INTEGRATED MARPS HIV/AIDS PREVENTION PROGRAM (IMHIPP)

Quarterly Report

Quarter 2, Year 7: January 1, 2016 – March 31, 2016

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Project Dates: October 20, 2009 to October 19, 2017
AOR Name: Abiye Kalaiwo

Submitted by: Bartholomew Boniface Ochonye
Chief of Party
Heartland Alliance International
House 33A, 4th Avenue
Gwarinpa II Estate,
Abuja Nigeria
+2347098212159; 08063467839
BOchonye@heartlandalliance.org

I. PROGRAM OVERVIEW/SUMMARY

Program name:	Integrated MARPs HIV/AIDS Prevention Program (IMHIPP)
Activity Start Date And End Date:	October 20, 2009 – October 19, 2017
Name of Prime Implementing Partner:	Heartland Alliance International (HAI)
Contract/Agreement Number:	620-A-00-09-00015-00
Reporting Period:	January 1, 2016 – March 31, 2016

I.1 Program Description/Introduction

The Integrated Most-At-Risk Populations HIV/AIDS Prevention Program (IMHIPP) is an eight-year project (2009-2017) implemented by Heartland Alliance International (HAI) to mitigate the impact of HIV/AIDS on key affected populations (KAP) and their partners. The project focuses on providing targeted, high-quality HIV prevention, sexual transmitted infection (STI) diagnosis and management, HIV testing services (HTS), referrals for HIV treatment, and other related activities.

IMHIPP develops the institutional and technical competencies of KAP-led organizations to respond to the needs of their peers at many levels. Working with KAP-led organizations poses its own unique challenges, but empowers participants to take ownership of the programs and mobilize themselves to serve their own communities. In practice, KAP are largely clandestine and are therefore difficult to consistently and effectively reach with services. By establishing peer-led services and referrals, IMHIPP enables "insiders" to promote health and human rights, rather than continuing the over-reliance on "outside" providers. In Nigeria, the challenges for this form of intervention include longer and more in-depth training periods, and increased supervision and support. Cultivating organizational capacity takes diligence and constant readjustment to each organization's differing needs and dynamics.

There is an abundance of evidence from local and international surveys indicating a high prevalence of HIV among KAP, including surveys conducted by various stakeholders such as the Nigerian Government. Risk factors for HIV are numerous and include: unprotected sexual intercourse; multiple sexual partnerships; insufficiently available of quality and affordable prevention commodities such as condoms and lubricant; poor access to

competent HTS and clinical providers; and low adherence to STI treatment and antiretroviral therapy (ART). Social stigma, marginalization, and discrimination create and exacerbate these risks. The resulting fear of discrimination prevents access to healthcare and other forms of assistance, even when those services are available.

The strategic objectives of IMHIPP are:

1) *Increased organizational and technical capacity of grassroots KAP-led organizations*.

   Intermediate Results:

   1.1 Increased organizational capacity of local KAP-led organizations.
   1.2 KAP-led organizations provide the Minimum Prevention Package Intervention (MPPI) services to KAP, with continued support from HAI.
   1.3 Diversified funding streams of KAP-led local organizations.

2) *Provide comprehensive HIV/AIDS/STI prevention services for KAP.*

   Intermediate Results:

   2.1 Increased knowledge of new prevention methods and healthy, HIV-preventive behaviors.
   2.2 Increased access to prevention commodities such as condoms and water-based lubricant.
   2.3 Increased access to HIV testing and counseling sites, coupled with appropriate referrals for care and support.
   2.4 Increased access to STI screening, treatment, and management services.
   2.5 Improved life skills, self-esteem, and self-efficacy to put newly acquired knowledge into practice.

3) *Ensure health system strengthening that continuously improves HIV/AIDS/STI services for KAP*.

   Intermediate Results:

   3.1 Key actors will be mobilized to increase support for KAP interventions sensitive to the needs and human rights.
   3.2 Healthcare facilities will be supported to provide clear guidelines on higher quality, evidence-informed services tailored to the needs of KAP.

3.3 Linkages between existing services and resources will be strengthened to provide a wider range of appropriate referrals, case management, and follow-up care.

4) *Create an enabling environment for KAP community-based programing through advocacy for KAP-friendly health policy.*

Intermediate Results:

4.1 Increased political will of Government of Nigeria (GoN) agencies to sustain KAP programing.
4.2 Increased capacity of GoN to train personnel on KAP service provision.

1. ACTIVITY IMPLEMENTATION PROGRESS

1.1 Progress Narrative

Heartland Alliance International (HAI) continued to provide quality HIV/AIDS and STI prevention and treatment intervention for Key Affected Populations (KAP) from January 1 through March 31, 2016. HAI used the National Minimum Prevention Package Interventions (MPPI) as the basis for all HIV-related services. KAP interventions continued in States: STATE, STATE, STATE, STATE, STATE, STATE, and STATE. During the reporting period, HAI focused on direct implementation with the engagement of KAP-led local implementing partners. With close supervision and monitoring by Outreach Coordinators, trained Peer Educators provided services to each of the target groups including. In the reporting quarter, HAI trained 2,002 persons to promote HIV/AIDS prevention programs. A total of 26,614 KAP were provided with comprehensive HIV prevention services through cohort groups. HAI provided HTS and results to 17,448 members of KAP. All participants receiving HTS services actively opted into the services as part of the MPPI offered during cohort sessions and community outreach activities. Of those tested, 726 KAP were sero-positive and referred to clinics for treatment.

Services provided include:

- Peer education through established cohort system
- HIV testing and counseling
- HIV treatment services
- Life skills building and institutional capacity development trainings
- Other integrated services such as STI management, and malaria testing and treatment of KAP community members

HAI has opened two additional HIV & STI community-based treatment centers (Centers) in STATE and STATE. Prior to these opening, HAI staff were trained by CDC treatment partners to provide HIV treatment at the Centers by PARTNER in STATE and STATE. PARTNER was engaged in training and technical assistance on treatment in STATE, STATE, and STATE. Necessary supplies, including medication and communication tools, were provided and the sites are now active and fully functional. HAI is the first organization in Nigeria to run integrated centers for HIV/AIDS and STI prevention and treatment services for all the KAP simultaneously and at one centralized location.

Since the commencement of the Centers, Nigeria, for the first time in the country's history, will be able to track HIV positive KAP on treatment over time and ensure adherence to the 90-90-90 strategy of UNAIDS.

2. Implementation Status

2.1 Progress Report Table

Activities	Program Indicator(s)	LOP Target (2009-2017)	Progress to date (2009-2017)	COP 15 Target	COP 15 Progress in Q2	% of Achievement for COP 15
KAP reached with quality HIV prevention interventions	Number of KAP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standard	205,101*	197,836*	84,046	26,614	58%
Provide KAP with HIV prevention commodities	Number of condoms distributed to promote HIV/AIDS prevention	N/A	5,809,003	N/A	2,810,625	N/A
	Number of lubricants distributed to promote HIV/AIDS prevention	N/A	274,053	N/A	86,332	N/A

KAP provided with HTS services	Number of KAP counselled and tested and received result	65,678 *	76,439*	82,431	17,448	38%
KAP provided with STI services	Number of KAP diagnosed with and treated for STI	14,276	5,152	N/A	1,947	N/A
KAP referred for health care	Number of KAP referred to health care facilities	11,820	3,625	N/A	726	N/A

* This data is the total for all eight years of the project.

± This represents a new indicator, data collected from the sixth year of the project forward.

Strategic Objective 1: Increased Organizational and technical capacity of Grassroots KAP-led organizations

Peer Education/Minimum Prevention Package Intervention Step-down Training by KAP-led Community Based Master Trainers.

As part of the effort to reach KAP with evidence-based and/or meet the minimum standard individual and/or small group level interventions, MPPI Step-down Trainings were conducted across all project states (STATE, STATE, STATE, STATE, STATE, STATE, STATE, and STATE). Training participants were Peer Educators (PEs).

The training objectives were:

a. Participants gain a shared understanding of the Integrated HIV Prevention Program (IMHIPP);
b. Participants gain knowledge of basic STI and HIV prevention and care;
c. Participants obtain a refresher training on utilizing peer education techniques, and appropriate messaging for condom use;
d. Participants strengthen their knowledge of peer education and the usage of peer education manuals during focus group discussions and interpersonal communication;
e. Participants strengthen their knowledge of MPPI and M&E tools for reaching KAP members in the community;
f. Participants have a robust knowledge of referral networks for KAP in the State.

Key activities during the MPPI Step-down Training included presentations and demonstrations on:

- Basic HIV/AIDS and STIs;
- Risk factors and vulnerability among key populations;
- Gender mainstreaming programing;
- Gender-based violence;
- HIV and condom programing;
- Overview of harm reduction;
- Introduction and operationalization of MPPI;
- Introduction to peer education/roles of a peer educator;
- Life skills and safety and security;
- Communication skills for peer education and interpersonal relationships;
- Anger management;
- Referral/networking;
- Overview of data collection tools.

STRATEGIC OBJECTIVE 2: PROVIDE COMPREHENSIVE HIV/AIDS/STI PREVENTION SERVICES FOR KAP

During the reporting period, IMHIPP provided standardized HIV prevention services using the National Minimum Prevention Package Interventions, as reviewed by the National Prevention Technical Working Group and approved by the National Agency for the Control of AIDS (NACA). This model has been rolled out in eight IMHIPP project States: STATE, STATE, STATE, STATE, STATE, STATE, STATE, and STATE. Prevention services were carried out through HAI's direct implementation, together with local implementing partners. During this reporting quarter, HAI reached KAP with a combination of HIV prevention interventions delivered through cohort sessions.

STI TREATMENT AS ENTRY POINT INTO HIV TESTING AND CARE

Heartland Alliance International expanded the community center activities and outreach to include the prevention, screening, and treatment and/or syndromic management of STIs. STI screenings, treatment, and syndromic management will significantly reduce the risk of HIV transmission among KAP. Providing STI screenings and treatment services through friendly and accessible facilities further reduces risk factors that lead to new HIV infection for KAP, and familiarizes KAP with health and community resources available to them, thereby improving their general health and well-being. HAI's STI program has ensured that KAP referred for treatment are also tested for HIV and subsequently enrolled in treatment services if positive. The rate for total number of persons who were treated for STIs and also tested positive for HIV is 8%, according to the quarterly program data. The table below shows common STIs among KAP by State, plus the number of people treated for STIs who were also tested for HIV and enrolled in treatment at the Centers.

KAP and Comprehensive STI Testing/Treatment				
States	Types of prevailing STIs treated among KAP	Number of STI cases treated	Number of KAP with STIs who were tested for HIV	Number of KAP who were treated for STIs and also tested positive for HIV
STATE	Vaginal discharge, lower abdominal pain, urethra discharge and scrotal swelling, swelling of the groins	150	140	14
STATE	Vaginal discharge, lower abdominal pain, urethra discharge in men, scrotal swelling, swelling of the groins, genital ulcer, anal discharge	338	338	35
STATE	Genital ulcer, urethral discharge, vaginal discharge, anal wart, vaginal wart and lower abdominal pain	154	71	10
STATE	Genital ulcer, urethral discharge in men, vaginal discharge, anal wart, vaginal wart and lower abdominal pain	178	190	8
STATE	Vaginal discharge, lower abdominal pain, urethra discharge and scrotal swelling, swelling of the groins	140	45	2

STATE	Lower abdominal pain, vaginal discharge, genital ulcer, urethral discharge in men, genital ulcer, and cervicitis	370	368	11
STATE	Vaginal discharge and itching, anal discharge and urethral discharge	232	148	12
STATE	Lower abdominal pain, vaginal discharge, genital ulcer, urethral discharge in men, genital ulcer, and cervicitis	385	385	42
Totals:		1,947	1,685	134

Cumulative number of KAP tested for HIV in Q1 and Q2	Cumulative number of KAP who tested positive in Q1 and Q2	Number of KAP who learned their status for the first time and are positive in Q1	Number of KAP who learned their status for the first time and are positive in Q2	Cumulative Number of KAP who learned their status for the first time and are positive in Q1 and Q2
31,217	**1,138**	**202**	**323**	**525**

HTS

Heartland Alliance International's recent training of KAP community leaders to perform HTS has helped to generate a rapid rise in the number of KAP tested in the community this quarter. The number of KAP tested for HIV in Quarter 2 was 17,448, with 726 KAP testing positive. The sero-positivity rate increased from the previous quarter (3.0% to 4.2%). In Quarter 1, there were 13,769 KAP tested, 412 of whom tested positive. These results are due to a shift in strategy to improve community-based HTS within cohorts coupled with BCC, rather than providing testing during open outreach events. The cumulative positivity rate for Q1 and Q2 of KAP tested stands at 4.0%. Furthermore, through the effort of community testers, HAI is now tracking the number of KAP who are being tested for the first time and who are also testing HIV positive. A total of 7,085 KAP were tested for the first time, 323 of

whom tested positive, a positivity rate of 5%. This highlights the need to place additional focus on reaching KAP who have never been tested, often in areas not yet fully covered by HIV interventions. A breakdown of the data collected is shown in the table above.

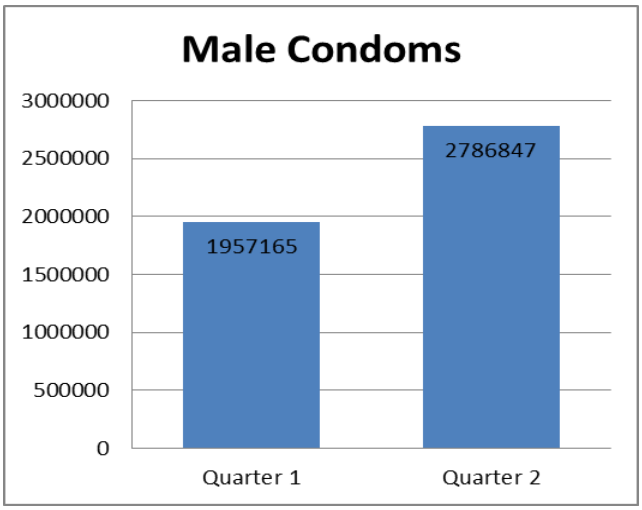
The table below describes program activities implemented during the reporting period:

MPPI Intervention Level	Activities
Behavioral	Formation of cohorts, identification, and capacity building of outreach coordinators and peer educators, implementation of peer outreach sessions and interpersonal communication, and condom and lubricant distribution through peer educators and the community center. Use of IEC materials to disseminate messages on benefits of low risk behaviors.
Biomedical	Provision of HTS services and STI screening and treatment for KAP in community centers and during cohort sessions. Treatment of HIV/AIDS using ARVs, with the help of PARTNER, PARTNER, PARTNER, and CDC partners.
Structural	Community dialogues, participation at government meetings, forums and technical working groups, and referrals for income-generating assistance and advanced healthcare services to other health facilities. Capacity building for KAP as paralegals and counselors. Engagement with law enforcement agencies through advocacy. Responsible visibility and advocacy to related organizations such as Amnesty International.

Commodities Distributed:

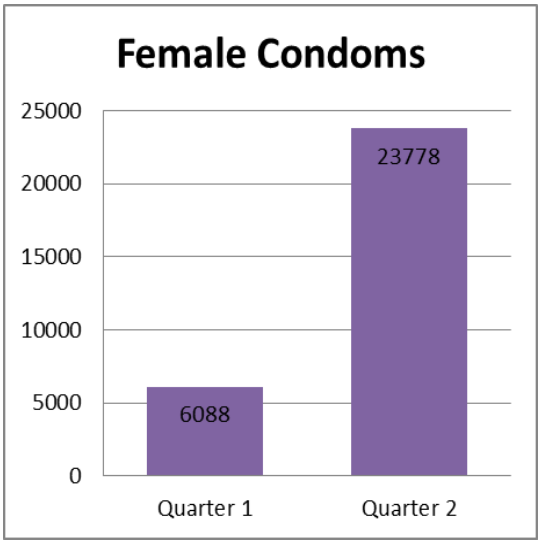
IMHIPP Commodity Distribution table				
	Male Condoms	Female Condoms	Bottled Lubricant	Sachets of Lubricant
Y7Q1	957,165	6,088	0	60,450
Y7Q2	2,786,847	23,778	0	86,332
Total	3,744,012	29,866	0	146,782

STRATEGIC OBJECTIVE 3: ENSURE HEALTH SYSTEM STRENGTHENING THAT CONTINUOUSLY IMPROVES HIV/AIDS/STI SERVICES FOR KAP



STI Training for HAI Community Service Providers

A comprehensive STI control strategy includes targeted community-based interventions, promotion and provision of the means of prevention, effective clinical services within an enabling environment, as well as reliable data to guide the response. The effectiveness of these standard STI control interventions and strategies – from condom promotion to epidemiologic targeting and partner treatment – is supported by extensive empirical evidence. The provision of STI treatment is a key component to providing HIV prevention services to KAP. In addition, integrating STI treatment services into community centers will increase uptake of STIs services and will serve as entry points to other HIV prevention services like HTS. It will also serve as a platform for partner tracing and treatment and one-on-one counselor support. This is also in support of integrated HIV service provision with all its associated benefits as against vertical and fragmented options. It was therefore essential to train more HAI service providers to provide STI services. The training will ensure that members of KAP communities in the eight IMHIPP States are reached with syndromic STIs management services in line with the national guidelines.



Goal

To train HAI Nigeria community center service providers and referral partner facility to offer KAP-friendly STI syndromic management and referral, using the National STI guidelines, in seven project States.

Objectives

- To train HAI community center services providers and referral facility providers on offering friendly STI management services to KAP.
- To train participants on correctly diagnosing patients based on appropriate clinical assessment.

- To train participants on providing proper antimicrobial therapy, obtaining treatment or a cure, decreasing infectivity and avoiding complications.
- To train participants on ways to counsel clients to reduce and prevent future high-risk behavior.
- To train participants on managing sexual partners in order to break the transmission chain.

Output:

- 16 community center service providers and 1 logistics officer from HAI were trained on STIs syndromic management service provision using the revised national guidelines.
- 2 staff each from HAI LIPs- PARTNER and PARTNER, including SASCP, and STI focal persons from STATE and STATE were trained on STIs syndromic management service provision using the revised national guidelines.
- The trained service providers will be responsible for providing STI syndromic management services to KAP as part of comprehensive HIV prevention services in the project states.

Establishment of One-Stop-Shops in State 4 and State 8 State

Heartland Alliance International, in collaboration with PARTNER, opened Community Based ART Clinics in STATE and STATE. These Centers provide opportunities for members of KAP to learn about self-care and take control of their lives. They offer a safe, supportive environment for the community of KAP to access comprehensive HIV/AIDS prevention, treatment, and care services in a non-discriminatory and friendly environment. Trained health care providers are always on site to provide or facilitate service delivery for members of KAP. The Centers address critical gaps in HIV programing among KAP by strategically targeting interventions that engage key stakeholders and civil society organizations to support programs that are evidence-based, adaptable, replicable, and transferrable throughout the country. These new centers bring the total of Centers to eight: STATE, STATE (2), STATE, STATE, STATE and STATE (2). PARTNER is the treatment partner supporting the Center in STATE, PARTNER is supporting STATE and STATE. PARTNER is supporting STATE, STATE and STATE. The additional STATE Center is located in an urban economically depressed area and creates HIV treatment access for local, underserved KAP residents.

The objectives of the Centers are to:

- Increase access to high-quality/comprehensive prevention, treatment and care services for KAP
- Improve the enabling environment for evidence-based public health interventions targeting KAP

- Provide an opportunity to track HIV positive KAP on treatment for support and follow up documentation purposes

Total numbers of KAP receiving treatment at the Centers are as follows:

STATES	Cumulative Number of KAP enrolled on ART	Cumulative number of KAP treated for STI
STATE	15	150
STATE	43	154
STATE	32	385
STATE	26	370
STATE	3	140
STATE	174	232
Total:	293	1,431

STRATEGIC OBJECTIVE 4: CREATE AN ENABLING ENVIRONMENT FOR KAP COMMUNITY-BASED PROGRAMING THROUGH ADVOCACY FOR KAP–FRIENDLY HEALTH POLICY

HAI has continually strengthened working relationships with the Government of Nigeria (GoN) and its agencies (NACA, SACA, SASCP, NASCP, etc.) to cultivate an environment for KAP programing to thrive. HAI trained the M&E team of the Police Action Committee on AIDS and provided technical support to the Police Medical Unit on how to encourage police officers to access HTS and prevention services during the Police Health Week during this reporting period. Furthermore, HAI supported STATE and STATE in developing the State Unified Operational Plan for HIV (SUOP), which ensures that KAP HIV programing is properly captured in government documentation and tracked accordingly.

2.2 Implementation Challenges

- Unrest in some of the project States, especially in the northern part of the country is generating fear and presents a significant challenge to implementation of cohort exercises.
- The recent STATE election was marred by serious violence that led to killings in some LGAs where IMHIPP is being implemented. This caused service delivery to be disrupted as many community members relocated in search of safety.

2.3 M&E Plan Update

Monitoring, Evaluation & Reporting Capacity Building for Heartland Alliance International Data Entry Assistants and LIP's M&E Officers

The Monitoring, Evaluation, and Reporting Training was held from February 29, 2016 through March 4, 2016 in STATE. The training was attended by 22 Data Entry Assistants across the eight States, five IMHIPP LIPs M&E staff, four representatives from the Police Action Committees on AIDS (PACA), and 13 from the M&E team from STATE State Agency for the Control of AIDS.

Objectives:

- To give the participants a clear understanding of M&E concepts and framework;
- To increase the participants' knowledge and understanding of their roles in M&E for reporting and coordination;
- To ensure participants understand the tools for monitoring and Data Quality Assurance (DQA);
- To address monitoring challenges encountered in the field regarding accurate data reporting.

The Director of SKM and the Director of Programs facilitated the training. An immediate outcome of the training was the participants' improved understanding of the concept of M&E, tools for monitoring, and DQA, demonstrated by the training pre- and post-test and also during the mock DQA process.

Quarterly DQA

HAI's SKM team conducted a DQA visit to HAI's State offices in the eight implementing States and the local implementing partners from the 3rd-15th of April, 2016. The objectives of the DQA were to:

- Verify proper, available documentation of data collected during the quarter;
- Clean up all data quality issues and address any missing or incomplete data during the quarter;
- Check for compliance on any data quality issues raised during the previous quarter DQA.

At the end of the exercise all data quality issues ranging from incomplete data, tools not completed correctly, reporting, documentation, to filing were addressed. Field visits for cohort validation were also carried out.

USAID Site Improvement Monitoring and Strengthening (SIMS) visit to HA Project States

During the reporting quarter, USAID conducted a site improvement monitoring and strengthening (SIMS) visit to HAI KAP-led CBOs in STATE and STATE. The goal of the visit was to assess the quality of services delivered by these organizations and to ensure the organizations' adherence to standard operating procedures. Six CBOs were visited and the SIMS community master tool Version 2.0 was deployed. The focus of the assessment was the organizational core essential community intervention dashboard. These areas of assessment for each of the organizations included beneficiary/client rights, stigma and discrimination, gender, HTS service provision and referrals, commodity availability and distribution, and monitoring, evaluation and documentation. All six CBOs assessed surpassed expectations in each area.

CBO	SIMS SCORE
PARTNER	84%
PARTNER	75%
PARTNER	89.5%
PARTNER	65.51%
PARTNER	87%
PARTNER	90%

The assessment outcome is a testimony to HAI's expertise in providing mentorship and coaching to nascent CBOs using the Greenhouse model for program sustainability and ownership. PARTNER scored lower than the other CBOs due to the limited responses it received from other facilities to which PARTNER had sent referrals, such as income-generating activities and equipment grants. As a result, PARTNER did not provide the linkages between participants and available assistance at the same level as its peer organizations. During this reporting period, logistical concerns made these linkages difficult and will be improved in the future.

3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

3.1 Gender Equality and Female Empowerment

Gender equality and female empowerment are core principles of IMHIPP. HAI continues to mainstream gender into all activities implemented in the community. Currently all activities address gender norms within the context of the target population. HAI has gender focal persons at all sites and at all the CBOs who collect data on gender-based violence (GBV).

These gender focal points report to the country office's Gender Technical Advisor. Data collection tools were adopted from USAID and implemented for the purpose of evidence-informed decision-making surrounding GBV. The delivery of MPPI during cohort sessions and at safe spaces responds directly to damaging gender norms and promotes gender equality. State teams are gender-aware and are applying the tools to capture gender data as guided by USAID. The communities are sensitized to seek redress to rights violations and to secure post-GBV care. The Gender Technical Advisor also supports the state teams in facilitating support for GBV victims.

Additionally, the IMHIPP program is currently working to improve support systems for pregnant KAP in order to further strengthen healthcare service provision, avoid discrimination, and reduce miscarriages and stillbirths, a common concern among pregnant KAP. This process will be strengthened across the States to include the children of KAP and will link to other services for both maternal and child health to secure adequate care for vulnerable children and nursing mothers.

3.2 Sustainability Measures

HAI builds the capacity of nascent Key Affected Population (KAP) CBOs led by KAP community members using the Greenhouse model. This strategy is the continuous transfer of knowledge to KAP-led organizations through coaching and mentorship. KAP-led organizations continue in leveraging resources locally to continue HIV interventions among their communities.

Sub Grant Workshop

The fundamental goal of IMHIPP is to enhance the management and technical skills of local partners, gradually transferring skills, systems, and management competence for community ownership and sustainability. The provision of sub-awards to local KAP CBOs, after completed mentorship and coaching, assists this central goal. To date, IMHIPP has supported the development of over 12 grassroots KAP-led organizations and reached over 94,000 members of KAP in Nigeria. The IMHIPP technical and institutional capacity development program will continue to ensure sustainable organizational strengthening and improved technical implementation.

The goal of the recent Sub Grant Workshop was to create a platform for partners to understand the grant requirements of USAID and HAI to support a successful implementation process. The partners engaged with all technical departments of HAI to understand the requirements expected of sub-recipients. During the sub-award process, the workshop training aids program implementation activities with USAID regulations and HAI standards. Three CBOs satisfied requirements after the workshop assessment and were

issued calls for proposals and invited to attend another sub-award workshop to further review their proposals before submission.

All CBOs have been given a mock sub-award through September 2016 as part of the Greenhousing process.

3.3 Environmental Compliance

Not applicable at this time.

3.4 Youth Development

Not applicable at this time.

3.5 Policy and Governance Support

Not applicable at this time.

3.6 Local Capacity Development

Please see the Sustainability section above for more information about Local Capacity Development. Further information regarding support from the local government can be found under the Stakeholders Participation Involvement section below.

3.7 Public Private Partnership (PPP) and Global Development Alliance (GDA) Impacts

Not applicable at this time.

3.8 Conflict Mitigation

Not applicable at this time.

3.9 Science, Technology, and Innovation Impacts

Not applicable at this time.

4. STAKEHOLDERS PARTICIPATION INVOLVEMENT

Heartland Alliance International STATE program sites hosted the USAID TDY team from Washington, DC on February 9, 2016. The team met with peer educators and program participants to assess services. The team lead expressed concerns about tracking HIV-positive participants and enrolled/retention in care for KAP. HAI is working with community-level client tracking teams to endorse retention in care of KAP in treatment at Centers. The

new and growing Centers will fill the gap in care and tracking. The team also visited a program site and the Community Center. Overall the team was pleased with HAI's intervention approach and commended HAI's efforts.

HAI supported STATE and STATE to develop the State Unified Operational Plan for HIV (SUOP). This technical support for the KAP HIV program is captured in government documentation and is tracked accordingly. HAI also participated in the SACA health and non-health sector data harmonization meetings in STATE and STATE, in addition to the prevention technical working group meeting organised by NASACA.

The Director of Public Health from STATE State Ministry of Health, on behalf of the Commissioner of Health, gave the welcome speech for the M&E training. Two SACA M&E officers also attended the training and benefitted from the capacity building session.

HAI engaged with networks of CBOs on both healthcare and drug treatments. Relationship-building and maintenance with diverse CBOs engaged in HIV and healthcare throughout implementation sites is still ongoing.

5. MANAGEMENT AND ADMINISTRATIVE ISSUES

REDACTED

6. LESSONS LEARNED

Critical lessons were learned during the quarter about the approach to HIV intervention for KAP. The commencement of Centers helped to increase access to treatment in STATE, SSTATE, STATE, and STATE. The Centers helped reduce barriers by bringing HIV and STI treatment closer to KAP community members.

7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

In the next quarter, HAI will:

- Activate Centers with KAP-led partners in two additional States;
- Build staff capacity to manage KAP self-reported STIs at the community centers using the National guidelines;
- Continue Greenhousing and mentoring nascent KAP-led organizations for quality service delivery to KAP communities;
- Train KAP-led CBOs under the Greenhouse model about organizational behavior, leadership, and management;

- Continue meeting with USAID to discuss IMHIPP program modifications;
- Train KAP community members in safety and security;
- Continue routine DQA;
- Conduct operational research targeted at each KAP sub-group.

8. WHAT DOES USAID NOT KNOW THAT IT NEEDS TO?

HAI's experience demonstrates that integrating Hepatitis B screening in conjunction with other services – malaria treatment, tuberculosis diagnosis and treatment, etc. – will increase the demand for HIV services in community centers. These comprehensive services will allow community centers to better address all KAP needs while simultaneously allowing KAP to feel included in all parts of the healthcare system. The center will also be better positioned for the Center approach to service delivery for KAP.

REDACTED

9. HOW IMPLEMENTING PARTNER HAS ADDRESSED A/COR COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT

HAI did not receive feedback on the previous quarterly report, but looks forward to receiving feedback in the future.

ANNEX A: PROGRESS SUMMARY

Table I (a): PMP Indicator progress – USAID Standard Indicators and Project Custom Indicators Strategic Objective Reduced Impact of HIV/AIDS in selected States in Nigeria											
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status – FY 2016				% Achieved	Comment(s)
		Y	Value	Annual Cumulative Planned Target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Intermediate Result 1: Increase use of quality HIV/AIDS prevention services and interventions											
Number of KAP reached with individual and/or small level interventions that are based on evidence and/or meet the minimum standards	Database Monthly program reports DHIS DATIM		N/A	84,046	41,445	14,831	26,614			49 %	
Number of individuals counselled and tested who received results	HTS register Monthly reports			82,431	31,217	13,769	17,448			38 %	
Intermediate Result 3: Strengthened Public, Private and Community Enabling Environment											
Number of KAP referred for HIV services	Attendance Sheets Pre- and Post-Tests			3,940	1,138	412	726			29 %	HAI is offering HIV treatment services in 6 Centers, hence the low referral to other facilities