strategies, policies, regulations, guidelines and protocols, with linkages to policies and strategies for the three diseases (HIV, TB and malaria), and broader reach to other health outcomes. Activities can include support for developing and implementing: • Health sector budgets and annual operational plans at various levels, from national to sub-national levels; • UHC roadmaps and other initiatives to promote UHC including development of essential packages of services that include the three diseases; • Mechanisms to implement, supervise and report on implementation of health sector laws, policies, regulations, including through national and other consultative forums; • Digital health technologies to support implementation of health programs, including strategic planning, governance and coordination; • Engagement with private sector, including mapping of key stakeholders, existing regulations, and service delivery models; • Development of policies and regulations that incentivize contribution of private service providers while minimizing potential harms and ensuring equity in service delivery. → Community-based monitoring activities should be included under RSSH module "Community systems strengthening". → Work on sub-sector plans and strategies, for example on HRH, procurement and supply chain management or quality of care, should be included in the relevant RSSH module/intervention. It also includes activities that contribute to health financing initiatives under national health strategies, leading to increased financial resources to public, private and non-government/community institutions for effective delivery of services and disease control programs. Includes: • Improving domestic revenue mobilisation, collection and financing of the health sector; • Pooling and strategic purchasing for ensuring financial sustainability and efficiency of service delivery. This includes contracting and public financing of civil society / NGOs to provide health services (ie, "social contracting"), particularly (although not limited) to key and vulnerable populations; • Health financing studies to improve efficiency and resource mobilization. → Support for national health accounts should be included under the RSSH module 'Health Management Information System and M&E' in the 'Administrative and finances data sources' intervention.
	Policy and planning for national disease control programs	It includes activities related to policy, planning and management of the three national disease control programs (HIV, TB and malaria) at the central and regional level including: • Development of national strategic plans and annual operational plans and budgets (that ensure linkages to the national health strategic plan; • Cross-sector policy and planning (for example on social determinants and protection related to justice, housing, labour, poverty and social welfare) and involvement of key affected populations in planning; • Capacity building and support to disease control programs to identify common cross-cutting health systems needs, approaches to improve integration into the health system, and to undertake coordinated planning, programming and implementation of disease programs. → Program reviews and evaluations of national health strategies should be included in the RSSH module on Health Management Information System and M&E, under the 'Analysis, evaluations, review and transparency' intervention.
RSSH: Community systems strengthening	Community-based monitoring	It includes community-based mechanisms by which service users and/or local communities gather, analyze and use information on an ongoing basis to improve access to, quality and impact of services, and to hold service providers and decision makers to account. It could include: • Development, support and strengthening of community-based mechanisms that monitor: availability, accessibility, acceptability and quality of services (e.g. observatories, alert systems, scorecards); health policy, budget and resource tracking, and monitoring of health financing allocation decisions; and/or complaint and grievance mechanisms; • Community-based monitoring of barriers to accessing services (e.g. human rights violations, including stigma and discrimination and confidentiality; age and gender-based inequities; geographical and other barriers) for purposes of emergency response, redress, research and/or advocacy to improve programs and policies; • Tools and equipment for community-based monitoring (including appropriate technologies); • Technical support and training on community-based monitoring: collection, collation, cleaning and analysis of data; and using community data to inform programmatic decision making and advocacy for social accountability and policy development; • Community engagement and representation in relevant governance and oversight mechanisms. → Please note that community based monitoring is not the same as routine program monitoring (M&E). → For guidance on human rights interventions, please refer to the 'Reducing human rights-related barriers' modules in the disease modular frameworks.
	Community-led advocacy and research	It includes local-, provincial-, national- and/or regional-level advocacy activities led by community organizations, networks and civil society actors, particularly those representing marginalized, under-served and key and vulnerable populations. Advocacy activities can relate to: health services; disease-specific programs; or broader issues such as human rights violations, including stigma and discrimination and confidentiality; age and gender inequities; sustainable financing and legal and policy reform. It could include: • Qualitative, quantitative and operational community-led research that takes into account human rights, gender and age considerations; and the production, publication and dissemination of reports and communication materials; • Community-led mapping of legal, policy and other barriers that hinder/limit community responses (including barriers that impede registration, funding of community organizations); • Data collection and analysis to inform development and/or improvement of key and vulnerable population programs; • Research and advocacy to sustain/scale-up access to services by key and vulnerable populations, including public financing for the provision of services by community led and based organizations (e.g. costing of services and implementation arrangements; analysis of the legal and policy context, tendering and selection processes, and monitoring of implementation); • Capacity building to develop and undertake campaigns, advocacy and lobbying, for improved availability, accessibility, acceptability and quality of services and social accountability; • Capacity building to develop and implement advocacy campaigns for domestic resource mobilization for the three diseases and Universal Health Coverage; • Advocacy activities, including conducting situational analysis, engagement and representation in policy processes, decision-making and accountability mechanisms and processes, and in the development of local, regional and national strategies and plans (including national health; disease-specific; community health and Universal Health Coverage). → For guidance on human rights interventions, please refer to the 'Reducing human rights-related barriers' modules in the disease modular frameworks. → Human resource costs related to this intervention should be included here.
	Social mobilization, building community linkages and coordination	It includes activities to mobilize communities, particularly communities of marginalized, under-served and key and vulnerable populations, in responses to the three diseases, barriers to accessing health and other social services, social determinants of health and progress towards Universal Health Coverage and the realization of the SDGs. It could include: • Community-led participatory needs assessments; • Building capacity on use of appropriate new information communication tools and technologies; • Community-led development/revision of strategies, plans, tools, resources and messages for social mobilization; • Mapping of community-led and community-based organizations and networks and their service packages as basis for improved planning, resourcing, integration and coordination of service delivery and advocacy; • Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors and broader movements such as human rights and women's movements. → Disease-specific community mobilization activities should be included under the relevant disease module.

Module	Intervention	Scope and description of intervention package
	Institutional capacity building, planning and leadership development	It includes activities that support the establishment, strengthening and sustainability of community-led or community-based organizations and networks (informal and formal), with particular attention to those serving marginalized, under-served and key and vulnerable populations. It could include: • Capacity building and mentorship of community organizations and networks in a range of areas necessary for them to fulfil their roles in social mobilization; community-based monitoring and advocacy; • Technical and programmatic development to ensure high quality delivery of integrated community-based services; • Development and/or revision of tools and other forms of support for community-led and community-based organizations and networks for: - assessing capacity and developing appropriate capacity building plans; - institutional and organizational capacity including governance, financial management, sustainability planning, internal policies, leadership development, program management, monitoring, evaluation and learning and reporting; - partnerships, community organizing and advocacy; - technical capacity to respond to human rights, gender and legal and policy barriers to services. • Infrastructure and core costs of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, community monitoring and advocacy.
RSSH: Laboratory systems	National laboratory governance and management structures	It includes activities to update national laboratory policies and strategic plans based on strong technical guidelines or standards, and consistent with standards set by key international stakeholders. It also includes developing and supporting effective national laboratory management structures that provide stewardship and coordination of laboratory services at all levels. Activities can include: • Laboratory governance support to establish national labs directorate for better coordination of laboratory services • Development of comprehensive national laboratory polices and plans, including support to operational management and technical assistance; • Establishment of a national laboratory network that includes all disease programs coordinated by the Ministry of Health; • Coordination mechanisms and mapping of partners' contributions; • Legal, regulatory and policy reforms; • Support organization and communication between the different tiers of the laboratory system; • National policies and guidelines on biosafety and biosecurity and respective standard operating procedures.
	Infrastructure and equipment management systems	It includes interventions aimed at supporting the scale-up of integrated laboratory services according to tiered level, whether facility-based or community-based. Activities can include: • Upgrading infrastructure, including refurbishing facilities to comply with international recommendations and required biosafety levels, multi-disease testing equipment, back-up power, furniture, information communication technology (ICT) as well as connectivity for lab technologies; • Development of design standards for laboratories; • Equipment management systems including planning and negotiation of maintenance contracts, bundled maintenance agreements and reagent rental agreement; • Training of biomedical engineers; • Training of users of equipment; • Support to calibration and maintenance contracts; • Connectivity solutions for laboratory equipment. → Equipment used for single disease testing should be included under the relevant disease modules.
	Quality management systems and accreditation	It includes activities focused on quality management sysems and accreditation for laboratories. Activities can include: • Support to the establishment and implementation of national continuous quality programs for laboratory systems including quality management systems towards accreditation ie SLMTA/SLIPTA; • Support to national regulatory bodies, frameworks and minimum licensing requirements for laboratory systems; • Support to development of national quality standards for laboratory systems.
	Information systems and integrated specimen transport networks	It includes activities related to laboratory information systems and specimen transport. Activities can include: • Establishment, maintenance and strengthening of national laboratory Information systems (LIS) integrated for all diseases at all levels, including public-sector, private-sector and community-level reporting; • Capacity building of monitoring and evaluation (M&E) personnel on key laboratory indicators including support to data analysis and development of laboratory dashboards that are interoperable with national HMIS; • Development of reporting forms and tools and data-quality assessment methods; • Training staff at all levels to use data to make informed management and program decisions and monitor program progress; • Promoting use of technology and electronic systems (e.g. establishment of text messaging/SMS systems of reporting, diagnostic and decision-making algorithms and other innovative applications); • Integrated specimen transport networks including specimen transport that are disease agnostic; • Support for results return.
	Laboratory supply chain systems	It includes support to laboratory supply chains. Activities can include: • Mapping and optimizing of lab networks, including assessments and optimization processes and analyses leading to improved placement of multi-disease equipment/platforms in integrated lab networks; • Development of specifications for selection of equipment, reagents, consumables and accessories balancing cost effectiveness and access; • Standardization and harmonization of tests and technologies; • Procurement planning including technical assistance on modalities for reagent rental or leasing, understanding of market dynamics for laboratory items and their impact on lead times needed for different laboratory supplies and supply planning; • Forecasting and quantification of needs; • Support to remote monitoring and data connectivity of equipment.
Program Management	Coordination and management of national disease control programs	It includes activities related to coordination and management of the three national disease control programs (HIV, TB and malaria) as central, regional and district level. Activities can include: • Oversight, technical assistance and supervision from national to subnational levels; • Human resource planning/ staffing and training for program management; • Coordination with district and local authorities; • Quarterly meetings; • Office/IT equipment; • Partnering processes, including advocacy and public awareness and communication carried out by partners and the national program, including mobilizing leaders to support implementation and sustainability of the program; → Activities related to development of national health sector strategic plans and alignment with the disease specific plans should be included under the RSSH module 'Health sector governance and planning,' in the 'National health sector strategies and financing for implementation' intervention. → Activities related to development of national disease specific plans should be included in the RSSH module 'Health sector governance and planning,' under the RSSH intervention 'Policy and planning for national disease control programs'.
	Grant management	It includes specific activities related to managing Global Fund grants including at the PMU/PR/SR level. These could include: • Development and submission of quality grant documents; • Oversight and technical assistance related to effective and efficient Global Fund grant implementation and management and specific Global Fund requirements; • Supervision from PR to SR level (applicable when the national disease control program is not the PR); • Human resource planning/ staffing, training and overheads; • Operational costs; • Coordination with national program, district and local authorities; • Quarterly meetings and office/IT equipment at PR/SR level; • Mobilizing leaders to support implementation and sustainability of the program; etc.

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Resilient and Sustainable Sytems for Health
Core list of indicators

Last updated: 31Jul2019

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Outcome indicators (All modules)	Outcome	HSS O-5	Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	
	Outcome	HSS O-6	Percentage of facilities providing diagnostic services on the day of the assessment	
	Outcome	HSS O-7	National agregate HMIS fully deployed, with HIV, TB and malaria indicators integrated, and complete and timely reporting	
	Outcome	HSS O-8	Active health workers per 10,000 population	Occupation group (Physicians, Nurses and Midwives, Laboratory technicians, Pharmacists and CHWs)
	Outcome	HSS O-9	Percentage of antenatal clients with 1st visit before 12 weeks	Age (10-14, 15-19)
	Outcome	HSS O-10	Proportion of population with large household expenditure on health as a share of total household expenditure or income (catastrophic spending on health)	
Health products management systems	Coverage	PSM-3	Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting	
	Coverage	PSM-4	Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	
	Coverage	PSM-5	Percentage of consignments delivered on-time and in-full among the total number of consignments expected to be delivered for the three diseases during the reporting period	
	Coverage	PSM-6	Percentage of health products for Purchase Orders confirmed with suppliers among the projected quantities, for the three diseases during the reporting period	
	Coverage	PSM-7	Percentage of health product batches for the three diseases tested for quality in line with Global Fund Quality Assurance policy	
Health management information systems and M&E	Coverage	M&E-2a	Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	Type of report- HIV reports, TB reports, Malaria reports, Integrated reports
	Coverage	M&E-2b	Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	Type of report- HIV reports, TB reports, Malaria reports, Integrated reports
	Coverage	M&E-4	Percentage of service delivery reports from community health workers integrated into HMIS	
	Coverage	M&E-5	Percentage of facilities which record and submit data using the electronic information system	
	Coverage	M&E-6	Percentage of districts that produce periodic analytical report(s) as per nationally agreed plan and reporting format during the reporting period	
Human resources for health, including community health workers	Coverage	HRH-1	Vacancy rate: Number of full time posts unfilled for at least 6 months as a percentage of total number of funded posts	Occupation group (Physicians, Nurses and Midwives, Laboratory technicians, Pharmacists and CHWs)
	Coverage	HRH-2	Proportion of students graduating from a health workforce education and training program to the number of students enrolled in first year	Occupation group (Physicians, Nurses and Midwives, Laboratory technicians, Pharmacists and CHWs)
	Coverage	HRH-3	Proportion of community health workers who received at least one supportive supervision during the reporting period	
d service delivery and ality improvement	Coverage	SD-3	Number of outpatient department visits per person per year	
	Coverage	SD-4	Percentage of facilities with functioning health committee (or similar) that includes community members and meets at least quarterly	
	Coverage	SD-5	Percentage of facilities that receive supportive supervision – at least once per quarter	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Integrated ... qua...	Coverage	SD-6	Number of iCCM conditions treated among children under five in target areas during the reporting period	iCCM condition- Malaria, Pneumonia, Diarrhoea, Malnutrition
Financial management systems	Coverage	FMS-1	Percentage of public financial management system components used for grant financial management	
Health sector governance and planning	Coverage	HSG-1	Percent of district health management teams or other administrative units that have developed a monitoring plan, including annual work objectives and performance measures	
Community systems strengthenng	Coverage	CSS-1	Percentage of community based monitoring reports presented to relevant oversight mechanisms	
	Coverage	CSS-2	Number of community based organizations that received a pre-defined package of training	
Laboratory systems	Coverage	LAB-1	Percentage of National Reference Laboratories accredited according to ISO15189 standard or achieving at least four stars towards accreditation	
Program Management	Coverage	PM-1	Percentage grant budget execution (i.e. in-country financial absorption)	
	Coverage	PM-2	Percentage utilization of disbursed funds (i.e. in-country disbursement utilization)	

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Resilient and Sustainable Sytems for Health
Workplan tracking measures
Last updated: 31Jul2019

Module	Work Plan Tracking Measures
Health products management systems	1.Logistic Management Information System established
	2.Assessment of the national medical products regulatory systems conducted
	3.Quality assurance testing for pharmaceuticals performed
	4.Pharmaceuticals quality control laboratory established
	5.Central and/or peripheral level infrastructure upgraded- e.g. warehouses, etc.
	6. Administrative lead time of procurements conducted through National Systems- Percentage of purchases meeting tender/procurement request to Purchase Order submission benchmark among the total number of Purchase Orders
	7. Affordability of procurements conducted through National Systems- Percentage of products within the defined set of core products procured with a weighted average price (per grant) at or below the PPM reference price among the total number of products procured.
Human resources for health, including community health workers	1.National HRH strategy and plan developed
	2.National HRH training plan and curriculum developed
	3.Number of people trained- In-service training
	4.National HRH information system developed and rolled out
	5. Health labour market assesment conducted
Health sector governance and planning	1.National health sector policy/strategy/plan developed
	2.Annual sectoral plans linked with national strategic plans developed
	3.Number of joint planning and review meetings of MOH with disease programs to improve cross-program coordination
	4. Number of actions taken by MoH with internal and external partners during the reporting period on aligning objectives, budget and/or operational plans with the national disease control programs (The actions should be agreed upon at the time of grant making and should measure the expected progress in ensuring cross-program coordination and efficiency in program implementation).
	5. Framework governing the for-profit private sector developed/updated
	6. National eHealth or Digital Health Strategy and costed implementation plan developed
	7. Number of CSO who have received domestic public resources to support community programs for key populations as part of the national response
Laboratory systems	1.National laboratory policies and strategic plans developed/updated
	2.Integrated specimen transport network for all diseases developed
	3.National quality laboratory standards and system for licensing public/private labs established
	4.National policies/guidelines for waste management, biosafety, biosecurity & SOPs developed
	5.Integrated facility-based laboratory services upgraded/scaled-up
Integrated service delivery & quality improvement	1.Number of facilities rehabilitated/upgraded/equipped
	2.Referral system between health facility and community set-up
	3.Percent of health facilities that conduct integrated outreach sessions
Community systems strengthening	1. National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened
	2. Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed
	3. Engagement and representation of communities in national fora, processes and decision-making bodies
	4. National strategies (e.g. NSPs, community health strategies, prevention roadmaps, AGYW) articulating roles of communities available (including differentiated service delivery, health governance, monitoring and advocacy)
	5. Capacity of community-based organizations enhanced/improved
	6. Business case for sustainability of community led and based services for key and vulnerable populations developed
Health Management Information System and M&E	1.Program reviews/evaluations/surveys/studies conducted
	2. National Health Information Systems Strategy and costed implementation plan developed
	3. Proportion of district quarterly or semi-annual review meetings conducted during the reporting period
	4. Development and dissemination of standard operating procedures (SOPs) for data use at national and sub-national levels
	5. Training of health facility, district and regional/provincial staff on SOPs for data use.
	6. Geocoded master facility list developed/updated
	7. Geocoded master community health worker list developed/updated

HIV Modular Framework
Last updated: 31Jul2019

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Men who have sex with men	Condom and lubricant programming	It includes activities to increase condom use amongst MSM, such as: • Promotion and distribution of condoms and condom-compatible lubricants; • Targeted condom distribution to non-traditional outlets; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Community level surveys to examine barriers to condom use and condom preferences; • Demand generation through peer outreach and other peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	Men who have sex with men	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis (PrEP) for MSM at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support; • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other PHC services.
Prevention	Men who have sex with men	Behaviour change interventions	It includes individual-level and community-level behavioral activities for MSM, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, safer sex, serosorting, strategic positioning); • Information, Education and Communication (IEC) activities; • Targeted internet-based information, education, communication, including through social media; • Social marketing-based information, education, communication; • Sex venue-based outreach; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training; etc.
Prevention	Men who have sex with men	Community empowerment	It includes a package of activities to enhance MSM community empowerment, such as: • Community mobilisation; • Training on HIV, SRH and sexuality; • Strengthening and supporting MSM to organize themselves; • Capacity development for MSM-led organizations; • Providing safe spaces; • Community roundtables; • Community surveys, including participatory assessment of community needs for program design; • Community involvement in service delivery; • Participation in technical working groups, national, provincial and local decision making fora.
Prevention	Men who have sex with men	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhea, Chlamydia trachomatis; • Routine STI check-ups; • Syndromic and clinical case management for patients with STI symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.
Prevention	Men who have sex with men	Harm reduction interventions for drug use	It includes activities that promote harm reduction among MSM who use drugs (both injecting and non-injecting), including the use of recreational drugs to enhance the pleasure of sexual activity. This includes: • Needle and syringe programs; • Opiod substitution therapy; • Overdose prevention and management, including distribution of naloxone; • Referrals to other evidence-based drug dependence programs; • Referrals to risk assessment, risk reduction counselling, as well as other sexual and reproductive health (SRH), primary health care (PHC) and mental health services.
Prevention	Men who have sex with men	Addressing stigma, discrimination and violence	It includes activities related to addressing stigma, discrimination and violence, such as: • Prevention, screening and responses to sexual, physical, emotional and gender-based violence, for example- primary prevention: educational anti-homophobic campaign, punishment of perpetrator and linkages to other services, including post-rape care, PEP and mental health counseling, and other testing; • Documenting violence and other human rights violations; • Legal support and legal literacy; • Crisis response, for example, security assessments, mitigations and response plans for MSM-led organizations and MSM communities, establish crisis response team, establish emergency phone number and disseminate, install security equipments in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggresors; • Sensitisation of law enforcement and health providers; • Awareness raising of MSM on human rights; • Legal redress; • Advocacy for legal and policy reforms.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Men who have sex with men	Interventions for young Key Populations	It includes activities, such as: • Training of health care providers on the health needs and rights of young men who have sex with men and on overlapping vulnerabilities; • Integrating HIV and SRH services with youth-responsive PHC services, drop-in centers, shelters, youth community centers and within MSM services; • Provision of developmentally appropriate information and education for young MSM, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior (including at clubs, festivals and other non-traditional settings); • Peer-led prevention programs (for example, role models, mentorship); • Sensitization programs for parents, family members, caregivers and reintegration with families; • Design and implementation of anti-bullying campaigns in school.
Prevention	Men who have sex with men	Prevention and management of coinfections and co-morbidities	It includes activities, such as: • Prevention, screening, diagnosis and treatment for tuberculosis; • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B; • Screening and vaccine for human papillomavirus; • Anal cancer screening; • Routine screening and management of mental health, including sexual identity development, depression and trauma; • Evidence-based interventions to address harmful alcohol or drug use. → Activities related to strengthening primary health care for the delivery of such health services should be placed in the RSSH module "Integrated service delivery and quality improvement".
Prevention	Sex workers and their clients	Condom and lubricant programming	It includes activities to increase condom use amongst male and female sex workers and their clients, such as: • Promotion and distribution of male and female condoms and condom-compatible lubricants; • Targeted condom distribution to non-traditional outlets; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Community level surveys to examine barriers to condom use and condom preferences; • Demand generation through peer outreach and other peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	Sex workers and their clients	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis for sex workers and their partners at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support; • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other primary health care (PHC) services.
Prevention	Sex workers and their clients	Behaviour change interventions	It includes individual-level and community-level behavioral interventions for sex workers, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, violence protection); • Information, Education and Communication (IEC) activities; • Targeted internet-based information, education, communication, including the use of social media; • Social marketing-based information, education, communication; • Sex venue-based outreach; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training; etc.
Prevention	Sex workers and their clients	Community empowerment	It includes a package of interventions to enhance community empowerment, such as: • Community mobilisation; • Training on HIV, SRH and sexuality; • Strengthening and supporting sex workers to organize themselves; • Capacity development for sex workers-led organizations; • Providing safe spaces; • Community surveys, including participatory assessment of community needs for program design; • Community roundtables; • Community involvement in service delivery, monitoring, data collection; • Participation in technical working groups, national, provincial and local decision making fora.
Prevention	Sex workers and their clients	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, Asymptomatic urethral gonorrhoea, rectal gonorrhea, Chlamydia Trachomatis; • Routine STI check-ups; • Screening for cervical cancer and HPV and pregnancy testing according to the Global Fund co-infections and co-morbidities framework; • Syndromic case management for patients with symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.
Prevention	Sex workers and their clients	Harm reduction interventions for drug use	It includes activities that promote harm reduction among sex workers who use drugs (both injecting and non-injecting), including the use of recreational drugs to enhance the pleasure of sexual activity. This includes: • Needle and syringe programs; • Opiod substitution therapy; • Overdose prevention and management, including distribution of naloxone; • Referrals to other evidence-based drug dependence programs; • Referrals to risk assessment, risk reduction counselling, as well as other sexual and reproductive health (SRH), primary health care (PHC) and mental health services.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Sex workers and their clients	Addressing stigma, discrimination and violence	It includes activities related to addressing stigma, discrimination and violence, such as: • Prevention, screening and responses to sexual, physical, emotional and gender-based violence (for example, primary prevention: educational campaigns, punishment of perpertrator and linkages to other services, including post-rape care, PEP and mental health counseling, and other testings); • Documenting violence and other human rights violations; • Legal support and legal literacy; • Crisis response (for example, security assessments, mitigations and response plans for sex worker-led organizations and sex worker communities, establish crisis response team, establish emergency phone number and disseminate, install security equipments in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggresors); • Sensitisation of law enforcement and health providers; • Awareness raising of sex workers on human rights; • Legal redress; • Advocacy for legal and policy reforms.
Prevention	Sex workers and their clients	Interventions for young Key Populations	It includes activities, such as: • Training of health care providers on the health needs and rights of young people who sell sex and on overlapping vulnerabilities; • Integrating HIV and SRH services with youth-responsive PCH services, drop-in centers, shelters, youth community centers and within sex work services; • Provision of developmentally appropriate information and education for young people who sell sex, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior (including at clubs, festivals and other non-traditional settings); • Peer-led prevention programs (for example, role models, mentorship); • Sensitization programs for parents, family members, caregivers and reintegration with families.
Prevention	Sex workers and their clients	Prevention and management of coinfections and co-morbidities	It includes activities, such as: • Prevention, screening, diagnosis and treatment for tuberculosis; • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B; • Screening and vaccine for human papillomavirus; • Anal cancer screening; • Routine screening and management of mental health, including sexual identity development, depression and trauma; • Evidence-based interventions to address harmful alcohol or drug use. → Activities related to strengthening primary health care for the delivery of such health services should be placed in the RSSH module "Integrated service delivery and quality improvement".
Prevention	Transgender people	Condom and lubricant programming	It includes activities to increase condom use amongst transgender people, such as: • Promotion and distribution of male and female condoms and condom-compatible lubricants; • Targeted condom distribution to non-traditional outlets; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Community level surveys to examine barriers to condom use and condom preferences; • Demand generation through peer outreach and other peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	Transgender people	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis (PrEP) for transgender people at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support; • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other PHC services.
Prevention	Transgender people	Behaviour change interventions	It includes individual-level and community-level behavioral interventions for transgender people, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, safer sex, serosorting, strategic positioning); • Information, Education and Communication (IEC) activities; • Targeted internet-based information, education, communication, including through social media; • Social marketing-based information, education, communication; • Sex venue-based outreach; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training; etc.
Prevention	Transgender people	Community empowerment	It includes a package of interventions to enhance community empowerment, such as: • Community mobilisation; • Training on HIV, SRH and sexuality; • Strengthening and supporting transgender community to organize themselves; • Capacity development for transgender-led organizations; • Providing safe spaces; • Fostering programs led by transgender people (for example, community roundtables, informal surveys, participatory assessment of community needs for program design); • Community roundtables; • Community involvement in service delivery, monitoring, data collection; • Participation in technical working groups, national, provincial and local decision making fora.
Prevention	Transgender people	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, Asymptomatic urethral gonorrhoea, Rectal gonorrhoea, Chlamydia Trachomatis; • Routine STI check-ups; • Syndromic and clinical case management for patients with STI symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Transgender people	Harm reduction interventions for drug use	It includes activities that promote harm reduction among transgender people who use drugs (both injecting and non-injecting), including the use of recreational drugs to enhance the pleasure of sexual activity. This includes: • Needle and syringe programs; • Opiod substitution therapy; • Distribution of naloxone; • Referrals to other evidence-based drug dependence programs. • Referrals to risk assessment, risk reduction counselling, as well as other sexual and reproductive health (SRH), primary health care (PHC) and mental health services.
Prevention	Transgender people	Addressing stigma, discrimination and violence	It includes activities related to addressing stigma, discrimination and violence, such as: • Prevention, screening and responses to sexual, physical, emotional and gender-based violence (for example, primary prevention: educational anti-transphobic campaign, punishment of perpetrator and linkages to other services, including post-rape care, PEP and mental health counseling, and other testings); • Documenting violence and other human rights violations; • Legal support and legal literacy; • Crisis response (for example, security assessments, mitigations and response plans for TG-led organizations and TG communities, establish crisis response team, establish emergency phone number and disseminate, install security equipments in facility, encrypt client data, facilitate emergency legal aid, disseminate reports on aggresors); • Sensitisation of law enforcement and health providers; • Awareness raising of TG on human rights; • Legal redress; • Advocacy for legal and policy reforms.
Prevention	Transgender people	Interventions for young Key Populations	It includes activities, such as: • Training of health care providers on the health needs and rights of young transgender people and on overlapping vulnerabilities; • Integrating HIV and SRH services with youth-responsive PHC services, drop-in centers, shelters, youth community centers and within TG services; • Provision of developmentally appropriate information and education for young transgender people, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior (including at clubs, festivals and other non-traditional settings); • Peer-led prevention programs (for example, role models, mentorship); • Sensitization programs for parents, family members, caregivers and reintegration with families; • Design and implementation of anti-bullying campaigns in school.
Prevention	Transgender people	Prevention and management of coinfections and co-morbidities	It includes activities, such as: • Prevention, screening, diagnosis and treatment for tuberculosis; • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B; • Screening and vaccine for human papillomavirus; • Anal cancer screening; • Routine screening and management of mental health, including sexual identity development, depression and trauma; • Evidence-based interventions to address harmful alcohol or drug use. → Activities related to strengthening primary health care for the delivery of such health services should be placed in the RSSH module "Integrated service delivery and quality improvement".
Prevention	People who inject drugs and their partners	Needle and syringe programs	It includes activities related to needle and syringe programs, such as: • Procurement and distribution of clean needles, through direct and secondary distribution, mobile clinics, peer-driven interventions, safe collection and disposal of used needles; • Procurement of low-dead space needles and syringes, and other safe injecting commodities; • Provision of basic healthcare and injecting-related first aid, including vein care; • Referal and link to behavioral interventions, HIV testing, care and treatment and primary health care (PHC) services.
Prevention	People who inject drugs and their partners	Opioid substitution therapy and other medically assisted drug dependance treatment	It includes activities related to Opioid substitution therapy (OST) programs, such as: • Procurement and distribution of OST, including provision of take home doses based on regular review of the take away provision; • Development of OST protocols and policies; including policies that address the needs of pregnant clients and drug-drug interactions for clients taking OST and ART; • Training of providers; • Referal and link to behavioral interventions, HIV testing and counseling, care and treatment.
Prevention	People who inject drugs and their partners	Overdose prevention and management	It includes activities, such as: • Education about the causes of opiod overdose and strategies for minimizing overdose risk; • Administration by and distribution of naloxone to first responders (for example, peers, partners, family, NGOs/CBOs).
Prevention	People who inject drugs and their partners	Condom and lubricant programming	It includes activities to increase condom use amongst people who inject drugs (PWID), such as: • Promotion and distribution of male and female condoms and condom-compatible lubricants; • Targeted condom distribution to non-traditional outlets; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Community level surveys to examine barriers to condom use and condom preferences; • Demand generation through peer outreach and other peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	People who inject drugs and their partners	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis (PrEP) for people who inject drugs at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support; • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other PHC services.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	People who inject drugs and their partners	Behaviour change interventions	It includes individual-level and community-level behavioral interventions for people who inject drugs, such as: • Safe injection, vein care, wound management and other harm reduction based individual and community-level behavioral interventions; • Information, Education and Communication (IEC) activities; • Promotion of personal preventive/adaptive strategies (for example, promote safer injecting, condom use, PrEP, HIV testing); • Targeted internet-based information, education, communication, including through social media; • Social marketing-based information, education, communication; • Venue-based peer outreach strategies; • One-on-one and group risk reduction sessions; • Support for design and implementation of related trainings.
Prevention	People who inject drugs and their partners	Community empowerment	It includes a package of interventions to enhance community empowerment, such as: • Community mobilisation; • Training on HIV, SRH and sexuality; • Strengthening and supporting PWID to organize themselves; • Capacity development for PWID-led organizations; • Providing safe spaces; • Community roundtables; • Community involvement in service delivery, monitoring, data collection; • Community surveys, including participatory assessment of community needs for program design; • Participation in technical working groups, national, provincial and local decision making fora.
Prevention	People who inject drugs and their partners	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhea, Chlamydia Trachomatis; • Routine STI check-ups; • Screening for cervical cancer and HPV and pregnancy testing according to the Global Fund co-infections and co-morbidities framework; • Syndromic case management for patients with symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.
Prevention	People who inject drugs and their partners	Interventions for young Key Populations	It includes activities, such as: • Training of health care providers on the health needs and rights of young people who use drugs and on overlapping vulnerabilities; • Integrating HIV services with youth-responsive PHC services, drop-in centers, shelters, youth community centers and within services for people who use drugs; • Provision of developmentally appropriate information and education for young people who use drugs, focusing on skills-based risk reduction and links between drug use, alcohol, sex work and unsafe sexual behavior (including at clubs, festivals and other non-traditional settings); • Peer-led prevention programs (for example, role models, mentorship); • Sensitization programs for parents, family members, caregivers and reintegration with families.
Prevention	People who inject drugs and their partners	Prevention and management of coinfections and co-morbidities	It includes activities, such as: • Prevention, screening, diagnosis and treatment for tuberculosis; • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B; • Screening and vaccine for human papillomavirus; • Routine screening and management of mental health, including sexual identity development, depression and trauma; • Evidence-based interventions to address harmful alcohol or drug use. → Activities related to strengthening primary health care for the delivery of such health services should be placed in the RSSH module "Integrated service delivery and quality improvement".
Prevention	People who inject drugs and their partners	Addressing stigma, discrimination and violence	It includes activities related to addressing stigma, discrimination and violence, such as: • Prevention, screening and responses to sexual, physical, emotional and gender-based violence (for example, primary prevention: educational campaigns, punishment of perpetrator and linkages to other services, including post-rape care, PEP and mental health counseling, and other testing); • Documenting violence and other human rights violations; • Legal support, legal literacy, and legal empowerment of PWID; • Crisis response to law-enforcement violence, forced or compulsory detention in the name of treatment, denial of access to OST and other health services in detention and prison, forced abortion, sterilization of women who use drugs; • Sensitisation of law enforcement and health providers; • Awareness raising of PWID on human rights; • Legal redress; • Advocacy for legal and policy reforms (for example, decriminalization of drugs for personal use and posession; decriminalisation of possession of needles and syringes).
Prevention	People in prisons and other closed settings	Condom and lubricant programming	It includes activities to increase condom use amongst for people in prisons and other closed settings, such as: • Promotion and distribution of male and female condoms and condom-compatible lubricants; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Demand generation through peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	People in prisons and other closed settings	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis (PrEP) for people in prisons and other closed settings at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support.
Prevention	People in prisons and other closed settings	Behaviour change interventions	It includes individual-level and community-level behavioral interventions for people in prisons and other cosed settings, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, safer sex); • Information, Education and Communication (IEC) activities; • Prison-based/peer-based information, education, communication; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training of prisoners and prison staff.
Prevention	People in prisons and other closed settings	Community empowerment	It includes package of interventions to enhance community empowerment, such as: • Strengthening and supporting community organising, including among ex-prisoners; • Providing safe spaces; • Peer support groups; • Social integration programs; • Vocational education and training.
Prevention	People in prisons and other closed settings	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhea, Chlamydia Trachomatis; • Routine STI check-ups; • Syndromic case management for patients with symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.
Prevention	People in prisons and other closed settings	Harm reduction interventions for drug use	It includes activities related to: • Needle and syringe programs; • Opiod substitution therapy; • Distribution of naloxone; • Distribution of condoms; • Hepatitis C testing and treatment; • Treatment of skin infections; • TB screening and treatment.
Prevention	People in prisons and other closed settings	Prevention and management of coinfections and co-morbidities	It includes activities related to: • Prevention, screening, diagnosis and treatment for tuberculosis; • Intensified case finding for TB; • Education for prisoners on TB including coughing etiquette and respiratory hygiene; • Prevention, screening, diagnosis and treatment for hepatitis B and C, vaccination for hepatitis B; • Screening and vaccine for human papillomavirus; • Routine screening and management of mental health, including sexual identity development, depression and trauma; • Evidence-based intervention to address harmful alcohol or other substance use.
Prevention	People in prisons and other closed settings	Addressing stigma, discrimination and violence	It includes activities related to addressing stigma, discrimination and violence, such as: • Prevention and responses to sexual, physical, emotional and gender-based violence, for example, primary prevention, punishment of perpretator and linkages to other services, including post-rape care, PEP and mental health counseling, and other testings; • Documenting violence and other human rights violations; • Legal support and legal literacy; • Sensitisation of law enforcement and health providers and prison officials; • Raising awareness of people in prisons on human rights; • Legal redress; • Advocacy for legal and policy reforms.
Prevention	Other vulnerable populations	Condom and lubricant programming	It includes activities to increase condom use, such as: • Promotion and distribution of male and female condoms and condom-compatible lubricants; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Demand generation through peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	Other vulnerable populations	Behaviour change interventions	It includes individual-level and community-level behavioral interventions for vulnerable populations, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, violence protection); • Information, Education and Communication (IEC) activities; • Targeted internet-based information, education, communication, including the use of social media; • Social marketing-based information, education, communication; • Sex venue-based outreach; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Other vulnerable populations	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhea; Chlamydia Trachomatis; • Routine STI check-ups; • Syndromic case management for patients with symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.
Prevention	Adolescent girls and young women in high prevalence settings	Condom and lubricant programming	It includes activities to increase condom use amongst adolescent girls and young women (AGYW), their male partners and adolescent boys (where applicable), such as: • Promotion and distribution of female and male condoms and condom-compatible lubricants; • Targeted condom distribution, including to non-traditional outlets; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Community level surveys to examine barriers to condom use and condom preferences; • Demand generation through peer outreach and other peer-based strategies; • Peer-led behavior change communication and training on negotiation skills; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	Adolescent girls and young women in high prevalence settings	Behaviour change interventions	It includes individual-level and community-level behavioral activities for AGYW, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, violence protection); • Information, Education and Communication (IEC) activities; • Targeted internet-based information, education, communication, including the use of social media; • Social marketing-based information, education, communication; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training; etc.
Prevention	Adolescent girls and young women in high prevalence settings	Comprehensive Sexuality Education	It includes Comprehensive Sexuality Education (CSE) for AGYW and adolescent boys through peers, teachers, counselors, service providers, and others. Activities can include: • CSE in schools including life skills; • CSE out of schools including life skills; • Selection, training and retraining of teachers, community facilitators, as well as parents; • Community and parental support for CSE; • Development of standardized curriculum and lesson plans; • Digital CSE using apps, websites, social media, and other platforms; • Girls clubs (in and out of school) among other strategies to deliver comprehensive sexual health education; • HIV prevention education including personal risk assessment, risk reduction counselling and HIV prevention methods; • School-based HIV prevention campaigns; • Development and promotion of education materials.
Prevention	Adolescent girls and young women in high prevalence settings	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis (PrEP) for AGYW at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support; • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other PHC services.
Prevention	Adolescent girls and young women in high prevalence settings	Sexual and reproductive health services, including STIs	It includes activities that focus on linkages to and delivery of SRH services, particularly at the PHC level which may include both facility, for example, ANC and community-based services. It could include: • Screening for STIs; • Screening for cervical cancer and HPV and pregnancy testing according to the Global Fund co-infections and co-morbidities framework; • Linking HIV prevention activities to HPV vaccine programs as relevant to the country context; • Health care provider training on delivering SRH programs that are AGYW friendly; • Removal of legal barrier that prevent access to SRH services for AGYW. → Activities related to strengthening PHC should be included in the RSSH module "Integrated service delivery and quality of care".
Prevention	Adolescent girls and young women in high prevalence settings	Gender-based violence prevention and post violence care	It includes prevention activities such as: • Empowerment, training on sexual consent, addressing gender norms and attitudes, and addressing autonomy in decision-making; • SASA and Stepping Stones GBV prevention models; • Actvities related to engaging men and boys to challenge norms that accept violence; • Identify, engage and support community leaders and advocates and health and social service providers. • Training for police, school counselors/teachers. It includes post violence care activities such as: • Crisis response at community and facility level; • Post violence counseling, referral and linkages to provision of post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling; • Legal assistance/support; • Shelter and nutritional support; • SRH/STI services; • Support women to access justice interventions or to legal redress for human rights violations; • Interventions to facilitate referral chains (police, nurses, neighbourhood watch, peer counsellors, public prosecutors).

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Adolescent girls and young women in high prevalence settings	Addressing stigma, discrimination and violence	It includes activities to challenge and address harmful social and cultural norms, perceptions and practices at multiple levels- individual, couple (if relevant), family, community and society. For example, it could include: • Enactment or enforcement of laws and policies, including training of police, lawyers and judges to enforce existing laws around equal protection; • Gender norm-changing programs in and out of school for AGYW and adolescent boys (men in high prevalence settings is a separate population group), including providing gender, sexuality and HIV education; • Educational activities for women, men, communities on the equal rights of women and AGYW; • Advocacy and programmes that remove punitive laws and practices against AGYW; • Training and sensitization activities to promote adolescent friendly behaviour and attitudes in health care workers.
Prevention	Adolescent girls and young women in high prevalence settings	Social protection interventions	(A) Keeping girls in school It includes activities to address the barriers preventing vulnerable girls from attending or completing school such as: • Education subsidies; • Cash transfer programs; • Support for education supplies including dignity packs; • Support for review of laws and policies; • Community-based training (parents, community leaders, etc. on importance of keeping girls in school), community or school based parenting programs; • Training of teachers and school staff in supporting adolescents in schools; • Catch up program for AGYW who want to return to school and reintegration services for pregnant and parenting girls; • Activities to assure safety of AGYW in schools and on the way to and from schools; (B) Cash Plus Care programs • Cash payments in combination with complimentary support such as education or health services, as part of social protection efforts for the most impoverished households; (C) Livelihoods and economic empowerment interventions It includes socio-economic approaches such as: • Vocational training, including job preparation for employability and transition to work interventions; • Loan saving schemes; • Clubs and savings groups.
Prevention	Adolescent girls and young women in high prevalence settings	Integration into national multi-sectoral responses of AGYW programs	It includes activities that provide foundations to programs as well as promote linkages. Interventions may include: • Integration of AGYW/Adolescent Health into national policies, strategies and guidelines; • Development of national AGYW multi-sectoral prevention strategy (including core package of interventions) or within a differentiated national prevention strategy, including referral strategies and mechanisms.
Prevention	Men in high prevalence settings	Voluntary Medical Male Circumcision	It includes activities related to promotion and provision of voluntary medical male circumcision (VMMC) for men and adolescent boys such as: • Evidence based and contextually relevant communication, demand creation and community engagement; • Voluntary HIV testing prior to circumcision; • Sexually Transmitted Infections (STI) screening, treatment/referral and linkage to treatment for those testing positive in HIV Testing Services (HTS); • Age-appropriate sexual risk reduction counselling; • Male circumcision by a surgical method recognized by WHO (device-based if device is WHO prequalified) and conventional surgical; • Post-operative education/counselling on HIV prevention post operatively; • Post-surgery follow-up including adverse event/complications assessment and management; • Promotion, education and distribution of condoms; • Additional complimentary interventions such as Hypertension (HTN) screening, gender interventions, tetanus toxoid vaccination, etc.; • Supportive regulation for nurse cadres performing VMMC; • Training of all nurse cadres on VMMC including specific methods and age consideration, interpersonal communication (IPC) etc.; • Patient safety monitoring; • Learning and response; • Integrated service delivery together with key interventions such as tetanus toxoid containing vaccines (TTCV) and human papillomavirus (HPV) for adolescent girls.
Prevention	Men in high prevalence settings	Condom and lubricant programming	It includes activities to increase condom use among men and adolescent boys in high prevalence settings, such as: • Promotion and distribution of condoms and condom-compatible lubricants; • Targeted condom distribution to non-traditional outlets; • Information and communication on safer sex and condom use, community level and internet, or social media/web based condom promotion; • Community level surveys to examine barriers to condom use and condom preferences; • Demand generation through peer outreach and other peer-based strategies; • Condom social marketing activities; • Referrals to other prevention and HIV testing services. → It may include procurement of condoms and lubricants, if done sub-nationally.
Prevention	Men in high prevalence settings	Behaviour change interventions	It includes individual-level and community-level behavioral interventions for men in high prevalence settings, such as: • Promotion of personal preventive/adaptive strategies (for example, promote condom use, PrEP, HIV testing, safer sex); • Targeted internet-based information, education, communication, including through social media; • Information, Education and Communication (IEC) activities; • Social marketing-based information, education, communication; • Venue-based outreach; • One-on-one and group risk reduction sessions; • Support for design and implementation and related training; etc.

Module	Target Population	Intervention	Scope and description of intervention package
Prevention	Men in high prevalence settings	Pre-exposure prophylaxis	It includes activities related to Pre-Exposure Prophylaxis (PrEP) for men in high prevalence settings at substantial risk of HIV infection, such as: • Design and implementation of oral PrEP program (including determining eligibility, site planning and service delivery models); • Adherence support including peer-led adherence support; • Peer-led PrEP literacy and awareness; • Peer-led PrEP adherence support; • Referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other PHC services.
Prevention	Men in high prevalence settings	Sexual and reproductive health services, including STIs	It includes activities that focus on sexual health services such as: • Screening and testing of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral gonorrhoea, rectal gonorrhea, Chlamydia Trachomatis; • Routine STI check-ups; • Syndromic case management for patients with symptoms; • Development of syndromic and clinical STI management services; • Delivery of anal health care; • Linkages and integration with sexual and reproductive health programs and services, including at primary health care (PHC) level; • Training of health personnel.
Prevention	Non-specified population groups	National condom program management and stewardship	It includes actvities to strengthen national stewardship of condom programs, such as: • Condom market analysis; • Condom strategy development, coordination and planning; • Demand creation - national planning; • Monitoring systems; • Procurement and supply of commodities including condom-compatible lubricants at the national level.
Prevention	Non-specified population groups	Linkages between HIV programs and RMNCH	It includes activities that support establishing greater integration and/or linkage of HIV programs for women with RMNCH services. Appropriate models of integration will depend on country context and health system.
PMTCT		Prong 1: Primary prevention of HIV infection among women of childbearing age	It includes interventions for prevention of HIV infection among women of childbearing age, such as: • Designing, developing and implementing programs aimed at primary prevention of HIV among women of reproductive age within services (antenatal care, postpartum/natal care, PHC); • Aligning prevention approaches with broader efforts to deliver more integrated, people-centered health services; • Condom promotion and distribution; • Counselling on the heightened risks of HIV infection during pregnancy and breastfeeding; • Routine repeat HIV testing of pregnant and breastfeeding women in high prevalence regions in line with WHO guidelines (including testing of women in immunization/EPI clinics); • Couples-based services to promote and support scaled-up testing and treatment of male partners; • Differentiated testing services that include: expanded use of self-testing kits for both women and men and index testing and partner notification; • Linkage to VMMC for HIV negative male partners in high prevalence settings; • Use of PrEP and/or medicated vaginal rings for HIV negative women in discordant relationships or in regions with high HIV prevalence.
PMTCT		Prong 2: Preventing unintended pregnancies among women living with HIV	It includes activities for prevention of unintended pregnancy, such as: • Creating linkages and referrals from SRH services to HIV and TB services, as well as PHC services more broadly; • Sexual and reproductive health programs for women living with HIV that ensure widespread and consistent access to family planning services and commodities, especially those a woman can select and control; • Aligning prevention approaches with broader efforts to deliver more integrated, people-centered health services.
PMTCT		Prong 3: Preventing vertical HIV transmission	It includes prevention of vertical transmission from pregnant women infected with HIV. These interventions occur along the continuum of pregnancy, delivery and breastfeeding, such as: • HIV testing services; • Provision of ARVs; • Scaled-up viral load testing for HIV positive pregnant and breastfeeding women, with mapping and optimization of laboratory systems and networks; • Intensive adherence support for pregnant women on ART using both effective facility and community based adherence models (for example "mentor mothers"); • Linkages between and/or integration of HIV testing services for pregnant women and antenatal care and treatment services and post-natal follow up; • Integration of family planning and sexual reproductive health services into ART care, treatment and support; • Improved access to enhanced prophylaxis for newborns, especially in cases where the mother is not virally suppressed. → Activities related to strengthening ANC for the delivery of such health services should be placed in the RSSH module "Integrated service delivery and quality improvement".

Module	Target Population	Intervention	Scope and description of intervention package
PMTCT		Prong 4: Treatment, care and support to mothers living with HIV, their children and families	It includes interventions that integrate the treatment care services for mothers living with HIV, their children and families, such as: • Provision of HIV care, treatment (excludes ARV), support of women of reproductive age living with HIV and families; • Early infant diagnosis (EID) including, expanding testing to nutrition, inpatient, and TB wards; • Point of care EID with appropriate placement of both conventional and near point of care instruments through optimized laboratory mapping and costing exercises; • Confirmatory testing and final status determination of the infant at the end of the exposure period; • Postnatal prophylaxis and prophylaxis for high risk babies; • Linkages between and/or integration of HIV testing services for pregnant women and ANC and treatment services and post-natal follow up; • Electronic client reminder systems with text messaging for upcoming or missed appointments; • Community mobilization to boost male involvement in partner's PMTCT services; • Mother-to-mother and peer-led mentoring, counselling, and other community-based psychosocial support for pregnant and breastfeeding women; • Use of differentiated service delivery models to improve access to treatment and retention in care; • Provide adolescent-oriented services and train health care workers to reduce judgmental and unsupportive attitudes to youth seeking HIV and reproductive health services; • Psychosocial support clubs and adolescent peer groups to promote retention; • Designing, developing and implementing strategies aimed to support retention of the mother baby pair in the PMTCT services, at all levels - programmatic/facility level and at the community-level; • Intensive adherence counseling and support and home visits and support from existing effective community structures for non-suppressed clients. → Any cross-cutting activities related to strengthening the delivery of antenatal, neonatal and child health services should be placed in the RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Men who have sex with men	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for sel-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Men who have sex with men	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc.; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative- for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Men who have sex with men	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Sex workers and their clients	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.

Module	Target Population	Intervention	Scope and description of intervention package
Differentiated HIV Testing Services	Sex workers and their clients	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc.; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Sex workers and their clients	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Transgender people	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Transgender people	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Transgender people	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	People who inject drugs and their partners	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.

Module	Target Population	Intervention	Scope and description of intervention package
Differentiated HIV Testing Services	People who inject drugs and their partners	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	People who inject drugs and their partners	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Adolescent girls and young women in high prevalence settings	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	People in prisons and other closed settings	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc.; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	People in prisons and other closed settings	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Other vulnerable populations	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.

Module	Target Population	Intervention	Scope and description of intervention package
Differentiated HIV Testing Services	Other vulnerable populations	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc.; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc.; → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Other vulnerable populations	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Adolescent girls and young women in high prevalence settings	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Adolescent girls and young women in high prevalence settings	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Adolescent girls and young women in high prevalence settings	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Men in high prevalence settings	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.

Module	Target Population	Intervention	Scope and description of intervention package
Differentiated HIV Testing Services	Men in high prevalence settings	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc.; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Men in high prevalence settings	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Partners of people living with HIV	Facility based testing	It includes HIV testing services and return of results provided in a health facility or laboratory setting, such as antenatal, TB (presumptive and confirmed), sexual and reproductive health (SRH), in-patient and outpatient primary health care (PHC) clinics, and in VMMC services. It could include: • Lay provider testing and counseling including assisted partner notification and index testing; • HIV testing in family planning clinics, KP-friendly clinics such as drop-in centres; • HIV self-testing as an intervention within the facility-based setting - for self-testing on site, future testing, encouraging a partner to test or as part of index/ assisted partner notification; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Differentiated HIV Testing Services	Partners of people living with HIV	Community-based testing	It includes HIV testing services provided in a community setting through approaches, such as: • Outreach/mobile, door-to-door, fixed community sites, workplace, and educational institutions; • Test for triage to support community-based HIV testing services provided by lay providers; • Strategies for demand creation and mobilization for HIV testing, services such as motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment, various types of incentives, etc.; • HIV self-test kits distribution through community based approaches; • Linkages to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative - for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services, using mobile technology, peers for KP groups, community health workers follow up, etc. → Implementation of community based disease testing through an integrated, people-centered approach including TB screening, NCD testing, malaria screening, vaccination follow up, mental health screening, GBV screening as appropriate, which increase testing yield and cost sharing between programmes should be included under RSSH module "Integrated service delivery and quality improvement".
Differentiated HIV Testing Services	Partners of people living with HIV	Self-testing	It includes HIV testing and results interpretation performed using HIV self-test by individuals who wants to know their HIV status through facility and community based testing, social network-based and partner distributed options, and links with private sector (pharmacies, internet, workplace etc.). The activities include, for example: • Procurement and distribution of self-test kits; • Linkages to confirmatory test and return of results starting from the first test in the national algorithm for those with a reactive test result; • Linkage to HIV treatment and care/ART for people who are found to be HIV positive; • Comprehensive prevention services for people who are found to be HIV negative, for example, STI prevention, diagnosis and treatment, adolescent-responsive SRH services.
Treatment, care and support	All people living with HIV	Differentiated ART service delivery and HIV care	It includes activities related to: • Designing, developing, implementing facility and community based differentiated ART service delivery models for out-or in-patient services including trainings and guidelines, policies and strategies; • Activities to differentiate ART delivery to address needs of specific populations, as appropriate (for example, adults, children, adolescents, key populations) for example, multi-month scripting, extended ART clinic hours, community ART distribution, drop-in-centres; • Designing, developing and implementing a comprehensive treatment retention and adherence strategy both at the programmatic/facility level and at the community level; • Development of tools such as treatment literacy and prepardness, reminders, alert and response to loss to follow up; • Procurement of optimized and standardized antiretroviral drugs (first, second and third line) and opprtunistic infections drugs; • Prevention, diagnosis and treatment of opportunistic infections including drug procurement; • Baseline clinical assessment, and clinical monitoring of people on ART that is not part of strengthening and expansion of viral load monitoring or HIV drug resistance surveillance, for example, CD4 count machine and reagent, and hematology, chemistry reagents for clinical monitoring of patients on ART; • In exceptional cases, Pre-ART HIV care, between the time of diagnosis and soonest enrolment of PLHIV into ART; • Therapeutic feeding to clinically malnourished PLHIV; • Designing, developing and implementing quality and quality improvement approaches to ART service delivery; • Performing cost efficiency analysis of differentiated ART service delivery models.

Module	Target Population	Intervention	Scope and description of intervention package
Treatment, care and support	All people living with HIV	Treatment monitoring - Drug resistance	It includes activities related to drug resistance monitoring such as: • Development of a 5 year national HIV drug resistance (HIVDR) plan; • Surveys of acquired HIV drug resistance (ADR) in adults and children receiving ART; surveys of pretreatment HIVDR (PDR) in ART naive infants < 18 months and in adults starting ART; HIVDR surveillance in people receiving PrEP; • Protocol development and training; • Survey coordination; • Site support visits; • Laboratory functions for HIVDR surveys for example, supplies (DBS cards etc.); genotyping and shipment of specimens; • Technical support, for example, protocol adaptation, data analysis and interpretation, data quality assurance; • Data management including data collection, report production, printing and distribution; • HIVDR testing for patients failing second line, including, cost of kits, reagents and consumable to perform HIVDR testing in patients failing second line; • Monitoring of early warning indicators (EWI).
Treatment, care and support	All people living with HIV	Treatment monitoring - ARV toxicity	It include activities related to monitoring serious ARV toxicities such as: • Pregnancy registry or birth defect surveillance to monitor the safety of ARV use in pregnancy; • Active toxicity monitoring in the general population including adults, adolescents and children; • Protocol and tool development; • Site supported visits; • Training of health care workers; • Technical support; • Data management including collection, analysis and reporting.
Treatment, care and support	All people living with HIV	Treatment monitoring - Viral load	It includes activities related to viral load monitoring such as: • Design, develop and roll-out a national viral load optimization plan including external quality assurance sample transport, linkage to laboratory system optimization; • Training and certification of health workers who perform the testing service, use/interpretation of viral load test results and patient results notification; • Demand creation and testing frequency as per WHO algorithm; • Procurement of reagents/catridges for viral load testing; • Procurement of viral load testing equipment.
Treatment, care and support	All people living with HIV	Prevention, diagnosis and treatment of advanced disease	It includes activities related to prevention, diagnosis and treatment advanced disease excluding TB, such as: • Designing, developing and implementing a comprehensive package as part of differentiated service delivery approaches to address advanced disease; • As per the co-morbidities and co-infections policy, vaccination, diagnosis and treatment of viral hepatitis, cervical cancer, etc.
Treatment, care and support	All people living with HIV	Counseling and psycho-social support	It includes activities such as: • Designing, developing and implementing a comprehensive support programs for PLHIV including psychosocial support; • In line with co-morbidities policy, nutrition education and counselling in the community and in health facilities; • Income generation, etc.
Treatment, care and support	Adult living with HIV (15 and above)	Differentiated ART service delivery and HIV care	It includes activities such as: • Designing, developing, implementing facility and community based differentiated ART service delivery models for out-or in-patient services including trainings and guidelines, policies and strategies; • Activities to differentiate ART delivery to address needs of specific populations, as appropriate (for example, adults, children, adolescents, key populations) for example, multi-month scripting, extended ART clinic hours, community ART distribution, drop-in-centres; • Designing, developing and implementing a comprehensive treatment retention and adherence strategy both at the programmatic/facility level and at the community level; • Development of tools such as treatment literacy and prepardness, reminders, alert and response to loss to follow up; • Procurement of optimized and standardized antiretroviral drugs (first, second and third line) and opprtunistic infections drugs; • Prevention, diagnosis and treatment of opportunistic infections including drug procurement; • Baseline clinical assessment, and clinical monitoring of people on ART that is not part of strengthening and expansion of viral load monitoring or HIV drug resistance surveillance, for example, CD4 count machine and reagent, and hematology, chemistry reagents for clinical monitoring of patients on ART; • In exceptional cases, Pre-ART HIV care, between the time of diagnosis and soonest enrolment of PLHIV into ART; • Therapeutic feeding to clinically malnourished PLHIV; • Designing, developing and implementing quality and quality improvement approaches to ART service delivery; • Performing cost efficiency analysis of differentiated ART service delivery models.
Treatment, care and support	Adult living with HIV (15 and above)	Treatment monitoring - Drug resistance	It includes activities related to drug resistance monitoring such as: • Development of a 5 year national HIV drug resistance (HIVDR) plan • Surveys of acquired HIV drug resistance (ADR) in adults and children receiving ART; surveys of pretreatment HIVDR (PDR) in ART naive infants < 18 months and in adults starting ART; HIVDR surveillance in people receiving PrEP; • Protocol development and training; • Survey coordination; • Site support visits; • Laboratory functions for HIVDR surveys for example, supplies (DBS cards etc.); genotyping and shipment of specimens; • Technical support, for example, protocol adaptation, data analysis and interpretation, data quality assurance; • Data management including data collection, report production, printing and distribution; • HIVDR testing for patients failing second line, including, cost of kits, reagents and consumable to perform HIVDR testing in patients failing second line; • Monitoring of early warning indicators (EWI).

Module	Target Population	Intervention	Scope and description of intervention package
Treatment, care and support	Adult living with HIV (15 and above)	Treatment monitoring - ARV toxicity	It include activities related to monitoring serious ARV toxicities such as: • Pregnancy registry or birth defect surveillance to monitor the safety of ARV use in pregnancy; • Active toxicity monitoring in the general population including adults, adolescents and children; • Protocol and tool development; • Site supported visits; • Training of health care workers; • Technical support; • Data management including collection, analysis and reporting.
Treatment, care and support	Adult living with HIV (15 and above)	Treatment monitoring - Viral load	It includes activities related to viral load monitoring such as: • Design, develop and roll-out a national viral load optimization plan including external quality assurance sample transport, linkage to laboratory system optimization; • Training and certification of health workers who perform the testing service, use/interpretation of viral load test results and patient results notification; • Demand creation and testing frequency as per WHO algorithm; • Procurement of reagents/catridges for viral load testing; • Procurement of viral load testing equipment.
Treatment, care and support	Adult living with HIV (15 and above)	Prevention, diagnosis and treatment of advanced disease	It includes activities related to prevention, diagnosis and treatment advanced disease excluding TB, such as: • Designing, developing and implementing a comprehensive package as part of differentiated service delivery approaches (DSD) to address advanced HIV disease (AHD); • As per the co-morbidities and co-infections policy, vaccination, diagnosis and treatment of viral hepatitis, cervical cancer, etc.
Treatment, care and support	Adult living with HIV (15 and above)	Counseling and psycho-social support	It includes activities such as: • Designing, developing and implementing a comprehensive support programs for PLHIV (15 years and above) including psychosocial support; • In line with co-morbidities policy, nutrition education and counselling in the community and in health facilities; • Income generation, etc.
Treatment, care and support	Children living with HIV (under 15)	Differentiated ART service delivery and HIV care	It includes activities such as: • Designing, developing, implementing facility and community based differentiated ART service delivery models for out-or in-patient services including trainings and guidelines, policies and strategies; • Activities to differentiate ART delivery to address needs of specific populations, as appropriate (for example, adults, children, adolescents, key populations) for example, multi-month scripting, extended ART clinic hours, community ART distribution, drop-in-centres; • Designing, developing and implementing a comprehensive treatment retention and adherence strategy both at the programmatic/facility level and at the community level; • Development of tools such as treatment literacy and prepardness, reminders, alert and response to loss to follow up; • Procurement of optimized and standardized antiretroviral drugs (first, second and third line) and opprtunistic infections drugs; • Prevention, diagnosis and treatment of opportunistic infections including drug procurement; • Baseline clinical assessment, and clinical monitoring of people on ART that is not part of strengthening and expansion of viral load monitoring or HIV drug resistance surveillance, for example, CD4 count machine and reagent, and hematology, chemistry reagents for clinical monitoring of patients on ART; • In exceptional cases, Pre-ART HIV care, between the time of diagnosis and soonest enrolment of PLHIV into ART; • Therapeutic feeding to clinically malnourished PLHIV; • Designing, developing and implementing quality and quality improvement approaches to ART service delivery; • Performing cost efficiency analysis of differentiated ART service delivery models.
Treatment, care and support	Children living with HIV (under 15)	Treatment monitoring - Drug resistance	It includes activities related to drug resistance monitoring such as: • Development of a 5 year national HIV drug resistance (HIVDR) plan; • Surveys of acquired HIV drug resistance (ADR) in adults and children receiving ART; surveys of pretreatment HIVDR (PDR) in ART naive infants < 18 months and in adults starting ART; HIVDR surveillance in people receiving PrEP; • Protocol development and training; • Survey coordination; • Site support visits; • Laboratory functions for HIVDR surveys for example, supplies (DBS cards etc.); genotyping and shipment of specimens; • Technical support, for example, protocol adaptation, data analysis and interpretation, data quality assurance; • Data management including data collection, report production, printing and distribution; • HIVDR testing for patients failing second line, including, cost of kits, reagents and consumable to perform HIVDR testing in patients failing second line; • Monitoring of early warning indicators (EWI).
Treatment, care and support	Children living with HIV (under 15)	Treatment monitoring - ARV toxicity	It include activities related to monitoring serious ARV toxicities such as: • Pregnancy registry or birth defect surveillance to monitor the safety of ARV use in pregnancy; • Active toxicity monitoring in the general population including adults, adolescents and children; • Protocol and tool development; • Site supported visits; • Training of health care workers; • Technical support; • Data management including collection, analysis and reporting.
Treatment, care and support	Children living with HIV (under 15)	Treatment monitoring - Viral load	It includes activities related to viral load monitoring such as: • Design, develop and roll-out a national viral load optimization plan including external quality assurance sample transport, linkage to laboratory system optimization; • Training and certification of health workers who perform the testing service, use/interpretation of viral load test results and patient results notification; • Demand creation and testing frequency as per WHO algorithm; • Procurement of reagents/catridges for viral load testing; • Procurement of viral load testing equipment.

Module	Target Population	Intervention	Scope and description of intervention package
Treatment, care and support	Children living with HIV (under 15)	Prevention, diagnosis and treatment of advanced disease	It includes activities related to prevention, diagnosis and treatment advanced disease excluding TB, such as: • Designing, developing and implementing a comprehensive package as part of differentiated service delivery (DSD) approaches to address advanced HIV disease (AHD); • As per the co-morbidities and co-infections policy, vaccination, diagnosis and treatment of viral hepatitis, cervical cancer, etc.
Treatment, care and support	Children living with HIV (under 15)	Counseling and psycho-social support	It includes activities such as: • Designing, developing and implementing a comprehensive support programs for PLHIV (under 15 years) including psychosocial support; • In line with co-morbidities policy, nutrition education and counselling in the community and in health facilities; • Income generation, etc.
Treatment, care and support	All people living with HIV	Orphan and vulnerable children package	It includes activities to strengthen the capacity of families and caregivers to protect and care for orphan and vulnerable children, such as: • Economic support; • Psychosocial support; • Community-based support; • Ensuring access to essential services including education, health care, birth registration, etc.
TB/HIV		TB/HIV collaborative activities	This intervention refers to implementation of TB/HIV collaborative activities, that are aligned with the TB and HIV programs. These include activities to establish and strengthen the mechanisms for delivering integrated and people-centred TB and HIV services, activities to reduce the burden of TB among PLHIV and to reduce the burden of HIV in people with presumptive and diagnosed TB. It could include: • Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels; • Joint TB and HIV planning to integrate the delivery of TB and HIV services, joint monitoring and supervision.
TB/HIV		Screening, testing and diagnosis	This intervention includes: • HIV testing among people with TB (and people with presumptive TB); • Screening of PLHIV for TB including using X-rays/digital X-rays (TB-LAM for eligible people) and rapid molecular tests for TB diagnosis among PLHIV; • Quality improvement methods and approaches to improve program quality and service delivery.
TB/HIV		Treatment	This intervention includes: • Early initiation (or continuation) of ART and CPT for TB/HIV co-infected patients and provision of anti-TB treatment; • Provision of patient support and follow up during treatment for both TB and HIV; • Quality improvement methods and approaches to improve program quality and service delivery.
TB/HIV		Prevention	This intervention includes: • Provision of TB Preventive treatment for PLHIV without active TB including the new combination drugs (3HP and 3RH) and INH; • Follow up and support for people taking preventive therapy including through using digital health technologies; • Implementation of Administrative, environmental and personal infection control measures.
TB/HIV		Engaging all care providers	It includes activities related to engaging public and private providers, traditional healers in TB/HIV prevention, diagnosis, treatment, referral and follow-up of patients. For example, it could include: • Activities related to setting up of norms, policies, guidelines, for exmaple, for manadatory notification, for electronic/digital recording/reporting/payments, etc.; • Assessment to understand human rights and gender-related access barriers, mapping of providers, meetings, agreements, MoUs; • Training of service providers on quality care delivery including medical ethics; • Building capacity of intermediary agencies to support national TB programmes in effectively engaging all care providers; • Certification and accreditation; • Quality assurance, supervision and monitoring; • Incentives and enablers to motivate care providers to deliver quality TB prevention and care services; • Advocacy and communication. → Public-private mix (PPM) refers to private providers which are not included in the NTP (including private not for-profit and for-profit private clinics, hospitals). → Public-public mix (PPM) also refers to public providers which are not included in the NTP.
TB/HIV		Community TB/HIV care delivery	It includes activities related to involvement of community in TB and HIV screening/diagnosis, care and prevention. For example, it could include: • Policy guidance, implementaton and scale up; • Advocacy and communication; • Training and capacity-building of community TB and HIV service providers, ex-TB patients; • Support to community-based interventions/approaches aimed at improving quality of collaborative TB/HIV services; • Support (including funding) to community-based interventions and outreach services for people with TB and/or HIV including contact tracing, specimen collection, treatment support and prevention.
TB/HIV		Key populations - Children	This includes TB/HIV collaborative activities including HIV testing, TB screening and case finding, treatment and prevention interventions specifically targeted at children with HIV. For example: • Active TB case finding through collection and testing of pediatric specimens and use of chest radiography; • Contact investigation among children for drug-susceptible TB including through community based approach; • HIV testing among children with TB; • Provision of treatment with child-friendly TB medication formulations; • Provision of TB preventive therapy including the new combination drugs (3HP and 3RH) to eligible children in contact with TB patients; • Provision of ART and TB medicines for children co-infected with TB and HIV; • Training and capacity building focused on response to childhood TB/HIV includig mentorship and supportive supervision of child TB/HIV services, clinical diagnosis of childhood TB and HIV and specimen collection, contact tracing, prevention.

Module	Target Population	Intervention	Scope and description of intervention package
TB/HIV		Key populations - Prisoners	It includes adapting TB and HIV services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include: • Active case finding among prison population; TB screening among PLHIV and HIV testing of TB patients); • Access to appropriate TB and HIV care and treatment; • Administrative, environmental and personal protection measures aimed at improving infection control; • Provision of mobile outreach services linked to local health facilities including regular screening (including using X-rays, Xpert, microscopy); • Provision of treatment with support; • Renovating and equipping TB or TB/HIV laboratory infrastructure in the prisons and specimen referral mechanisms from prisons to external laboratories; • TB preventive therapy; • Linkage with national TB information system and referral; • Developing appropriate linkages to ensure continuation of TB treatment at all stages of detention (i.e. people undergoing treatment before detention, between different stages of detention and on exit from detention); • Address human rights violations such as solitary confinement; • Providing continuum of care, etc.; • Linkages with harm reduction programmes for prisoners who use drugs; etc.
TB/HIV		Key populations - Mobile populations: refugees, migrants and internally displaced people	It includes adapting TB/HIV services to the specific needs of mobile populations and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention through outreach activities; • Active case finding, contact tracing, and screening of migrants for TB prior to resettlement and immigration; • Provision of mobile outreach services including regular screening (including using X-rays, Xpert, microscopy); • Provision of clinical diagnosis, radiological investigation, sputum smear and culture and drug susceptibility testing in line with partner government protocols; • Development and roll out a cross border referral system or a regional health management information system, including geospatial mapping; • Provision of treatment and support; • Linkage with national TB information system and referral; • Development of appropriate linkages with social and humanitarian services (for example, nutritional support, social housing) as well as other health promotion and emergency health programs. → Activities to remove human rights and gender-related barriers specific to mobile populations should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
TB/HIV		Key populations - miners and mining communities	It includes adapting TB/HIV services to the needs of miners and mining communities and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention through outreach for miners, ex-miners and residents of peri-mining communities • Active case finding, contact tracing, and strengthening of referral and diagnostic capacities • Provision of mobile outreach services including regular screening (including using X-rays, Xpert, microscopy); • Capacity building for occupational health professionals in mining areas; • Strenthening linkages with other health and social services; • Provision of treatment and support; • Linkage with national TB information system and referral; • Strengthening policy, governance and advocacy, including engagement of key political, industrial and labor stakeholders in the region, and fostering public-private partnerships. → Activities to remove human rights and gender-related barriers specific to miners and mining communities should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
TB/HIV		Key populations - Others	This intervention applies to other Key Populations and high risk groups such as ethnic minorities/ indigenous populations, urban slum dwellers, elderly, health workers and people who use drugs. It includes adapting models of TB/HIV care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example, it could include: • Active case finding of TB among PLHIV and HIV testing and counseling in TB patients among the key populations; • Community-based TB care and prevention; • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc.; • Implementation of infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection and environmental control measures. • Provision of TB preventive therapy where needed; etc. → TB/HIV activities for prisoners are included under the intervention "Key populations- prisoners", mobile populations and miners are included under the interventions "Key populations - prisoners", "Key populations - mobile populations" and "Key populations - miners and mining communities" respectively.
TB/HIV		Collaborative activities with other programs and sectors	It includes collaborating with other service providers for patients with co-morbidities including diabetes and HIV, with other sectors beyond health. For example, it could include: • Establishing collaboration mechanisms across providers/sectors; • Screening, detecting and managing co-morbidities; • Establishing referral and linkage systems; • Capacity building of health care workers, including medical ethics and gender-responsive service delivery; • Linkages with harm reduction programmes for TB/HIV patients who inject drugs; etc. → Activities related to collaboration with maternal and child health should be included under the RSSH modules.
Reducing human rights-related barriers to HIV/TB services		Stigma and discrimination reduction	It includes activities such as: • Community mobilisation and sensitisation on HIV/TB-related stigma and discrimination; • Public engagement of people living with HIV and HIV/TB, religious and community leaders and celebrities; • Media campaigns; • Edutainment; • Integration of non-stigmatising messages into TV and radio shows; • Inclusion of anti-discrimination programs and policies in work, health and education settings; • Roll out of HIV-Stigma Index; • Roll out of TB Stigma assessment and/or Stop TB CRG Assessment; • Peer mobilisation and support groups to promote health and non-discrimination.

Module	Target Population	Intervention	Scope and description of intervention package
Reducing human rights-related barriers to HIV/TB services		Legal Literacy ("Know Your Rights")	It includes activities such as: • Legal/patients' rights literacy trainings for women, girls and other vulnerable and key populations; • Establishment of crisis response mechanisms to prevent abuse, including gender-based violence.
Reducing human rights-related barriers to HIV/TB services		Human rights and medical ethics related to HIV and HIV/TB for health care providers	It includes activities such as: • Training of health care providers, including facility and non-facility based, health care administrators and health care regulators on non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment; • Facilitation of collaboration between health care points and community organisations for patient support and quality control; • Development of institutional policies and accountability mechanisms for health care facilities.
Reducing human rights-related barriers to HIV/TB services		HIV and HIV/TB-related legal services	It includes activities such as: • Legal information, referrals, advice and representation related to HIV and HIV/TB, including through peer paralegal community systems; • Legal services and counselling for women and girls; support through artibration, dispute settlement mechanisms; • Support to community forms of dispute resolution, including engagement of traditional leaders and customary law in support of people affected by HIV and HIV/TB; strategic litigation.
Reducing human rights-related barriers to HIV/TB services		Sensitisation of law-makers and law-enforcement agents	It includes activities such as: • Information and sensitisation programs for Parliamentarians, Ministries of Justice, judges, prosecutors, police and traditional and religious leaders on legal, health and human rights aspects of HIV and HIV/TB, including gender-and age-based discrimination and inequity and on violence prevention, including intimate partner violence and their relation to HIV; • Facilitation of discussions among service providers and law enforcement officers to gain police support for health programs; • Training of prison personnel (both in prinsons for women and men) on public health, human rights and HIV and HIV/TB responses; • HIV and HIV/TB in the Workplace programs for law-makers and enforcers.
Reducing human rights-related barriers to HIV/TB services		Improving laws, regulations and polices relating to HIV and HIV/TB	It includes activities such as: • Assessing impact of policies/practices on informed consent and confidentiality on access to services; • Legal Environment Assessments, and community-based monitoring of laws and their implementation in terms of their impact on health and access to services; • Advocacy and mobilization for law and policy reform to increase access to services.
Reducing human rights-related barriers to HIV/TB services		Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	It includes activities such as: • Development and reform of laws and law enforcement practices on age of consent, spousal consent, domestic violence, sexual consent, early child marriage, universal primary/secondary education for all children, etc.; • Reform of family law, property, inheritance and custody laws; • Gender assessment in HIV/TB; • Community consultations to identify specific gender-related barriers to accessing HIV/TB services; • Development of age-appropriate curriculum for sexuality and life-skills education including gender equality; • Roll out of programs to address harmful gender norms and traditional practices, as well as gender-based violence.
Reducing human rights-related barriers to HIV/TB services		Community mobilisation and advocacy	It includes activities such as: • Community-led outreach campaigns to address harmful gender norms and stereotypes and other human rights-related barriers; • Community-based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privicacy and informed consent; • Patient group mobilisation and building capacity/supporting community-led advocacy efforts. → Comminity mobilization activities related to key populations should be included in "Community empowerment" interventions for key populations.
Program management		Coordination and management of national disease control programs	It includes activities related to coordination and management of the three national disease control programs (HIV, TB and malaria) as central, regional and district level. Activities can include: • Oversight, technical assistance and supervision from national to subnational levels; • Human resource planning/ staffing and training for program management; • Coordination with district and local authorities; • Quarterly meetings; • Office/IT equipment; • Partnering processes, including advocacy and public awareness and communication carried out by partners and the national program, including mobilizing leaders to support implementation and sustainability of the program; • Mobilizing leaders to support implementation and sustainability of the program. etc. → Activities related to development of national health sector strategic plans and alignment with the disease specific plans should be included under the RSSH module "Health sector governance and planning", in the "National health sector strategies and financing for implementation" intervention. → Activities related to development of national disease specific plans should be included under the RSSH module "Health sector governance and planning", in the RSSH intervention "Policy and planning for national disease control programs".
Program management		Grant management	It includes specific activities related to managing Global Fund grants including at the PMU/PR/SR level. These could include: • Development and submission of quality grant documents; • Oversight and technical assistance related to effective and efficient Global Fund grant implementation and management and specific Global Fund requirements; • Supervision from PR to SR level (applicable when the national disease control program is not the PR); • Human resource planning/ staffing, training and overheads; • Operational costs; • Coordination with national program, district and local authorities; • Quarterly meetings and office/IT equipment at PR/SR level; • Mobilizing leaders to support implementation and sustainability of the program; etc.

The Global Fund

HIV - Core list of indicators

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Indicators marked with **(M)** are mandatory indicators for "focused"countries if respective modules are supported by the Global Fund grants.

Module	Target Population	Type of Indicator	Indicator code	Core list of indicators	Disaggregation category (s)
Impact indicators (All modules)		Impact	HIV I-13	Percentage of people living with HIV	Age (U15, 15+); Gender (female, male); Gender | Age* (female 15-19, male 15-19, female 20-24, male 20-24) *To be reported from AGYW focus countries
		Impact	HIV I-14	Number of new HIV infections per 1000 uninfected population	Age (U15, 15+); Gender (female, male); Gender | Age* (female 15-19, male 15-19, female 20-24, male 20-24) *To be reported from AGYW focus countries
		Impact	HIV I-3.1a	Percentage of individuals seropositive for syphilis	
		Impact	HIV I-3b	Percentage of men who have sex with men with active syphilis	
		Impact	HIV I-3c	Percentage of sex workers with active syphilis	
		Impact	HIV I-4	Number of AIDS-related deaths per 100,000 population	Age (U5, 5-14, 15+) Gender (female, male); Gender | Age* (female 15-19, male 15-19, female 20-24, male 20-24) *To be reported from AGYW focus countries
		Impact	HIV I-6	Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	
		Impact	HIV I-9a**(M)**	Percentage of men who have sex with men who are living with HIV	Age (U25, 25+)
		Impact	HIV I-9b**(M)**	Percentage of transgender people who are living with HIV	Age (U25, 25+)
		Impact	HIV I-10**(M)**	Percentage of sex workers who are living with HIV	Age (U25, 25+)
		Impact	HIV I-11**(M)**	Percentage of people who inject drugs who are living with HIV	Age (U25, 25+) Gender (female, male)
		Impact	HIV I-12	Percentage of other vulnerable populations (specify) who are living with HIV	
		Impact	TB/HIV I-1	TB/HIV mortality rate per 100,000 population	

Module	Target Population	Type of Indicator	Indicator code	Core list of indicators	Disaggregation category (s)
Outcome indicators (All modules)		Outcome	HIV O-1(M)	Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Age (U15, 15+); Gender (female, male); Gender | Age (female 15+, male 15+) Duration of treatment (24 months after initiation, 36 months after initiation, 60 months after initiation)
		Outcome	HIV O-10	Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months	Age (15-19, 20-24) Gender (female, male)
		Outcome	HIV O-4a(M)	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Age (U25, 25+)
		Outcome	HIV O-4.1b(M)	Percentage of transgender people reporting using a condom in their most recent sexual intercourse or anal sex	Age (U25, 25+)
		Outcome	HIV O-5(M)	Percentage of sex workers reporting the use of a condom with their most recent client	Age (U25, 25+); Gender (female, male)
		Outcome	HIV O-6(M)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Age (U25, 25+)); Gender (female, male)
		Outcome	HIV O-9	Percentage of people who inject drugs reporting condom use at the last sexual intercourse	Age (U25, 25+); Gender (female, male)
		Outcome	HIV O-7	Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse	
		Outcome	HIV O-11(M)	Percentage of people living with HIV who know their HIV status at the end of the reporting period	Gender (female, male)
		Outcome	HIV O-12	Percentage of people living with HIV and on ART who are virologically suppressed	Gender (female, male)
		Outcome	HIV O-13	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Age (15-19, 20-24)
		Outcome	HIV O-14	Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	
		Outcome	HIV O-15	Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings	
		Outcome	HIV O-16a	Percentage of MSM who avoid health care because of stigma and discrimination	Age (U25, 25+)
		Outcome	HIV O-16b	Percentage of TGs who avoid health care because of stigma and discrimination	Age (U25, 25+)
		Outcome	HIV O-16c	Percentage of sex workers who avoid health care because of stigma and discrimination	Age (U25, 25+); Gender (female, male)
		Outcome	HIV O-16d	Percentage of people who inject drugs who avoid health care because of stigma and discrimination	Age (U25, 25+); Gender (female, male)

Module	Target Population	Type of Indicator	Indicator code	Core list of indicators	Disaggregation category (s)
		Outcome	HIV O-17	Percentage of people living with HIV reporting their rights were violated who sought legal redress	Gender (female, male); Age (U25, 25+); Key populations (MSM, sex workers, transgender people, PWID, people in prisons and other closed settings)
		Outcome	HIV O-18	Percentage of women age 15 - 24 who had 2+ partners in the past 12 months	
		Outcome	HIV O-19	Percentage of women age 15-19 who have had a live birth or are currently pregnant	
		Outcome	HIV O-20	Percentage of females aged 15 - 24 who dropped out of school in the last year	
Prevention	Men in high prevalence settings	Coverage	MEN-1	Number of medical male circumcisions performed according to national standards	
	Men who have sex with men	Coverage	KP-1a**(M)**	Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Age (U25, 25+)
	Transgender people	Coverage	KP-1b**(M)**	Percentage of transgender people reached with HIV prevention programs - defined package of services	Age (U25, 25+)
	Sex workers	Coverage	KP-1c**(M)**	Percentage of sex workers reached with HIV prevention programs - defined package of services	Age (U25, 25+); Gender (female, male)
	People who inject drugs and their partners	Coverage	KP-1d**(M)**	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Age (U25, 25+); Gender (female, male)
	Other vulnerable populations	Coverage	KP-1e	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	
	People in prisons and other closed settings	Coverage	KP-1f(M)	Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services	
	People who inject drugs and their partners	Coverage	KP-4	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	
	People who inject drugs and their partners	Coverage	KP-5	Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	
	Men who have sex with men	Coverage	KP-6a	Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	

Module	Target Population	Type of Indicator	Indicator code	Core list of indicators	Disaggregation category (s)
	Transgender people	Coverage	KP-6b	Percentage of eligible transgender people who initiated oral antiretroviral PrEP during the reporting period	
	Sex workers	Coverage	KP-6c	Percentage of eligible sex workers who initiated oral antiretroviral PrEP during the reporting period	
	AGYW in high prevalence settings	Coverage	YP-1a	Percentage of young people aged 10–24 years attending school reached by comprehensive sexuality education and/or life skills–based HIV education in schools	Gender (female, male)
	AGYW in high prevalence settings	Coverage	YP-1b	Percentage of young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of schools	Gender (female, male)
	AGYW in high prevalence settings	Coverage	YP-2	Percentage of adolescent girls and young women reached with HIV prevention programs- defined package of services	Age (10-14, 15-19, 20-24)
	AGYW in high prevalence settings	Coverage	YP-4	Percentage of eligible adolescent girls and young women who initiated oral antiretroviral PrEP during the reporting period	
PMTCT		Coverage	PMTCT-1	Percentage of pregnant women who know their HIV status	HIV test result (positive, negative)
		Coverage	PMTCT-2.1	Percentage of HIV-positive pregnant women who received ART during pregnancy	
		Coverage	PMTCT-3.1	Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	HIV test result - positive, negative, indeterminate)
		Coverage	PMTCT-4	Percentage of antenatal care attendees tested for syphilis	
Differentiated HIV Testing Services	AGYW in high prevalence settings	Coverage	HTS-2	Number of adolescent girls and young women who were tested for HIV and received their results during the reporting period	Age (15-19, 15-24^, 20-24); HIV test status (positive, negative) ^To be reported in cases where data for age groups 15-19 and 20-24 is not available
	Men who have sex with men	Coverage	HTS-3a[(M)]	Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Age (U25, 25+) HIV test status (positive, negative)
	Transgender people	Coverage	HTS-3b[(M)]	Percentage of transgender people that have received an HIV test during the reporting period and know their results	Age (U25, 25+) HIV test status (positive, negative)
	Sex workers	Coverage	HTS-3c[(M)]	Percentage of sex workers that have received an HIV test during the reporting period and know their results	Age (U25, 25+); Gender (female, male); HIV test status (positive, negative)
	People who inject drugs and their partners	Coverage	HTS-3d[(M)]	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Age (U25, 25+); Gender (female, male); HIV test status (positive, negative)
	People in prisons and other closed settings	Coverage	HTS-3f[(M)]	Number of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results	HIV test status (positive, negative)

Module	Target Population	Type of Indicator	Indicator code	Core list of indicators	Disaggregation category (s)
	Other vulnerable populations	Coverage	HTS-3e	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	HIV test status (positive, negative)
Treatment care and support	All people living with HIV	Coverage	TCS-7	Percentage of newly diagnosed people linked to HIV care (individual linkage)	Target / Risk population group (MSM, PWIDs, sex workers, transgender people)
	All people living with HIV	Coverage	TCS-1(M)	Percentage of people living with HIV currently receiving antiretroviral therapy	Age (U15, 15+); Gender (female, male); Gender | Age (female 15+, male 15+, female 15-19, male 15-19, female 20-24, male 20-24, female 15-24^, male 15-24^) ^To be reported in cases where data for age groups 15-19 and 20-24 is not available Target / Risk population group (MSM, sex workers, transgender people, PWID, people in prisons and other closed settings) Newly initiating ART
	All people living with HIV	Coverage	TCS-3.1	Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Gender | Age (female 15+, male 15+, female 15-19, male 15-19, female 20-24, male 20-24, female 15-24^, male 15-24^) ^To be reported in cases where data for age groups 15-19 and 20-24 is not available
TB/HIV		Coverage	TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status	Gender (female, male); Age (U5, 5–14, 15+); HIV status (positive, negative)
		Coverage	TB/HIV-6	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Age (U5, 5–14, 15+); Gender (female, male)
		Coverage	TB/HIV-3.1	Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	Age (U5, 5–14, 15+) Gender (female, male); Pregnancy status
		Coverage	TB/HIV-4.1	Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	Age (U5, 5-14, 15+); Gender (female, male)
Program Management		Coverage	PM-1	Percentage grant budget execution (i.e. in-country financial absorption)	
		Coverage	PM-2	Percentage utilization of disbursed funds (i.e. in-country disbursement utilization)	

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Module	Intervention	Scope and description of intervention package
TB care and prevention	Case detection and diagnosis	It includes early detection of all forms of TB among all ages and gender including through active case finding (in communities/outreach and intensified case finding in facilities and through contact investigation) as well as related training and capacity building activities. For example, it could include: • Diagnosis of TB using Rapid molecular diagnostic tools for early and rapid diagnosis (e.g Xpert MTB/RIF and other molecular tests) and also culture and DST for first line drugs (FLDs); • Rollout of molecular diagnostics; • Procurement, use and maintenance of other relevant tools such as X-rays (including digital X-ray, CAD) and sputum smear microscopy; • Specific strategies and tools to strengthen TB diagnosis among women and men; • TB specimen transport/referral mechanisms from lower to higher level laboratories; • Renovating and equipping TB-specific laboratory infrastructure; • Support to poor patients in accessing diagnosis services; • Quality improvement methods and approaches to improve program quality and service delivery. → TB case finding and diagnosis activities specific to children should be included under intervention "Key Populations/Children".
	Treatment	It includes standard treatment with first line drugs including training and capacity building. For example, it could include: • Comprehensive support for management of patients with drug-susceptible TB; • Innovative patient-centred care approaches; • Supportive activities to improve patient's adherence to treatment including digital technologies; • Clinical and laboratory tests to monitor treatment responses; • Renovating and equipping TB-specific service delivery infrastructure, for example, health facilities, etc.; • Quality improvement methods and approaches to improve program quality and service delivery. → TB treatment for for children should be included under intervention "Key Populations/Children".
	Prevention	It includes activities related to prevention of TB among adults including training and capacity building. For example, it could include: • Contact investigation and screening of high risk groups for latent TB; • Provision and monitoring of preventive therapy (including the new combinations such as 3HP and 3RH) for adults in contact with patients with pulmonary TB and other high risk groups; • Infection control including administrative, environmental and personal protection measures etc. → Preventive therapy for TB/HIV should be included under "TB/HIV module". →TB prevention among children in contact with TB patients should be included under intervention "Key Populations/Children".
	Engaging all care providers	It includes activities related to engaging public and private providers, traditional healers in ending TB (prevention, diagnosis, treatment, referral and follow-up of patients). For example, it could include: • Activities related to setting up of related norms, policies, guidelines, management system - including for manadatory notification; for electronic/digital recording/reporting/payments; • Assessment including to understand human rights and gender-related access barriers, mapping of providers, meetings, agreements, MoUs; • Training of service providers on quality care delivery including medical ethics; • Building capacity of intermediary agencies to support national TB programmes in effectively engaging all care providers; • Certification and accreditation; • Engagement of private laboratories into the country's TB diagnostic network; • Quality assurance, supervision and monitoring; • Incentives and enablers to motivate care providers to deliver quality TB prevention and care services; • Advocacy and communication. → Public-private mix (PPM) refers to private providers which are not included in the NTP (including private not for-profit and for-profit private clinics, hospitals). → Public-public mix (PPM) also refers to public providers which are not included in the NTP.
	Community TB care delivery	It includes activities related to involvement of community in TB diagnosis, care and prevention. For example, it could include: • Policy guidance, implementaton and scale up; • Advocacy and communication including stigma reduction and rights literacy; • Training and capacity-building of community TB service providers, ex-TB patients; • Support to community-based interventions/approaches aimed at improving quality of TB services; • Support (including funding) to community-based interventions and outreach services for TB patients including contact tracing, specimen collection, treatment support and support for TB prevention.
	Key Populations - Children	It includes TB case finding, diagnosis, treatment and prevention interventions specifically targeted at children. For example: • Active case finding through collection and testing of pediatric specimens and use of chest radiography; • Contact investigation among children for drug-susceptible TB including through community based approaches; • Provision of treatment with child-friendly TB medication formulations; • Provision of TB preventive therapy including the new combination drugs (3HP and 3RH) to eligible children in contact with TB patients; • Training and capacity building on response to childhood TB including mentorship and supportive supervision of child TB services, clinical diagnosis of childhood TB and specimen collection, contact tracing, prevention.

Module	Intervention	Scope and description of intervention package
	Key populations - Prisoners	It includes adapting TB services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include: • Active case finding among prison population; • Administrative, environmental and personal protection measures aimed at improving infection control; • Provision of mobile outreach services linked to local health facilities and regular screening (including using X-rays, Xpert, microscopy); • Provision of treatment with FLDs and treatment support; • Renovating and equipping TB laboratory infrastructure in the prisons and specimen referral mechanisms from prisons to external laboratories; • TB preventive therapy; • Developing appropriate linkages to ensure continuation of TB treatment at all stages of detention (i.e. people undergoing treatment before detention, between different stages of detention and on exit from detention); • Linkage with national TB information system and referral; • Linkages with harm reduction programmes for prisoners who use drugs; • Address human rights violations such as solitary confinement; providing continuum of care etc. → TB/HIV interventions for prisoners should be included under the TB/HIV module and prisoners intervention.
	Key populations - Mobile populations: refugees, migrants and internally displaced people	It includes adapting TB services to the specific needs of mobile populations and making appropriate services accessible and available. For example, it could include: • Active case finding, contact tracing, and screening of migrants for TB prior to resettlement and immigration; • Provision of mobile outreach services including regular screening (using X-rays, Xpert, microscopy); • Provision of clinical diagnosis, radiological investigation, sputum smear and culture and drug susceptibility testing in line with partner government protocols; • Activities to strengthen cross-border referral processes; • Provision of treatment and support; • Linkage with national TB information system and referral; • Development of appropriate linkages with social and humanitarian services (for example, nutritional support, social housing) as well as other health promotion and emergency health programs. → TB/HIV interventions for mobile populations should be included under the TB/HIV module. → Activities to remove human rights and gender-related barriers specific to mobile populations should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
	Key populations - Miners and mining communities	It includes adapting TB services to the needs of miners and mining communities and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention activities through outreach for miners, ex-miners and residents of peri-mining communities; • Active case finding, contact tracing, and strengthening of referral and diagnostic capacities; • Provision of mobile outreach services including regular screening (using X-rays, Xpert, microscopy); • Capacity building for occupational health professionals in mining areas; • Strenthening linkages with other health and social services; • Provision of treatment and support; • Linkage with national TB information system and referral; • Strengthening policy, governance and advocacy, including engagement of key political, industrial and labor stakeholders in the region, and fostering public-private partnerships. → TB/HIV interventions for miners and minig communities should be included under the TB/HIV module. → Activities to remove human rights and gender-related barriers specific to miners and mining communities should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
	Key populations - Others	This intervention applies to Key Populations and high risk groups such as ethnic minorities/ indigenous populations, urban slum dwellers, elderly, health workers and people who use drugs. It includes adapting models of TB care to meet the needs of these specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example, it could include: • Active case finding; • Community-based TB care and prevention; • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc.; • Implementation of infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection and environmental control measures; • Linkage with national TB information system and referral; • Provision of preventive therapy where needed; etc. → TB care and prevention activities for prisoners, mobile populations and miners are included under the interventions "Key populations-prisoners", "Key populations- mobile populations" and "Key populations- miners and mining communities" respectively.
	Collaborative activities with other programs and sectors	It includes collaborating with other service providers for patients with co-morbidities including diabetes and with other sectors beyond health such as justice, labour, mining, finance, social services etc. For example, it could include: • Establishing collaboration mechanisms across providers/sectors; • Screening, detecting and managing co-morbidities; • Establishing linkages and referral systems; • Capacity building of health care workers; • Linkages with harm reduction programmes for TB patients who inject drugs; etc. → Activities related to collaboration with maternal and child health should be included under the RSSH modules.

Module	Intervention	Scope and description of intervention package
TB/HIV	TB/HIV collaborative interventions	This intervention refers to implementation of TB/HIV collaborative activities, that are aligned with the TB and HIV programs. These include activities to establish and strengthen the mechanisms for delivering integrated and people-centred TB and HIV services, activities to reduce the burden of TB among people living with HIV (PLHIV) and to reduce the burden of HIV in people with presumptive and diagnosed TB. It could include: • Setting up and strengthening a coordinating body for collaborative TB/HIV activities at all levels; • Joint TB and HIV planning to integrate the delivery of TB and HIV services, joint monitoring and supervision.
	Screening, testing and diagnosis	This intervention includes: • HIV testing among people with TB (and people with presumptive TB); • Screening of PLHIV for TB including using X-rays/digital X-rays (TB-LAM for eligible people) and rapid molecular tests for TB diagnosis among PLHIV; • Quality improvement methods and approaches to improve program quality and service delivery.
	Treatment	This intervention includes: • Early initiation (or continuation) of ART and CPT for TB/HIV co-infected patients and provision of anti-TB treatment; • Provision of patient support and follow up during treatment for both TB and HIV; • Quality improvement methods and approaches to improve program quality and service delivery.
	Prevention	This intervention includes: • Provision of TB Preventive treatment for PLHIV without active TB including the new combination drugs (3HP and 3RH) and INH; • Follow up and support for people taking preventive therapy including through using digital health technologies; • Implementation of Administrative, environmental and personal infection control measures.
	Engaging all care providers	It includes activities related to engaging public and private providers, traditional healers in TB/HIV prevention, diagnosis, treatment, referral and follow-up of patients. For example, it could include: • Activities related to setting up of norms, policies, guidelines, for exmaple, for manadatory notification, for electronic/digital recording/reporting/payments, etc.; • Assessment to understand human rights and gender-related access barriers, mapping of providers, meetings, agreements, MoUs; • Training of service providers on quality care delivery including medical ethics; • Building capacity of intermediary agencies to support national TB programmes in effectively engaging all care providers; • Certification and accreditation; • Quality assurance, supervision and monitoring; • Incentives and enablers to motivate care providers to deliver quality TB prevention and care services; • Advocacy and communication. → Public-private mix (PPM) refers to private providers which are not included in the NTP (including private not for-profit and for-profit private clinics, hospitals). → Public-public mix (PPM) also refers to public providers which are not included in the NTP.
	Community TB/HIV care delivery	It includes activities related to involvement of community in TB and HIV screening/ diagnosis, care and prevention. For example, it could include: • Policy guidance, implementaton and scale up; • Advocacy and communication; • Training and capacity-building of community TB and HIV service providers, ex-TB patients; • Support to community-based interventions/approaches aimed at improving quality of collaborative TB/HIV services; • Support (including funding) to community-based interventions and outreach services for people with TB and/or HIV including contact tracing, specimen collection, treatment support and prevention.
	Key Populations - Children	This includes TB/HIV collaborative activities including HIV testing, TB screening and case finding, treatment and prevention interventions specifically targeted at children with HIV. For example: • Active TB case finding through collection and testing of pediatric specimens and use of chest radiography; • Contact investigation among children for drug-susceptible TB including through community based approach; • HIV testing among children with TB; • Provision of treatment with child-friendly TB medication formulations; • Provision of TB preventive therapy including the new combination drugs (3HP and 3RH) to eligible children in contact with TB patients; • Provision of ART and TB medicines for children co-infected with TB and HIV; • Training and capacity building focused on response to childhood TB/HIV includig mentorship and supportive supervision of child TB/HIV services, clinical diagnosis of childhood TB and HIV and specimen collection, contact tracing, prevention.
	Key populations - Prisoners	It includes adapting TB and HIV services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include: • Active case finding among prison population; • TB screening among PLHIV and HIV testing of TB patients; • Access to appropriate TB and HIV care and treatment; • Administrative, environmental and personal protection measures aimed at improving infection control; • Provision of mobile outreach services linked to local health facilities including regular screening (including using X-rays, Xpert, microscopy); • Provision of treatment with support; • Renovating and equipping TB or TB/HIV laboratory infrastructure in the prisons and specimen referral mechanisms from prisons to external laboratories; • TB preventive therapy; • Linkage with national TB information system and referral; • Developing appropriate linkages to ensure continuation of TB treatment at all stages of detention (i.e. people undergoing treatment before detention, between different stages of detention and on exit from detention); • Address human rights violations such as solitary confinement; • Providing continuum of care, etc.; • Linkages with harm reduction programmes for prisoners who use drugs etc.

Module	Intervention	Scope and description of intervention package
	Key populations - mobile populations: refugees, migrants and internally displaced people	It includes adapting TB/HIV services to the specific needs of mobile populations and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention through outreach activities; • Active case finding, contact tracing, and screening of migrants for TB prior to resettlement and immigration; • Provision of mobile outreach services including regular screening (including using X-rays, Xpert, microscopy); • Provision of clinical diagnosis, radiological investigation, sputum smear and culture and drug susceptibility testing in line with partner government protocols; • Development and roll out a cross border referral system or a regional health management information system, including geospatial mapping; • Provision of treatment and support; • Linkage with national TB information system and referral; • Development of appropriate linkages with social and humanitarian services (for example, nutritional support, social housing) as well as other health promotion and emergency health programs. → Activities to remove human rights and gender-related barriers specific to mobile populations should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
	Key populations - miners and mining communities	It includes adapting TB/HIV services to the needs of miners and mining communities and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention through outreach for miners, ex-miners and residents of peri-mining communities • Active case finding, contact tracing, and strengthening of referral and diagnostic capacities • Provision of mobile outreach services including regular screening (including using X-rays, Xpert, microscopy); • Capacity building for occupational health professionals in mining areas; • Strenthening linkages with other health and social services; • Provision of treatment and support; • Linkage with national TB information system and referral; • Strengthening policy, governance and advocacy, including engagement of key political, industrial and labor stakeholders in the region, and fostering public-private partnerships. → Activities to remove human rights and gender-related barriers specific to miners and mining communities should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
	Key populations - Others	This intervention applies to other Key Populations and high risk groups such as ethnic minorities/ indigenous populations, urban slum dwellers, elderly, health workers and people who use drugs. It includes adapting models of TB/HIV care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example, it could include: • Active case finding of TB among PLHIV and HIV testing and counseling in TB patients among the key populations; • Community-based TB care and prevention; • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc.; • Implementation of infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection and environmental control measures; • Provision of TB preventive therapy where needed; etc. → TB/HIV activities for prisoners are included under the intervention "Key populations- prisoners", mobile populations and miners are included under the interventions "Key populations - prisoners", "Key populations - mobile populations" and "Key populations - miners and mining communities" respectively.
	Collaborative activities with other programs and sectors	It includes collaborating with other service providers for patients with co-morbidities including diabetes and HIV, with other sectors beyond health. For example, it could include: • Establishing collaboration mechanisms across providers/sectors; • Screening, detecting and managing co-morbidities; • Establishing referral and linkage systems; • Capacity building of health care workers, including medical ethics and gender-responsive service delivery; • Linkages with harm reduction programmes for TB/HIV patients who inject drugs; etc. → Activities related to collaboration with maternal and child health should be included under the RSSH modules.
MDR-TB	Case detection and diagnosis	The activities under this module could for example include: • Early detection of people with drug-resistance, including the use of rapid molecular diagnostics (such as GeneXpert, LPA for FLD and SLD and other new diagnostic/DST tests when recommended/available) at decentralized settings; • Culture and DST at least at referral centres and quality assurance; • Contact investigation of patients with DR-TB; • Quality improvement methods and approaches to improve program quality and service delivery.
	Treatment	It includes provision of treatment with second-line drugs for patients with drug-resistant TB delivered through patient-centred models. In addition, the activities could include: • Introduction and scale up of all-oral regimens (including all-oral shorter regimens under operational research) for DR-TB patients that include new and repurposed drugs as per the new WHO guidelines; • Comprehensive support including non-medical support; • Management of adverse drug effects including a DSM (active drug saftety monitoring and management); • Supportive activities to improve patient's adherence to treatment including digital technologies; • Monitoring of treatment response by clinical and lab services for patients on treatment; • Coordination of ARV treatment for patients with HIV coinfection; • Delivery of palliative/end-of-life care to eligible patients; • Quality improvement methods and approaches to improve program quality and service delivery.
	Prevention	It includes activities related to implementation of infection control measures at all levels such as: • Administrative infection control measures; • Coordination activities related to infection control activities; • Personal protection and environmental control measures; • Provision of preventive therapy for contacts of patients with DR-TB as per the WHO recommendations and national policies.

Module	Intervention	Scope and description of intervention package
	Engaging all care providers	It includes activities related to engaging public and private providers, traditional healers in ending DR-TB (prevention, diagnosis, treatment, referral and follow-up of patients). For example, it could include: • Activities related to setting up of related norms, policies, guidelines - including for manadatory notification; for electronic/digital recording/reporting/payments; • Assessment including to understand human rights and gender-related access barriers, mapping of providers, meetings, agreements, MoUs; • Training of service providers on quality care delivery including medical ethics; • Building capacity of intermediary agencies to support national TB programmes in effectively engaging all care providers; • Certification and accreditation; • Quality assurance, supervision and monitoring; • Incentives and enablers to motivate care providers to deliver quality TB prevention and care services • Advocacy and communication. → Public-private mix (PPM) refers to private providers which are not included in the NTP (including private not for-profit and for-profit private clinics, hospitals). → Public-public mix (PPM) also refers to public providers which are not included in the NTP.
	Community MDR-TB care delivery	It includes activities related to involvement of community in management of MDR-TB. For example, it could include: • Policy guidance, implementaton and scale up of MDR-TB related activities in the community; • Advocacy and communication including on stigma reduction and rights literacy in the context of MDR-TB; • Training and capacity-building of community TB and MDR TB service providers, ex-TB patients; • Support (including funding) to community-based interventions and outreach services for MDR-TB patients, including legal and rights literacy in the context of MDR-TB.
	Key Populations - Children	This includes DR-TB case finding, diagnosis, treatment and prevention interventions specifically targeted at children. For example: • Case finding through collection and testing (DST) of pediatric specimens and use of chest radiography; • Contact investigation among children for DR-TB including through community based approach; • Provision of treatment second-line drugs for children with DR-TB including child-friendly medication formulations; • Provision of DR-TB preventive therapy depending on the drug-suceptibility profile of the index cases as recommended by WHO; • Training and capacity building focused on response to childhood DR-TB includig mentorship and supportive supervision of child DR-TB services including clinical diagnosis of childhood DR-TB and specimen collection, contact tracing, prevention.
	Key populations - Prisoners	It includes adapting DR-TB services to the needs of prisoners and people in detention and making appropriate services accessible and available. For example, it could include: • Active Case Finding of MDR-TB among prison population; • Improve infection control; • Provision of mobile medical services linked to local TB hospitals and facilities including regular screening (including using X-rays, Xpert); • Use of rapid molecular diagnostics (GeneXpert, LPA for first-line and second-line drugs); • Provision of treatment with comprehensive support; • Renovating and equipping TB laboratory infrastructure in the prisons and specimen referral mechanisms from prisons to external laboratories; • TB preventive therapy where appropriate; • Developing appropriate linkages to ensure continuation of DR-TB treatment at all stages of detention (i.e. people undergoing treatment before detention, between different stages of detention and on exit from detention); • Linkage with national TB information system and referral; • Linkages with harm reduction programmes for prisoners who use drugs; • Address human rights violations such as solitary confinement; • Providing continuum of care including diagnosis and treatment for PWID; etc. → MDR-TB related interventions for prisoners should be included here. Other interventions for prisoners (related to TB prevention and care and TB/HIV) should be included under the respective modules and interventions.
	Key populations - mobile populations: refugees, migrants and internally displaced people	It includes adapting DR-TB services to the specific needs of mobile populations and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention through outreach; • Active case finding, contact tracing, and screening of migrants for TB prior to resettlement and immigration; • Provision of mobile outreach services including regular screening (including using X-rays, Xpert); • Provision of clinical diagnosis, radiological investigation, sputum smear and culture and drug susceptibility testing in line with government protocols; • Development and roll out a cross border referral system or a regional health management information system, including geospatial mapping; • Provision of treatment and support including using new regimens; • Linkage with national TB information system and referral; • Development of appropriate linkages with social and humanitarian services (e.g. nutritional support, social housing) as well as other health promotion and emergency health programs. → Activities to remove human rights and gender-related barriers specific to mobile populations should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.
	Key populations - miners and mining communities	It includes adapting DR-TB services to the needs of miners and mining communities and making appropriate services accessible and available. For example, it could include: • Community-based TB care and prevention through outreach for miners, ex-miners and residents of peri-mining communities; • Active case finding, contact tracing, and strengthening of referral and diagnostic capacities; • Provision of mobile outreach services including regular screening (including using X-rays, Xpert, microscopy); • Capacity building for occupational health professionals in mining areas; • Strenthening linkages with other health and social services; • Provision of treatment and support; • Linkage with national TB information system and referral; • Strengthening policy, governance and advocacy, including engagement of key political, industrial and labor stakeholders in the region, and fostering public-private partnerships. → Activities to remove human rights and gender-related barriers specific to miners and mining communities should be included under the "Removing human rights and gender related barriers to TB services" module and related interventions.

Module	Intervention	Scope and description of intervention package
	Key populations - Others	This intervention applies to Key Populations and high risk groups such as ethnic minorities, urban poor, elderly, health workers and people who use drugs. It includes adapting MDR-TB services to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example, it could include: • Active case finding of MDR-TB; • Use of molecular diagnostics (GeneXpert, LPA for first-line and second-line drugs); • Community-based MDR-TB care and prevention; • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements, etc; • Provision of preventtive therapy where necessary; • Implementation of infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection and environmental control measures; • Provision of preventive therapy where needed, etc; • Linkage with national TB information system and referral. → RR/MDR-TB care and prevention activities for prisoners, mobile populations and miners are included under the interventions "Key populations- prisoners", "Key populations - mobile populations" and "Key populations - miners and mining communities" respectively.
	Collaborative activities with other programs and sectors	It includes collaborating with other service providers for patients with co-morbidities including diabetes and with other sectors beyond health such as justice, labour, mining, etc. for management of MDR-TB. For example, it could include: • Establishing collaboration mechanisms across providers/sectors; • Screening, detecting and managing co-morbidities; • Establishing referral systems; • Capacity building of health care workers; including medical ethics and gender-responsive service delivery; • Linkages with harm reduction programmes for MDR-TB patients who inject drugs; etc. → Activities related to collaboration with maternal and child health should be included under the RSSH modules.
Removing human rights and gender related barriers to TB services	Stigma and discrimination reduction	It includes activities to reduce stigma towards people with TB including but not limited to: • Situational analysis and assessments, for example, Stop TB-CRG assessment, including TB Stigma Assessment; • Media and edutainment activities on TB and stigma such as integration of non-stigmatizing languge into TB communication materials, radio shows, etc.; • Engagement with religious and community leaders and celebrities; • Peer mobilisation and support developed for and by people with TB and affected communities aimed at promoting well-being and human rights.
	Human rights, medical ethics and legal literacy	For communities affected by diseases, key populations and CSOs, it could include: • Peer outreach on human rights and legal literacy in the context of TB; • Development of communication materials on rights in TB; • "Know-your rights" programs. For (community) health care workers, including but not limited to: • Medical ethics and human rights training in the context of TB as part of specialized TB- training. → Cross-cutting medical ethics training should be included under RSSH intervention on "Community Health Workers: In-service training"
	Legal aid and services	It includes activities related to legal aid and services, including but not limited to: • Establishment of Peer para-legal activities, for example, Street lawyers, Hotlines; • Legal aid, legal support through pro bono lawyers, human rights organisations to increase access to justice; • Engagement with community and religious leaders for dispute resolution based on human rights and gender equity.
	Reform of laws and policies	It includes activities related to legal reforms including, but not limited to: • Engagement with Parliamentarians, Ministry of Justice, Interior, Corrections, religious and community leaders, among others, for advocacy and sensitisation; • Training of Parliamentarians on human rights and role of protective legal frameworks in the TB response; • Legal audit, Legal Environment Assessment; • Community mobilisation and community-led advocacy and monitoring support; • Monitoring of laws and policies, including the compliance.
	Community mobilisation and advocacy	It includes activities related to community mobilisation and advocacy, including but not limited to: • Community-led outreach campaigns to address harmful gender norms and stereotypes and other human rights-related barriers; • Community-based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privicacy and informed consent; • Patient group mobilisation and building capacity/supporting community-led advocacy efforts.
Program Management	Coordination and management of national disease control programs	It includes activities related to coordination and management of the three national disease control programs (HIV, TB and malaria) as central, regional and district level. Activities can include: • Oversight, technical assistance and supervision from national to subnational levels; • Human resource planning/ staffing and training for program management; • Coordination with district and local authorities; • Quarterly meetings; • Office/IT equipment; • Partnering processes, including advocacy and public awareness and communication carried out by partners and the national program, including mobilizing leaders to support implementation and sustainability of the program. → Activities related to development of national health sector strategic plans and alignment with the disease specific plans should be included under the RSSH module "Health sector governance and planning", in the "National health sector strategies and financing for implementation" intervention. → Activities related to development of national disease specific plans should be included in the RSSH module "Health sector governance and planning", under the RSSH intervention "Policy and planning for national disease control programs".
	Grant management	It includes specific activities related to managing Global Fund grants including at the PMU/PR/SR level. These could include: • Development and submission of quality grant documents; • Oversight and technical assistance related to effective and efficient Global Fund grant implementation and management and specific Global Fund requirements; • Supervision from PR to SR level (applicable when the national disease control program is not the PR); • Human resource planning/ staffing, training and overheads; • Operational costs; • Coordination with national program, district and local authorities; • Quarterly meetings and office/IT equipment at PR/SR level; • Mobilizing leaders to support implementation and sustainability of the program; etc.

The Global Fund

Tuberculosis
Core list of indicators

Last updated: 31Jul2019

Indicators marked with (M) are mandatory indicators for "focused" countries if respective modules are supported by the Global Fund grants.

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Impact indicators (All modules)	Impact	TB I-2	TB incidence rate per 100,000 population	
	Impact	TB I-3(M)	TB mortality rate per 100,000 population	
	Impact	TB I-4(M)	RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	
	Impact	TB/HIV I-1	TB/HIV mortality rate per 100,000 population	
Outcome indicators (All modules)	Outcome	TB O-1a	Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	
	Outcome	TB O-2a	Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	
	Outcome	TB O-6	Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	
	Outcome	TB O-4(M)	Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	
	Outcome	TB O-5(M)	TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	
	Outcome	TB O-7	Number of people with TB who experienced self-stigma due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months	Gender (female, male)
	Outcome	TB O-8	Number of people with TB who experienced stigma in health care settings due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months	Gender (female, male)
	Outcome	TB O-9	Number of people with TB who experienced stigma in community settings due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months	Gender (female, male)
	Coverage	TCP-1(M)	Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Age (U15, 15+); Gender (female, male); HIV test status (positive, negative, not documented); TB case definition (bacteriologically confirmed)
	Coverage	TCP-2(M)	Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Age (U15, 15+); Gender (female, male); HIV test status (positive, negative, not documented)

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
TB, care and prevention	Coverage	TCP-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	
	Coverage	TCP-5.1	Number of people in contact with TB patients who began preventive therapy	Age (U5, 5-14, 15+)
	Coverage	TCP-6a	Number of TB cases (all forms) notified among prisoners	
	Coverage	TCP-6b	Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	Target / Risk population group (Migrants/ refugees/ IDPs, Other population group)
	Coverage	TCP-7a	Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities	
	Coverage	TCP-7b	Number of notified TB cases (all forms) contributed by non-national TB program providers – public sector	
	Coverage	TCP-7c	Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	
	Coverage	TCP-8	Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis	
TB/HIV	Coverage	TB/HIV-5	Percentage of registered new and relapse TB patients with documented HIV status	Gender (female, male); Age (0–4, 5–14, 15+); HIV status (positive, negative, unknown)
	Coverage	TB/HIV-6	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Age (0–4, 5–14, 15+); Gender (female, male)
	Coverage	TB/HIV-3.1	Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	Age (0–4, 5–14, 15+); Gender (female, male); Pregnancy status
	Coverage	TB/HIV-4.1	Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	Age (0-14, 5-14, 15+); Gender (female, male)
MDR-TB	Coverage	MDR TB-6	Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year	
	Coverage	MDR TB-2[(M)]	Number of TB cases with RR-TB and/or MDR-TB notified	Age (U15, 15+); Gender (female, male)
	Coverage	MDR TB-3[(M)]	Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Age (U15, 15+); Gender (Female, Male); TB regimen (New TB drugs, Short regimens)
	Coverage	MDR TB-4	Percentage of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment	
	Coverage	MDR TB-5	Percentage of DST laboratories showing adequate performance on External Quality Assurance	
	Coverage	MDR TB-7.1	Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs	
	Coverage	MDR TB-8	Number of cases of XDR TB enrolled on treatment	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
	Coverage	MDR TB-9	Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	TB case definition (XDR TB) Age (U15, 15+); Gender (female, male); HIV test status (positive, negative, unknown)
Program Management	Coverage	PM-1	Percentage grant budget execution (i.e. in-country financial absorption)	
	Coverage	PM-2	Percentage utilization of disbursed funds (i.e. in-country disbursement utilization)	

Malaria Modular Framework

Last updated: 31Jul2019

Module	Intervention	Scope and description of intervention package
Vector control	Long-lasting insecticidal nets (LLIN) - Mass campaign- Universal	It includes activities related to planning and implementation of mass LLIN campaigns. For example: • Mass LLIN distribution (universal); • Coordination, planning and budgeting, procurement, logistics, waste management; • Communication/IEC materials related it mass campaigns; • Technical Assistance (e.g AMP); • Addressing potential gender related barriers to vector control access at the household level; • Activities to engage communities in vector control campaigns; • Training, supervision, monitoring and reporting of routine operations; • Campaign-specific human resource costs. → Post distribution surveys to be included under RSSH module "Health Management Information System and M&E".
	Long-lasting insecticidal nets (LLIN) - Mass campaign- specific risk groups	This intervention is complementary to the intervention "mass campaign - universal" and includes mass LLIN distribution targeted to refugees, internally displaced persons, migrants, mobile populations, prisoners and other underserved populations, as well as socially and legally excluded populations. For example: • Targeted/emergency response (in addition to or in replace of universal distribution); • Coordination, planning and budgeting, procurement, logistics, waste management; • Communication/IEC materials related to mass campaigns; • Technical Assistance (e.g AMP); • Addressing potential gender related barriers to vector control access at the household level; • Activities to engage communities in vector control campaigns; • Training, supervision, monitoring and reporting of routine operations; • Campaign-specific human resource costs. → Post distribution surveys to be included under RSSH module "Health Management Information System and M&E".
	Long-lasting insecticidal nets (LLIN) - Continuous distribution - ANC	This intervention encompasses activities related to continuous delivery of LLINs through ANC: • Coordination, planning and budgeting, procurement, logistics; • Communication/behaviour change activities; • Training, supervision, monitoring and reporting of routine operations; • Activities to engage communities in LLIN distribution.
	Long-lasting insecticidal nets (LLIN) - Continuous distribution - EPI	This intervention encompasses activities related to continuous delivery of LLINs through Expanded Programme on Immunization (EPI): • Coordination, planning and budgeting, procurement, logistics; • Communication/behaviour change activities; • Training, supervision, monitoring and reporting of routine operations; • Activities to engage communities in vector control distribution.
	Long-lasting insecticidal nets (LLIN) - Continuous distribution - School-based	This intervention encompasses activities related to continuous delivery of LLINs through school-based channels: • Coordination, planning and budgeting, procurement, logistics; • Communication/behaviour change activities; • Training, supervision,monitoring and reporting of routine operations; • Activities to engage communities in vector control access and use.
	Long-lasting insecticidal nets (LLIN) - Continuous distribution - Community-based	This intervention encompasses activities related to continuous delivery of LLINs through the community: • Coordination, planning and budgeting, procurement, logistics; • Communication/behaviour change activities; • Training, supervision, monitoring and reporting of routine operations; • Activities to engage communities in vector control access and use.
	Indoor residual spraying (IRS)	It includes planning and implementation of Indoor Residual spraying. For example, it could include: • Enumeration of households to be sprayed, geographical reconaissance; • Procurement of insecticides, equipment, other commodities; • Communication/IEC materials related to IRS campaigns; • Coordination, planning and budgeting, logistics and implementation of IRS campaigns; •Technical assistance; • IRS for epidemic response; • Environmental compliance and waste management; • Training, supervision, monitoring and reporting of operations; • Activities to ensure that socially and legally excluded populations benefit from IRS; • Activities to empower and engage communities in vector control including activities to improve gender parity amongst the IRS workforce and improve uptake of IRS in female headed households; • Campaign-specific human resource costs; etc. → Post IRS surveys should be included under RSSH module "Health Management Information System and M&E"
	Other vector control measures	It includes implementation of environmental management strategies such as: • Improving design or operation of water resources development projects to reduce or eliminate vector breeding grounds; • Biological controls (for example, bacterial larvicides and larvivorous fish) that target and kill vector larvae; • Chemical larvicides and adulticides that reduce disease transmission by shortening or interrupting the lifespan of vectors; • Coordination, planning and budgeting, procurement, logistics; • Training, supervision, monitoring and reporting of operations; • Activities to empower and engage communities in vector control; • Operation-specific human resource costs etc.
	Entomological monitoring	It includes a range of activities related to entomological monitoring. For example, it could include: • Activities to determine and characterize the dominant mosquito species in the area, vector density, biting behaviour; • Testing mosquitoes' susceptibility to insecticides; • Planning for entomological monitoring and implementation, mosquito collection and testing; • Procurement of entomological equipment; • Training; • Maintenance of insectary; • Operation-specific human resource costs; • Planning for insecticide resistance management etc.; • Technical assistance.

Module	Intervention	Scope and description of intervention package
	IEC/BCC	It includes advocacy, communication and social mobilization activities related to universal equitable access to vector conrol. For example, it could include: • Preparation of advocacy materials/kits (including kits for CBOs and NGOs), including those targeting underserved populations; • Sensitization and mobilisation events targeting the policy makers and key players; • Multi-media campaigns, radio and TV instructional series, jingles, billboards and community radio, etc.; • Development and distribution of IEC materials tailored to the needs of the different population groups/in different languages; • Addressing potential gender related barriers to vector control at the household level; • IEC/BCC activities aimed at ensuring access and use of vector control for refugees, internally-displaced persons, migrants, mobile populations, prisoners and other underserved and socially and legally excuded populations; • Sensitization meetings for opinion leaders at community and village level; • Activities to empower and engage communities in vector control; • Human resource costs specific to IEC-BCC for vector control interventions; etc. → Any communications/IEC/BCC activities specific to LLIN mass campaigns and IRS campaigns should be included under respective interventions. →Training of community health workers and community volunteers on effective BCC, needs of underserved populations, and community mobilisation on malaria should be included under RSSH module "Human Resources for Health, including Community Health Workers."
	Removing human rights and gender related barriers to vector control programmes	It includes activities to assess and address potential gender, human-rights related and other equity barriers to vector control programmes. This could include: • Qualiative assessments and studies on who is receiving services, what are the access barriers and how vector control programmes are reducing risk for all populations (Malaria Matchbox); • Analysis of quantitative data to identify inequities in accessing vector control; • Community-based monitoring of access to vector control by socially and legally excluded populations and other underserved populations. →Include activities to address barriers to access or use within specific vector control interventions.
Case management	Facility-based treatment	It includes activities related to equitable access to testing and treating malaria cases including servere malaria in the health care facilities. For example, it could include: • Procurement of diagnostic equipment, rapid diagnostic tests, microscopy reagents and anti-malaria drugs; • Quality assurance of malaria-related laboratory services; • Malaria-specific training and Supervision: • Technical assistance; • Activities to strengthen delivery models, including PHC, as point of care for integrated, people-centered health services; • Facility-based case management for epidemic response. → National reference laboratory strengthening, etc. should be included under RSSH module "Laboratory systems". → Integrated training and supervision of health care providers (IMCI), including on patient rights and medical ethics should be included under RSSH module "Human Resources for Health, including Community Health Workers".
	Integrated community case management (ICCM)	Includes activities related to testing and treating malaria cases at the community level. For example, it could include: • Procurement of rapid diagnostic tests and anti-malaria drugs; • Case management at community level including for epidemic response; etc. • Technical assistance; • Pre-referral treatment for severe malaria; • Community mobilization to ensure underserved children have access to testing and treatment of malaria. → Training and supervision of CHWs, should be included under RSSH module "Human Resources for Health, including Community Health Workers". → Stipends/payments to CHWs involved in iCCM should be included under RSSH module "Human Resources for Health, including Community Health Workers".
	Private sector case management	It includes activities related to: (A) Testing and treating malaria cases including severe malaria in the private sector. For example, it could include: • Procurement of diagnostic equipment, rapid diagnostic tests, microscopy reagents and anti-malaria drugs (if not part of the co-payment mechanism); • Quality assurance of malaria-specific laboratory services and locally produced antimalarials; • Training and supervision of private sector providers; • Technical assistance and mechanisms for accountability; • Private sector case management for epidemic response etc; (B) Private sector co-payment mechanisms including: • Price negotiations; • Factory-gate subsidy; • Supporting interventions to facilitate the safe and effective scale-up of access to diagnosis and treatment in private sector. For example: - Marketing/IEC/BCC/mass communication campaigns; - Private sector provider training (e.g. training for health workers to perform RDTs); - Country level co-payment taskforce; etc. → Policy and regulatory activities, quality assurance and control should be included under RSSH module "Health sector governance and planning."
	Epidemic preparedness	It includes activities related to development /refining of epidemic response strategy. For example, it could include: • Epidemic detection; • Recruitment and salary support; etc. → Epidemic response related interventions such as vector control, case management, etc. should be included in the respective modules.
	Active case detection and investigation (elimination phase)	It includes activities to conduct active case/foci investigations and response. For example, it could include: • Case investigation to determine whether the infection was acquired locally and therefore whether or not there is on-going local transmission; • Focus investigation to delineate and characterise the area and population at risk; • Searching for cases in the community through active measures and appropriate treatment for all infections; • Supervision, training and technical assistance.
	Therapeutic efficacy surveillance	It includes activities such as: • Establishment of sentinel sites; • Equipment and supplies; • Training, technical assistance and quality assurance; • Recruitment and salary support; • Laboratory testing of molecular markers of anti-malaria resistance; etc.

Module	Intervention	Scope and description of intervention package
	Ensuring drug quality	It includes activities related to screening and monitoring quality of malaria medicines and removal of sub-standard or counterfeit malaria medicines. For example, it could include: • Setting of regulations by national medicines regulatory authorities; • Removal of artemisinin monotherapies- protocols, guidelines, audits; • Active recall and disposal of existing artemisinin monotherapy stocks from the market; • Enforcement activities (for example, regular outlet inspections, confiscation and destruction of products, suspension of selling licenses, fines, prosecution); • Training and supervision; • Communication/behaviour change; • Technical assistance. → National regulatory system strengthening should be included in RSSH module "Integrated service delivery and quality improvement", under the intervention "Quality of care"
	IEC/BCC	It includes advocacy, communication and social mobilization activities related to universal equitable access to case management of malaria. For example, it could include: • Preparation of advocacy materials/kits (including kits for CBOs and NGOs), including those targeting underserved populations; • Sensitization and mobilisation events targeting the policy makers and key players; • Multi-media campaigns, radio and TV instructional series, jingles, billboards and community radio, etc.; • Development and distribution of IEC materials tailored to the needs of the different population groups/in different languages; • Sensitization meetings for opinion leaders at community and village level; • Demand creation for uptake of malaria case management services at community level; • Activities to ensure that refugees, internally-displaced persons, migrants and mobile populations, prisoners and other people in closed settings, as well as other underserved, socially and legally excluded populations have access to malaria case management services. →Training of CHWs and community volunteers on effective BCC should be included in RSSH module "Human Resources for Health, including Community Health Workers".
	Removing human rights and gender related barriers to case management	It includes activities to assess documented gender, socioeconomic, cultural, human rights and other equity barriers to malaria case management interventions. This could include: • Qualiative assessments and studies on who is receiving services, what are the access barriers to case management (Malaria Matchbox); • Analysis of quantitative data to identify inequities in case management; • Community-based monitoring of case management for socially and legally excluded populations and other underserved populations; → Activities to address barriers and inequities should be included directly within specific case management interventions.
	Other case management intervention(s)	
Specific prevention interventions (SPI)	Intermittent preventive treatment (IPT) - In pregnancy	It includes activities such as: • Procurement and provision of intermittent preventive treatment with sulfadoxine-pyrimethamine during pregnancy; • Supplies for DOTs - cups, water; • Training and supervision of health care providers, including on patients rights and medical ethics; • Technical assistance; etc. → Human resource costs for ANC staff should be included in RSSH module "Human Resources for Health, including Community Health Workers".
	Intermittent preventive treatment (IPT) - In infancy	It includes activities related to administration of a full therapeutic course of sulfadoxine-pyrimethamine through the EPI at defined intervals corresponding to routine vaccination schedules. For example it could include: • Supplies for DOTs - cups, water; • Training and supervision of health care providers, including on patients rights and medical ethics; • Technical assistance. → Human resource costs for facility health care workers should be included in RSSH module "Human Resources for Health, including Community Health Workers".
	Seasonal malaria chemoprevention	It includes activities focused in areas with highly seasonal malaria transmission to prevent malaria illness. For example, it could include: • Procurement of anti-malarials (AQ-SP); • Coordination, planning and budgeting, logistics, communication, implementation; • Training, supervision, monitoring and reporting of routine operations; • Pharmacovigilance; • Drug resistance monitoring; • Campaign-specific human resource costs.
	Mass drug administration	It includes activities to interrupt transmission of malaria. For example, it could include: • Procurement of anti-malarials; • Coordination, planning and budgeting, logistics, communication; • Training; • Supervision, monitoring and reporting of routine operations; • Pharmacovigilance; • Drug resistance monitoring; • Campaign-specific human resource costs.
	IEC/BCC	It includes advocacy, communication and social mobilization activities related to equitable access to specific malaria prevention interventions. For example, it could include: • Preparation of advocacy materials/kits (including kits for CBOs and NGOs), including those targeting underserved populations; • Sensitization and mobilisation events targeting the policy makers and key players; • Multi-media campaigns, radio and TV instructional series, jingles, billboards and community radio, etc.; • Development and distribution of IEC materials tailored to the needs of the different population groups/in different languages; • Community Mobilisation on malaria and mechanisms for meaningful engagement and community-based monitoring; • Sensitization meetings for opinion leaders at community and village level; • Strengthening of community systems for participation in malaria programs and delivery of specific prevention interventions; • Human resource costs specific to IEC-BCC for specific prevention interventions and not part of routine activities; etc. →Training of CHWs and community volunteers on effective BCC should be included in RSSH module "Human Resources for Health, including Community Health Workers".

Module	Intervention	Scope and description of intervention package
	Removing human rights and gender related barriers to specific prevention interventions	It includes activities to assess and address potential gender, socioeconomic, cultural, human rights and other equity barriers to specific malaria prevention interventions. This could include: • Qualiative assessments and studies on who is receiving services, what are the access barriers to specific malaria prevention interventions (Malaria Matchbox); • Analysis of quantitative data to identify and address inequities in access to specific malaria prevention interventions; • Community-based monitoring of specific malaria prevention interventions for socially and legally excluded populations and other underserved populations. →Please include activities to address barrier to access directly within specific prevention interventions.
	Other specific prevention intervention(s)	
Program Management	Coordination and management of national disease control programs	It includes activities related to coordination and management of the three national disease control programs (HIV, TB and malaria) as central, regional and district level. Activities can include: • Oversight, technical assistance and supervision from national to subnational levels; • Human resource planning/ staffing and training for program management; • Coordination with district and local authorities; • Quarterly meetings; • Office/IT equipment; • Partnering processes, including advocacy and public awareness and communication carried out by partners and the national program, including mobilizing leaders to support implementation and sustainability of the program. → Activities related to development of national health sector strategic plans and alignment with the disease specific plans should be included under the RSSH module "Health sector governance and planning", in the "National health sector strategies and financing for implementation" intervention. → Activities related to development of national disease specific plans should be included in the RSSH module "Health sector governance and planning", under the RSSH intervention "Policy and planning for national disease control programs".
	Grant management	It includes specific activities related to managing Global Fund grants including at the PMU/PR/SR level. These could include: • Development and submission of quality grant documents; • Oversight and technical assistance related to effective and efficient Global Fund grant implementation and management and specific Global Fund requirements; • Supervision from PR to SR level (applicable when the national disease control program is not the PR); • Human resource planning/ staffing, training and overheads; • Operational costs; • Coordination with national program, district and local authorities; • Quarterly meetings and office/IT equipment at PR/SR level; • Mobilizing leaders to support implementation and sustainability of the program; etc.

The Global Fund **Malaria - Core list of indicators**

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Indicators marked with (M) are mandatory indicators for "focused" countries if respective modules are supported by the Global Fund grants.

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Impact indicators (All modules)	Impact	Malaria I-1 (M)	Reported malaria cases (presumed and confirmed)	Age (U5, 5+); Malaria case definition (Confirmed, Presumptive)
	Impact	Malaria I-2.1	Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	Age (U5, 5+); Species (P. Falciparum, P. Vivax, mixed, other)
	Impact	Malaria I-3.1 (M)	Inpatient malaria deaths per year: rate per 100,000 persons per year	Age (U5, 5+)
	Impact	Malaria I-4	Malaria test positivity rate	Species (P. Falciparum); Type of testing (Microscopy, Rapid diagnostic test)
	Impact	Malaria I-5	Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection	Gender (female, male)
	Impact	Malaria I-6	All-cause under-5 mortality rate per 1000 live births	Gender (female, male)
	Impact	Malaria I-9 (M)	Number of active foci of malaria	
	Impact	Malaria I-10 (M)	Annual parasite incidence: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year (Elimination settings)	Source of infection (Imported, Induced, Local-indigenous, Local-introduced)
Outcome indicators (All modules)	Outcome	Malaria O-1a	Proportion of population that slept under an insecticide-treated net the previous night	Gender (female, male)
	Outcome	Malaria O-1b	Proportion of children under five years old who slept under an insecticide-treated net the previous night	
	Outcome	Malaria O-1c	Proportion of pregnant women who slept under an insecticide-treated net the previous night	
	Outcome	Malaria O-2	Proportion of population with access to an ITN within their household	
	Outcome	Malaria O-3	Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net	Gender (female, male)
	Coverage	Malaria O-4	Proportion of households with at least one insecticide-treated net for every two people and/or sprayed by IRS within the last 12 months	
	Outcome	Malaria O-8	Proportion of households sprayed by IRS within the last 12 months	
	Outcome	Malaria O-9 (M)	Annual blood examination rate: per 100 population per year (Elimination settings)	Case detection (active, passive)
Vector control	Coverage	VC-1 (M)	Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Target / Risk population group - (Migrants/ refugees/ IDPs, prisoners, Other population groups)
	Coverage	VC-3 (M)	Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Target / Risk population group (Children 0-5, Other population group, Pregnant women, School children)
	Coverage	VC-5	Proportion of households in targeted areas that received Indoor Residual Spraying during the reporting period	
	Coverage	VC-6.1	Proportion of population protected by IRS within the last 12 months in areas targeted for IRS	

Module	Type of Indicator	Indicator code	Indicator Description	Disaggregation category (s)
Case management	Coverage	CM-1a(M)	Proportion of suspected malaria cases that receive a parasitological test in the community	Age (U5, 5+); Type of testing (microscopy, rapid diagnostic test)
	Coverage	CM-1b(M)	Proportion of suspected malaria cases that receive a parasitological test at private sector sites	Age (U5, 5+); Type of testing (microscopy, rapid diagnostic test)
	Coverage	CM-1c(M)	Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Age (U5, 5+); Type of testing (microscopy, rapid diagnostic test)
	Coverage	CM-2a(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Age (U5, 5+)
	Coverage	CM-2b(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Age (U5, 5+)
	Coverage	CM-2c(M)	Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Age (U5, 5+)
	Coverage	CM-3a	Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment at public sector health facilities	Age (U5, 5+)
	Coverage	CM-3b	Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment in the community	Age (U5, 5+)
	Coverage	CM-3c	Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment at private sector sites	Age (U5, 5+)
	Coverage	CM-5(M)	Percentage of confirmed cases fully investigated and classified	
	Coverage	CM-6(M)	Percentage of malaria foci fully investigated and classified	
Specific prevention interventions	Coverage	SPI-1	Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	
	Coverage	SPI-2	Percentage of children aged 3–59 months who received the full number of courses of SMC (3 or 4) per transmission season in the targeted areas	Gender (female, male)
Program Management	Coverage	PM-1	Percentage grant budget execution (i.e. in-country financial absorption)	
	Coverage	PM-2	Percentage utilization of disbursed funds (i.e. in-country disbursement utilization)	