

Strengthening Integrated Delivery of **HIV/AIDS** Service (SIDHAS)

SIDHAS QUARTERLY REPORT OCTOBER - DECEMBER 2016

Cooperative Agreement No. AID-620-A-11-00002



Strengthening Integrated Delivery of **HIV/AIDS** Services



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NIGERIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Funded by the President's Emergency Plan for AIDS Relief through U.S. Agency for International Development

Activity Summary**Implementing Partner:** Family Health International (FHI 360)**Activity Name:** Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)**Activity Objective:**

To sustain cross sectional integration of HIV/AIDS and TB services by building Nigerian capacity to deliver sustainable high quality, comprehensive, prevention, treatment, care and related services. This will be achieved through three key result areas:

- 1) Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery.
- 2) Improved cross sectional integration of high quality HIV/AIDS and TB services
- 3) Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS and TB services.

USAID's Assistance Objective 3 (AO 3): A sustained, effective Nigerian-led HIV/AIDS and TB response**Life of Activity (start and end dates):** Sept 12, 2011 – Sept 11, 2018**Total Estimated Contract/Agreement Amount:** \$448,350,899**Obligations to Date:** \$ 336,112,139**Current Pipeline Amount:** \$ 10,606,760**Accrued Expenditures this Quarter:** \$ 10,176,260**Activity Cumulative Accrued Expenditures to Date:** (Actual plus accruals through December 31, 2016): \$ 324,198,953**Estimated Expenditures Next Quarter:** \$ 12,863,828**Report Submitted by:** Satish Raj Pandey**Resubmission Date:** February 28, 2017

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Acronyms and Abbreviation

33ABMC	33 Artillery Brigade Medical Centre
ACPN	Association of Community Pharmacists in Nigeria
ACPN	Association of Community Pharmacists of Nigeria
ADR	Adverse Drug Reactions
AKAIS	Akwa Ibom State AIDS Indicator Survey
AKNET	Akwa Ibom Network of People living with HIV
AKSACA	Akwa Ibom State Agency for the Control of AIDS
ALHIV	Adolescents Living with HIV
ANECCA	African Network for the Care of Children affected by HIV/AIDS
ATBUTH	Abubakar Tafawa Balewa University Teaching Hospital
AYFC	Adolescents Youth Friendly Center
BLIS	Basic Laboratory Information System
BMSH	Braithwaite Memorial Specialist Hospital
BOSACA	Borno State Agency for the Control of AIDS
BSL3	Bio-safety Level 3 Laboratory
CBOs	Community Based Organizations
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CP	Community Pharmacies
CPARP	Community Pharmacy ARV Refill Program
CPSS	Child Protection System Strengthening
CRRIRF	Combined Requisition Receipt Issue and Reporting Form
DLHMH	Doctor Lawrence Henshaw Memorial Hospital
DMMA	Drug and Medical Consumables Management Agency
DPRS	Department of Planning Research and Statistics
DRM	Domestic Resource Mobilization
DTS	Dried Tube Specimen
EDOSACA	Edo State Agency for the Control of AIDS
EID	Early Infant Diagnosis
FIDA	Federation of Women Lawyers
FMC	Federal Medical Centre
FMWASD	Federal Ministry of Women Affairs and Social Development
GBV	Gender Based Violence
HEI	HIV Exposed Infants
HES	Household Economic Strengthening
HIV RTQII	HIV Rapid Testing Quality Improvement Initiative
IDH	Infectious Diseases Hospital
IDP	Internally Displaced Persons
IHVN	Institute of Human Virology
IPSAS	International Public Sector Accounting Standards
IPT	Isoniazid Preventive Therapy
JSSV	Joint supportive supervisory visits
LACA	Local Action Committee on AIDS
LAMIS	Lafiya Management Information System

LASUTH	Lagos State University Teaching Hospital
LGA	Local Government Areas
LLIN	Long Lasting Insecticide-treated Nets
LMCU	Logistics Management Coordination Unit
LMIS	Logistics Management Information System
LSACA	Lagos State AIDS Control Agency
LUTH	Lagos University Teaching Hospital
MOH	Ministries of Health
MOWSD	Ministry of Women Affairs and Social Development
NAHSS	Nigerian Alliance for Health System Strengthening
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NASCP	National AIDS and STI Control Program
NAUTH	Nnamdi Azikiwe University Teaching Hospital
NBS	National Bureau of Statistics
NDDC	Niger Delta Development Commission
NDUTH	Niger Delta University Teaching Hospital Okolobiri
NEMA	National Emergency Management Agency
NEPWHAN	Network of Persons Living with HIV and AIDS in Nigeria
NHLS	National Health Laboratories Service
NIMR	Nigerian Institute of Medical Research
NPC	National Population Commission
NPF	Nigerian Police Force
NSCIP	Nigerian supply chain integrated project
NTBLCP	National Tuberculosis and Leprosy Control Program
OASYS	One World Accuracy System
OVC	Orphans and Vulnerable Children
PCN	Pharmacists Council of Nigeria
PCR	Polymerase Chain Reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHCMB	Primary Health Care Management Board
PHISICC	Paper-based Health Information Systems in Child Care
PICF	Pediatric HIV Intensified Case Finding
PITC	Provider Initiated Testing and Counselling
PNS	Partner Notification Services
PPM	Planned Preventive Maintenance
PrEP	Pre-Exposure Prophylaxis
PSWG	Protection Sector Working Group
PWPM	PEPFAR weekly performance monitoring
QMAP	Quality Monitoring and Accountability Program
RIVSACA	Rivers State Agency for the Control of AIDS
SACA	State Agencies for the Control of AIDS
SAPC	State AIDS Program Coordinator
SFI	Sustainable Financing Initiative
SIMS	Site Improvement Monitoring System

SLIPTA	Stepwise Laboratory Improvement Process towards Accreditation
SLMTA	Strengthening Laboratory Management towards Accreditation
SNT	Sexual Network Testing
SPDC	Shell Petroleum Development Company
SSH	State Specialist Hospital
STBLCP	State TB and Leprosy Control Programme
SULGAs	Scale up LGAs
TBA	Traditional Birth Attendants
TE	Test Event
TOT	Training of Trainers
TP	Testing Points
UCTH	University of Calabar Teaching Hospital
UNAIDS	United Nations program on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugee
UPTH	University of Port Harcourt Teaching Hospital
USAID	United States Agency for International Development
UUTH	University of Uyo Teaching Hospital
WAD	World AIDS Day

Executive Summary

This quarter marks the start of Fiscal Year 2017 as well as the beginning of the two-year extension period for the USAID funded Strengthening Integrated Delivery of HIV/AIDS (SIDHAS) project. SIDHAS project priorities during the extension period which ends September 2018, will remain aligned with PEPFAR 3.0 priorities, implementing 90.90.90 epidemic control strategies in priority LGAs. For FY 2017/COP16 SIDHAS will prioritize consolidating gains from previous year's achievements, fine tuning implementation strategies, realigning project implementation with PEPFAR COP 16 strategic direction and implementing newly introduced initiatives such as the Sustainable Financing Initiative (SFI) which aims to actualize increased private sector funding for HIV/AIDS prevention, care and treatment service. The SFI initiative, which was approved by USAID on November 14, 2016, will be implemented in two of SIDHAS supported priority states – Lagos and Rivers. SFI kick off activities commenced in December 2016 with a SIDHAS organized three-day meeting to develop the one-year implementation plan which held from December 5 – 7, 2016 and was attended by stakeholders from Lagos and Rivers States as well as implementing partners and staff.

A major achievement during the quarter was the completion of the Akwa Ibom AIDS Indicator Survey (AKAIS) pilot in five of Akwa Ibom State's 31 LGAs during the month of December 2016. Akwa Ibom, a SIDHAS priority state with five LGA's prioritized for epidemic control and a population of 3.9 Million was chosen as the location of the AIDS indicator survey by USAID based on the need for a more precise measurement of HIV prevalence and incidence in the state. The AKAIS pilot was conducted using a population-based, cross sectional survey methodology with the following key objectives; (i) Estimate the prevalence of HIV among people aged 15 years and older, children aged 0 months – 14 years, and (ii) determine the coverage and unmet need for HIV intervention services in Akwa Ibom State. Its secondary objectives include seeking to estimate the incidence of HIV in Akwa Ibom State. In line with the survey procedures, consented household members were interviewed and tested for HIV. Of the 148 (78 males, 70 females) household members that were interviewed, 120 consented for HIV testing and 9 tested HIV positive.

A full briefing on the outcomes of the pilot will be shared with USAID however, positive key lessons learned included the importance of sustained stakeholder engagement which facilitated ownership. Plans are in full gear to commence the main survey in 226 EAs across the 31 LGAs of Akwa Ibom State. As part of efforts to kick start the main survey, over 500 survey field personnel are being recruited while the Training of Trainers and central level training are currently being planned.

Other significant accomplishments during the period included:

- A critical milestone in Early Infant Diagnosis (EID) testing was recorded in Cross River State. The Polymerase Chain Reaction (PCR) laboratory at the University of Calabar Teaching Hospital (UCTH) was activated and commenced EID assay for HIV Exposed Infants (HEIs). This effectively ended referral of EID samples to the University of Uyo Teaching Hospital (UUTH) in Akwa Ibo State and reduced the turnaround time for collection of EID results from 90 days to 48 hours. This effort will be sustained by the state team and government counterparts as a contributory factor to the first 90.

- A pilot on intensified pediatrics HIV case identification was initiated by the SIDHAS project in select sites across the 14 scale up Local Government Areas (LGA) Akwa Ibom, Rivers, Lagos and Cross River States to identify strategies that will guide efforts to mitigate HIV infection among children.
- Formal hand over of the BSL3 Laboratory at the Nigerian Institute of Medical Research (NIMR) to the National Tuberculosis and Leprosy Control Program (NTBLCP) took place on October 20, 2016. The NTBLCP commended USAID for the support through SIDHAS for the state of the art facility which has positioned NIMR as a national TB reference laboratory for effective detection of multi drug resistance among TB cases.
- Implementation of high yield evidenced based testing strategies commenced in facilities located in two scale up LGAs of Rivers State.
- Sexual network testing activities were also initiated at community and health facility levels across the 14 scale up LGAs.
- To complement facility optimization efforts, three community pharmacies were assessed and activated during the reporting period. Following the activation, the community pharmacies, located in two of five scale up LGAs in Akwa Ibom state (Oron and Ikot Ekpene), commenced the community pharmacy ARV refill pilot (CPARP).
- PCR laboratories across the project were supported to carry out molecular testing with clearing of EID/VL backlog samples initiated during the quarter despite the general stock out of Viral Load (VL) reagents in the country. Similarly, testing of sputum samples was facilitated at 331 AFB microscopy and 65 GeneXpert laboratories within the quarter. In addition, a one-year warranty maintenance agreement was extended for 43 GeneXpert machines.
- PMTCT Option B+ activities continued across the supported scale up LGAs. SIDHAS upgraded select PMTCT sites in the five scale up LGAs in Akwa Ibom State to provide comprehensive ART services. As part of its commitment to the USG interagency program, SIDHAS developed IEC materials and messages aimed at community level demand creation for services by pregnant women. The materials were distributed to other treatment Implementing Partners (IPs) supporting services across the 32 PEPFAR scale up LGAs.
- TB case detection activities among People Living with HIV (PLHIV) were also sustained during the reporting period across supported sites. This included active identification and linkage of presumptive TB cases to GeneXpert and AFB diagnostic centers through the hub and spoke network, and eligible clients provided Isoniazid Preventive Therapy (IPT). IPT was also implemented for pregnant women in PHC settings across the 14 scale up LGAs.
- SIDHAS also supported the National Agency for the Control of AIDS (NACA) with installation of GeneXpert machines at supported sites in Anambra, Lagos, Jigawa, and Borno as part of efforts to improve TB case detection and treatment in Nigeria. In addition, the government of Nigeria, through the Honorable Minister of Health, made a commitment at a meeting with the STOP TB program, to procure additional 100 GeneXpert machines. This commitment, when fulfilled, will contribute towards the objective of improving TB case detection and reducing TB related deaths.

- Gender mainstreaming activities also continued at different levels of implementation. At the community level, gender interventions were mainstreamed into kid’s club meetings, as well as caregivers and support group forums. At supported facilities, healthcare workers in various comprehensive sites in Akwa Ibom, Rivers, Cross River, Lagos, Jigawa, Yobe, Anambra, Bayelsa, Edo, Bauchi, and Adamawa states commenced provision of care to survivors of Gender Based Violence (GBV). Furthermore, a GBV response committee was constituted and inaugurated in Akwa Ibom state in collaboration with other stakeholders in the state.

Stakeholder engagements

During the quarter, two SIDHAS priority states—Lagos and Rivers, received visits from USAID teams and facilitated meetings with stakeholders in the state to promote GON support and commitment to sustainability of USAID funded projects. SIDHAS Lagos state office was visited by the USAID Health Team Leader (Africa Bureau), Lisa Baldwin, and her team. The team visited the State Ministry of Health (SMOH) and Mainland Hospital, Yaba to observe and assess quality of service delivery. The visit helped to promote good stakeholder relations and emphasized PEPFAR priorities in Lagos State. The SIDHAS River State, also received Dr. Han Kang, USAID Director, Office of HIV/AIDS/TB and his team. Dr. Han’s visit was to foster partnership on implementation of USAID funded projects in the state.

Background

The SIDHAS project aims to sustain cross sectional integration of HIV/AIDS and TB services by building Nigerian capacity to deliver sustainable high quality, comprehensive, prevention, treatment, care and related services. This is being achieved through three key result areas: i) increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery; ii) improved cross sectional integration of high quality HIV/AIDS and TB services; and iii) improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS and TB services.

On May 26, 2016, FHI360 received USAID approval for a two-year cost extension to the SIDHAS project. The project which commenced implementation on September 12, 2011 with a previous end date of September 11, 2016, now runs through September 11, 2018. Following this approval, all sub awards were modified to align with Phase 4 implementation of the project conceptual framework, which in addition to demonstrating epidemic control in 14 scale-up Local Government Areas (LGAs); seeks to consolidate on gains of Phases 1 through 3 by aligning with PEPFAR 3.0 agenda. The project team continues to pursue project goals towards increasing access to quality services, program efficiencies, as well as ownership and sustainability of project outcomes by relevant state level stakeholders and actors.

For the extension period, FHI 360 continues to implement the SIDHAS project in collaboration with four core partners—Deloitte Consulting, LLP—organizational development; Association for Reproductive and Family Health (ARFH)—community-based services; Achieving Health Nigeria Initiative (AHNi)—integrated services; and Howard University Pharmacists and Continuing Education Center (HU-PACE) – pharmacy services. In addition to the core partners, SIDHAS procures technical assistance from the German Leprosy and TB Relief Association (GLRA) for TB/HIV integration.

SIDHAS continues to provide support to 13 state governments, 505 public health facilities, 263 private for-profit health facilities, and 61 private non-profit health facilities or faith-based organizations (FBOs), to enhance facility-based integrated HIV/AIDS responses. In addition, SIDHAS supported 27 local civil society organizations (CSOs) to provide integrated community-based prevention and care services including care and support for orphans and vulnerable children (OVC).

In order to strengthen government systems and optimize ownership at federal, state and local government levels, SIDHAS continues to collaborate with the GoN to align activities, strategies, and plans. SIDHAS' support to GoN is aimed at ensuring the delivery of quality comprehensive HIV/AIDS services in approximately 829 public and private sector tertiary, secondary and primary level health facilities, as well as in all communities contiguous to the supported health facilities. The project has successfully handed over PEPFAR support in 1,360 previously supported facilities to the government of Nigeria, in line with PEPFAR strategic focus and sustainability initiatives of Donor funded programs.

To contribute effectively to the achievement of project objectives, SIDHAS continues to implement the following interventions:

1. Increasing access to services that enhance PMTCT. This includes Option B+ in 14 scale up LGAs
2. Provision of quality HIV Testing Services (HTS), including Provider Initiated Testing and Counseling (PITC) and community based counseling and testing in scale up LGAs; couples' counseling and testing; Quality Assurance/Quality Improvement (QA/QI); Sexual Network Testing (SNT); Partner Notification Services (PNS); and referrals and linkages
3. Provision of quality ART services, including:
 - a. Implementation of a differentiated model of care in scale up LGAs to improve access to and retention of stable clients on treatment;
 - b. Logistics management support to forestall stock-outs;
 - c. Promotion of pharmacy best practices to optimize adherence to therapy, including a Community Pharmacy ART Refill Program (CPARP) in scale up LGAs; and
 - d. Access to high quality laboratory services to monitor disease progression, including Viral Load (VL) analysis, and response to treatment
4. Pediatric care and treatment for comprehensive care that includes prevention, early detection, and treatment through clinical and psychosocial support services. This also includes intensified pediatric case finding in the scale up LGAs
5. Provision of high quality care and support services, including care and support for PLHIV, OVC, and Adolescents Living with HIV (ALHIV)
6. Promotion of collaboration between TB and HIV/AIDS services to reduce TB/HIV associated morbidity and mortality
7. Mainstreaming of gender into interventions at facility and community
8. Health systems strengthening to ensure that the advancement in science and health technologies deliver better, sustainable, and equitable health outcomes

The next sections of the report highlight specific accomplishments across the three SIDHAS key result areas during the October – December 2016 reporting quarter.

Progress across Key Result Areas

Standard Indicators	Baseline FY 16	Annual Target	Q1 FY17	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
HTC_TST Number of individuals who received Testing and Counseling (HTC) services for HIV and received their test results (DSD)	1,671,164 (M= 782,266; F= 888,898)	1,352,524 ¹	448,524 (M= 216,277; F= 232,147)	33%	Y
PMTCT_STAT Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	708,134	615,645 ¹	99,664	16%	N
PMTCT_STAT: Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results	109%	100% ¹	100%	100%	Y
PMTCT_ARV Number of HIV-positive pregnant women who received antiretroviral (ARVs) to reduce risk of mother-to-child-transmission during pregnancy	13,247	16,330 ¹	2,373	15%	N
PMTCT_ARV - Percentage of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission (MTCT) during pregnancy and delivery	91%	95% ¹	95%	95%	Y
TX_NEW: Number of adults and children newly enrolled on Antiretroviral therapy (ART)	52,055 (M=17,649; F=34,406) Including 2,687 children <15)	49,008 ¹	11,895 (M=3,939; F=7,956) Including 636 children <15)	24%	N
TX_CURR: Number of adults and children receiving antiretroviral therapy (ART) (Current)	191,366 (M=61,899; F=129,467) Including 9,353 children <15)	257,214 ¹	200,797 (Adults= 191,546; Children= 9,251)	78%	Y
TB_SCREENdx (Num): Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	147,993	287,713 ¹	97,735 (M =29,751; F=67,984)	34%	Y
TB_ART (Num): Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	3,112	2,282 ¹	700	31%	Y
OVC_SERV: Number of active beneficiaries served by PEPFAR OVC Programs for children and families affected by HIV/AIDS	116,981 (M= 61,782; F=55,199)	88,032 ¹	15,011 (M=7,755; F=7,256)	17%	N

Note: The Results Performance Column depict level of achievement expressed as a percentage of Actual versus Planned.

Quality and Access

Under key result area 1, the SIDHAS project collaborates with state government counterparts across the 13 supported states to maintain access to high quality HIV/AIDS and TB services. This support is provided across all service delivery points in line with PEPFAR strategic direction, with relevant trainings of healthcare workers provided as necessary.

During the first quarter, SIDHAS conducted an in-depth PMTCT analysis reviewing the trends, APR performance and outcomes of FY 16. These were contrasted with the targets, service delivery quality, and retention expectations for FY17, with the resultant realignment and communication of an operational direction. In addition, technical assistance was provided to Facility staff to improve and sustain access to PMTCT services, Early Infant Diagnosis (EID), and strengthen client tracking systems to ensure retention in care. Focus was on reviewing PMTCT/EID performance and designing facility-specific quality improvement interventions to optimize ARV uptake among HIV infected pregnant women.

PMTCT

...increased efficiency and expansion in the delivery of HIV services to positive pregnant women

- APR Program review & SWOT analysis
- Accelerated roll out of needs-specific services
- Continuous quality improvement and trend review
- Advanced stakeholder engagement
- Package of care across supported sites defined

During the review period, SIDHAS conducted a mapping in its 14 SULGAs in order to review, update, and expand community structures of Traditional Birth Attendants (TBAs) providing informal PMTCT services. The aim was to allow for structured demand creation activities and creation of access to available PMTCT Option B+ services. This resulted in increased positivity across the quarter as tabulated in figure 1 below, and increased coverage of positive pregnant women identified and provided with Option B+ PMTCT services.

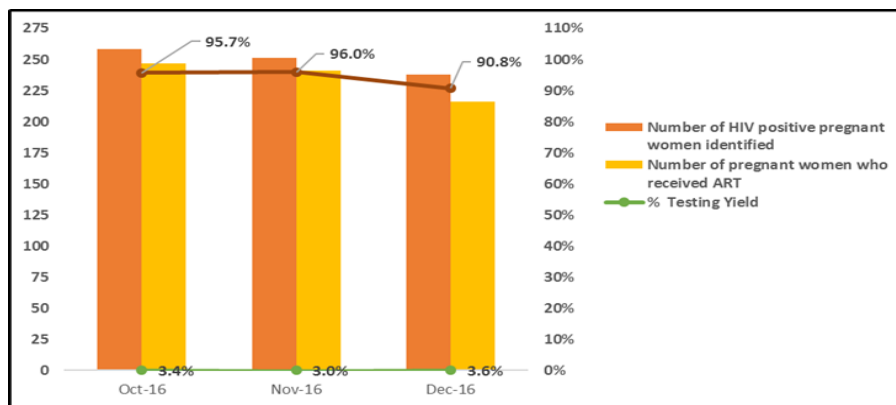


Figure 1: Positivity Rate across three months (FY17 Q1)

During the period under review, 19 PMTCT sites across five scale up LGAs in Akwa-Ibom were activated to provide comprehensive ART services. A Five-day capacity building training was organized for Staff from these facilities in readiness for service provision at the newly activated sites. The site activations resulted in an increase in the number of comprehensive ART facilities supported by SIDHAS from 145 in FY16 Q4 to 164 sites in FY17 Q1.

SIDHAS initiated the intensified pediatrics HIV case identification pilot in 14 high burden sites across the 14 SULGAs. The pilot was requested by the USG interagency pediatrics HIV TDY team, with objective to mitigate the huge burden of HIV infection among children. On November 14, 2016, SIDHAS commenced implementation of high yield evidenced based testing strategies across two facilities in Rivers state namely BMSH and GH Ikot Ekpene in Port Harcourt and Ikot Ekpene SULGAs respectively. Preliminary data from this initiative showed increased HTS pediatric coverage, early detection of HIV Exposed Infants (HEI), and optimized treatment. The strategies facilitated 100% pediatrics testing coverage at Malnutrition/TB clinics, infant welfare clinics, OPD and emergency/in-patient wards, and genealogy testing of all children/siblings of index PLHIV. Positivity across the entry points was however low as shown in Figure 2 below.

ART

- PCT Technical Review Meeting
- Accelerated roll out of paediatric services
- Continuous quality improvement and trend review
- Advanced stakeholder engagement
- VL Program review & SWOT analysis

Scale up LGAs	No. of sites activated
Okobo	4
Uruan	4
Uyo	6
Ikot Ekpene	2
Oron	3
Total	19

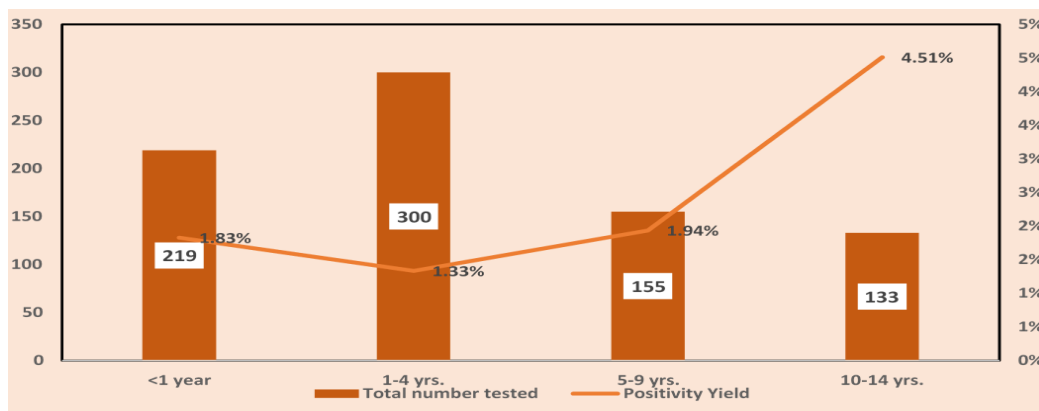


Figure 2: HTS & Positivity yield by age groups in BMSH and Ikot Ekpene General Hospital

SIDHAS sexual network testing continued at the community and the health facilities this quarter. The goal was to afford partners of infected clients opportunity to be tested. These efforts resulted in identification of partners at facility and community levels as shown in Fig 3. Though the absolute numbers were low, positivity was about 32%. This strategy will be intensified in the coming quarters to ensure all infected clients are supported to elicit their sexual partners, including their social network. Progress made is expected to be maintained through continuous supportive supervision and mentorship to counsellor/testers for demand creation in communities.

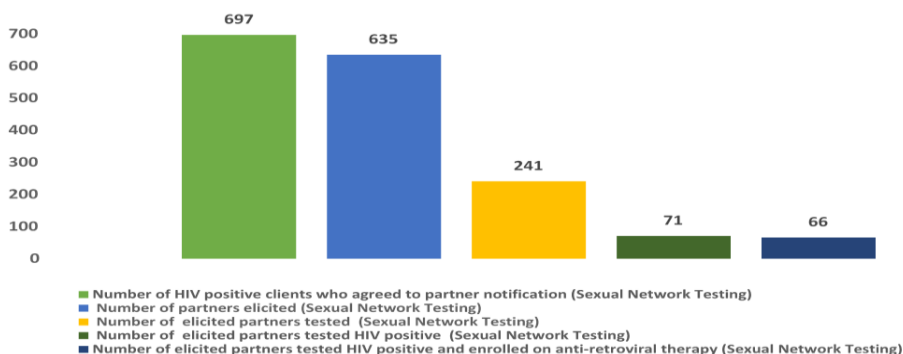


Figure 3: Sexual Network Testing Cascade

SIDHAS participated in a Training of Trainers (TOT) on partner testing services at Akwanga, Nasarawa State from November 12 – 16, 2016 as part of efforts to better strategize and increase access to comprehensive HIV/AIDS services. The training was organized by PEPFAR/IHVN/California STI Training Center for key program staff of IPs. Participating IPs are expected to conduct advocacy and sensitization visits to stakeholders on partner testing services, and to also step down the training across states.

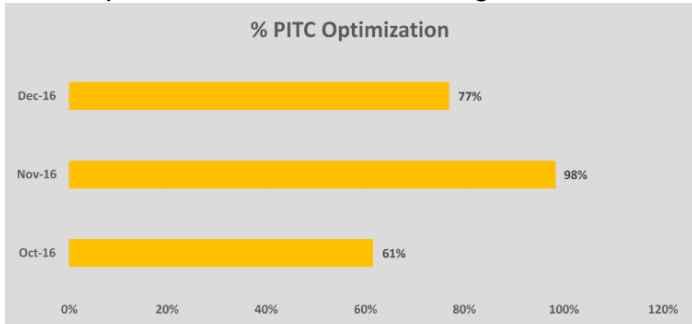


Figure 4: SIDHAS Project % of PITC Optimization

HIV prevention activities aimed at building skills on supporting community and facility testing with a focus on Sexual Network Testing among sero-discordant couples, PITC, couples testing, and testing children and young persons were promoted during the period under review. This included timely initiation of infected partners on treatment, as well as HTS orientations for SIDHAS staff and facility healthcare workers in the four priority. This initiative contributed to facility PITC optimization with testing services provided to more than 80% of all new clients (see Fig. 4).

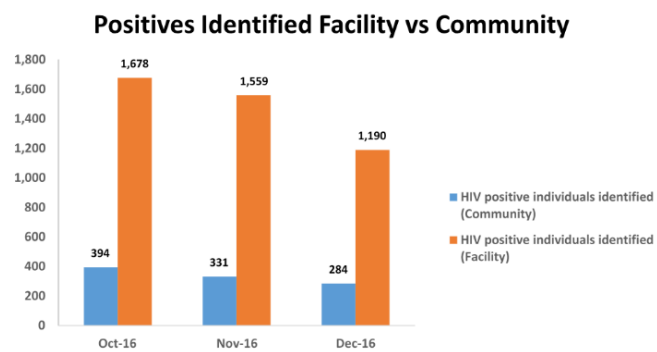


Figure 5: Positivity Contribution of facility vs Community

Facility and community testing activities in the four focus states continued to yield results during the quarter, with identified positive clients being linked to treatment, care and support services. Data from the community and facility showed greater contribution from facilities than the communities as shown in Fig. 5. PITC has been found to be a major contributor to the HIV positive yield as compared to the community testing strategy (see Fig. 6 below).

Technical assistance was provided to Cross River, Rivers, Lagos and Akwa Ibom states as part of efforts to optimize the quality of ART service delivery and ensure attainment of FY Q1 targets. granular data analysis and APR 16 results were used to identify critical domains for improvement. Critical areas strengthened include improving retention and GoN capacity on paediatrics case identification. In addition, state level technical teams had their capacity built on the use of PEPFAR weekly

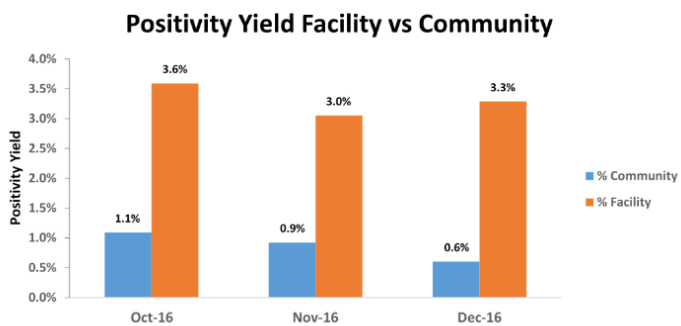
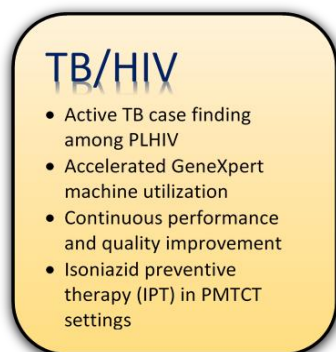


Figure 6: Positivity Yield – Facility vs Community

performance monitoring to aid tracking of weekly achievements by facility backstops. These efforts are expected to support improvements in project performance.

As part of SIDHAS' strategy to achieve epidemic control in the scale up LGAs, the Community Pharmacy ART Refill program (CPARP), continued this quarter. The CPARP is a model of differentiated care implemented to reduce congestion in high burden sites by devolving eligible clients to community pharmacists (CPs) for drug refill. Activities included sensitization meetings at the University of Uyo Teaching Hospital on December 2, 2016 for facility staff, CPs, CBOs and clients in preparation of the expansion of CPARP services from Oron and Ikot Ekpene to Uyo. The CPARP was also introduced to a support group in Lagos to sensitize them on the advantages and mechanism for devolving clients to CPs. So far, 553 PLHIV have been devolved to community pharmacists in Akwa Ibom, Cross River, Lagos and Rivers states combined (44 – Akwa Ibom, 161 – Cross River, 283 – Lagos, and 65 – Rivers). In addition, SIDHAS is leveraging on the licensed pharmacists for Test and Start as part of the SFI rollout process where CPs are engaged for the provision of ARV refills within the private sector as part of a business case developed for the pharmacists.

During the quarter, SIDHAS teams continued to support optimization of labs, by ensuring adequate storage capacities for VL samples, and supported facilities with identification of clients eligible for VL testing. Quality Monitoring and Accountability Program (QMAP) teams supported sites to order to clear backlogs of VL samples by instituting extended work hours at the laboratories and continued advocacy on power related issues. In addition, SIDHAS teams provided guidance on fast-tracking transmission of VL results to supported facilities, and with determination of adherence strategies for clients with unsuppressed VL results. This also included working with functional drug and therapeutic committees to ensure compliance with protocols for unsuppressed or failing ART clients.



Active TB screening among PLHIV continued in supported sites with linkages of presumptive TB cases to GeneXpert and AFB diagnostic centers using the hub and spoke network. Eligible PLHIV were provided Isoniazid Preventive Therapy (IPT) across the 13 SIDHAS supported states. IPT was also implemented for 31 pregnant women in PHC settings across the 14 scale up LGAs (SULGAs). This was done to incorporate feedback from USAID SIMS visits to the four priority states in the previous reporting period. The INH stock out situation noticed in Cross River State during monitoring visits was also promptly addressed following calls to relevant stakeholders.

SIDHAS participated in the following meetings, training and conferences during the reporting period:

1. The Nigeria HIV prevention conference which held at the Transcorp Hilton, Abuja in November 2016. Four presentations (2 posters, 2 oral) were made to showcase achievements with PEPFAR funding through USAID on the SIDHAS project. The

presentations covered areas on HIV prevention with focus on reducing prevalence of four transfusion transmissible infections in all supported sites; partner notification among PMTCT clients in Ikot Ekpene LGA, Akwa Ibom State; partner notification among PMTCT clients in Ikot Ekpene LGA, Akwa Ibom State; disclosure of HIV sero-positive status and associated predictors among PLHIV in Calabar; and a review of community and health facility HTS uptake for adolescents and young people in Rivers State, Nigeria.

2. The Sustainable Financing Initiative (SFI) kick-off meeting held in Abuja from December 5 – 7, 2016 with 48 (M:34; F:14) persons in attendance. SFI, which aims to deliver an AIDS-free generation with shared financial responsibility with the Nigerian Government, is being rolled out in Lagos and Rivers States to actualize increased private sector funding for HIV/AIDS prevention, care and treatment services. The SIDHAS project began implementing the PEPFAR/USAID funded Sustainable Financing Initiative (SFI) in November 2016. As part of start-up activities, a pre-planning implementation planning meeting. The objective of the meeting was to build consensus among key stakeholders responsible for the success of SFI implementation. M&E tools were also reviewed to incorporate private sector specific and SFI related data requirements. The meeting resulted in a draft SFI implementation plan with timelines for key next steps including sites assessment and activation slated for January 2017. Participants comprised SIDHAS staff, representatives of the Lagos and Rivers State Ministries of Health (MOH); State Agencies for the Control of AIDS (SACA); Braithwaite Memorial Specialist Hospital (BMSH), Rivers; Pharmacists Council of Nigeria (PCN); Pharmaceutical Society of Nigeria (PSN); Association of Community Pharmacists in Nigeria (ACPN) among others.
3. Strategy meeting on Partner Notification Services (PNS) held December 14, 2016 at JHPIEGO office, Abuja. The aim was to discuss efforts at achieving the first 90 through identification of positive clients using PNS. Resolutions reached were that all IPs carrying out PNS should develop data capturing tools (DCTs) that are relevant to their projects, while JHPIEGO finalizes the DCTs and develops a standardized training package to support PNS in Nigeria.

During the reporting period, SIDHAS supported 804 Testing Points (TPs) across the 14 scale up LGAs to participate in HIV serology Proficiency Testing (PT) scheme, Trial 0316 of the HIV RTQII initiative. The objective was to ensure reliable HIV testing results and strengthen quality assurance coverage of proficiency testing. Dried Tube Specimen (DTS) panels were produced in Akwa Ibom, Lagos, Cross River and Rivers states and distributed to all the TPs. In addition, 920 DTS panels were produced by the State QII team (SQIIT) and distributed for internal quality control purpose. As Lead IP in the 4 scale up states, SIDHAS also supported provision of DTS PT panels to Society for Family Health (SFH) and Heartland Alliance of Nigeria (HAN). Panels were provided to SFH Testing Points (TPs) in Lagos (40 TPs), Rivers (25 TPs), Akwa Ibom (15

TPs) and Cross River (25 TPs), and for HAN TPs in Cross River (25 TPs), Rivers (10 TPs) and Akwa Ibom (15 TPs) states.

Furthermore, in the reporting period, the reports of analysis of results of DTS Trial 0216 in the previous quarter for 804 TPs was sent to all TPs revealing more than 80% of the TPs attaining acceptable performance in compliance to SOP, complete documentation and accurate interpretation of results while only 1.6% panels were misclassified (Figure 7).

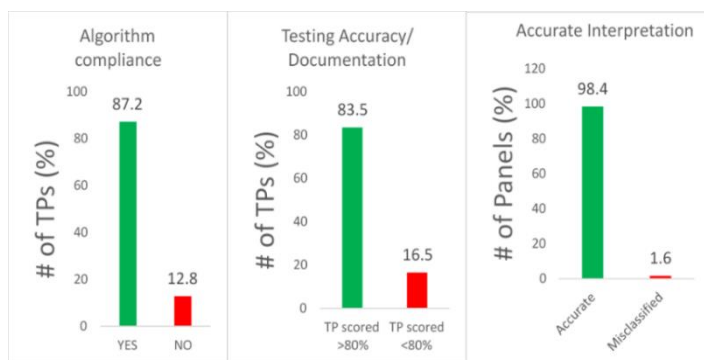


Figure 7: Summary of DTS proficiency testing performance at the 14 scale up LGAs

PCR laboratories supported by SIDHAS continued to carry out molecular testing during the quarter though limited by the general stock out of viral load (VL) reagents in the country. The stock out was adduced to increased demand creation for VL towards achieving the target of 90% viral suppression for those on treatment. All PCR machines in the EID and VL testing laboratories were functional during the quarter, while clearing of EID/VL backlog samples in the PCR labs was initiated in December following supply of reagents and consumables to the PCR labs.

3rd 90

- 13,305 VL tests recorded in Q1 across all supported PCR labs

The UCTH PCR laboratory was supported to commence EID sample analysis with massive mobilization of EID samples from supported facilities in the state. As a result, EID samples are no longer referred for processing to the University of Uyo Teaching

Hospital, Akwa Ibom State. Similarly, SIDHAS procured and installed an inverter at UCTH PCR lab on November 21, 2016 in efforts to address the protracted power challenges in the lab. This is expected to reduce turnaround time and ensure access to quality VL and EID service delivery towards achieving the third 90% target. A total of 3,650 EID and 13,305 VL tests were carried out across supported PCR laboratories in the reporting quarter.



Inverter Installed at UCTH PCR Lab

A Laboratory information management system server was installed in UCTH Calabar and BMSH Port Harcourt PCR labs from December 12 – 15, 2016 by SIDHAS. This server was installed to support quality of Laboratory data generated at the PCR testing sites.

During the reporting period, SIDHAS supported 331 AFB microscopy and 65 GeneXpert laboratories with testing of over 10,000 sputum samples. In addition, procurement of a one-year

warranty extension maintenance agreement was initiated for 43 of the GeneXpert machines across supported sites. SIDHAS also supported NACA to install GeneXpert machines at three SIDHAS supported sites in Anambra (St Charles Borromeo, St Joseph Adazi) and Bayelsa (FMC Otuoke) States. As part of efforts to improve functionality of GeneXpert machines, SIDHAS conducted a joint assessment visit with KNCV-CEPHEID to Mainland hospital, Lagos and DLHMH, Calabar. The joint visit led to the resolution of the causes of module failure of the machines. As a result, module replacement was done for the machine at DLHMH while that for the machine at Mainland Hospital was placed on order with CEPHEID based on warranty status.

SIDHAS successfully handed over the NIMR BSL3 Laboratory to the National Tuberculosis and Leprosy Control Program (NTBLCP). The national coordinator NTBLCP, IHVN team, and stakeholders from the state and federal ministries of health were in attendance. The NTBLCP commended USAID for the funding through SIDHAS for the state of the art facility which has positioned NIMR as a national TB reference laboratory.



Stakeholders at the NIMR BSL3 Lab handover ceremony

SIDHAS continued to support repairs of faulty CD4 machines and Planned Preventive Maintenance (PPM) across supported states to ensure high quality ART laboratory service delivery. The average percentage equipment functionality rate at the end of the reporting quarter was 90.81%. In addition, 50 units of solar refrigerators were procured by SIDHAS to support VL sample handling/transfer at supported sites. These will be installed in the next quarter.

Following the baseline assessment of three sites for Basic Laboratory Information System (BLIS) implementation last quarter, the software was successfully installed at GH Lagos from November 14 – 18, 2016. Follow up activities have been initiated to monitor operationalization of the software in order to improve laboratory data quality and patient management at the facility. Fifteen additional sites have been scheduled to benefit from the BLIS.

In an effort to establish a baseline on gender norms and practices that will guide findings from end-term gender assessment of the SIDHAS project, SIDHAS developed a pre-and post-test questionnaire this quarter. The questionnaire is expected to be administered in select communities to gather data on knowledge of community gender norms. Responses will provide baseline data that will guide activities aimed at addressing gender norms.

Pre and Post-test questionnaires developed to gauge shift in perception of harmful gender norms

Mainstreaming of gender interventions during kid’s club meetings, and caregivers and support group forums continued this quarter in select communities of the four focus states. These interventions include discussions on gender norms and gender biased practices, and are geared towards promoting discussions and community action about gender inequitable practices. Similarly, healthcare workers in various comprehensive sites also commenced provision of care to Gender Based Violence (GBV) survivors in Akwa Ibom, Rivers and Cross River States.

Addressing HIV related stigma and discrimination to enhance service uptake

As part of interventions to address stigma and discrimination to reduce barriers to service uptake in the four priority states, SIDHAS conducted a one-week community level training on interpersonal communication and conduct of effective community dialogue for stigma reduction. Participants were program staff of Community Based Organizations (CBOs) working in these LGAs. A reorientation was also provided to health facility and CBO staff on scale up of interventions including genealogy testing for index clients aimed at improving paediatric HIV case finding and prompt linkage to treatment. Hands on sessions were conducted at the health facilities and CBO offices as a measure to strengthen inter and intra facility referrals to improve access to HTS for paediatric clients to HIV.

Integration

SIDHAS supports cross sectional integration of supported HIV/AIDS and TB services across supported facilities in the 13 states. This objective aims to improve service efficiencies, reduce stigma and discrimination, with resultant client retention on treatment.

During the review period, SIDHAS conducted a technical needs assessment on the APR 16 PMTCT retention rates; gaps on the proficiency of the mentor mothers were highlighted with technical assistance rendered and 19 mentor mothers trained to close the gap in the linkage of pregnant positive women and retention of the mother-infant pairs. With these capacity building, uptake of PMTCT intervention among women in the community/facility is anticipated to increase with improved adherence to PMTCT interventions.

Efforts at strengthening the linkage of HIV positive infants to ART was intensified by the engaged mentor mothers during the quarter. The mentor mothers supported intra/inter-facility linkages, community/facility linkages, adherence counselling, and client tracking. As a result, the proportion of babies with positive DNA PCR results, initiated on ART improved in Q1 FY17.

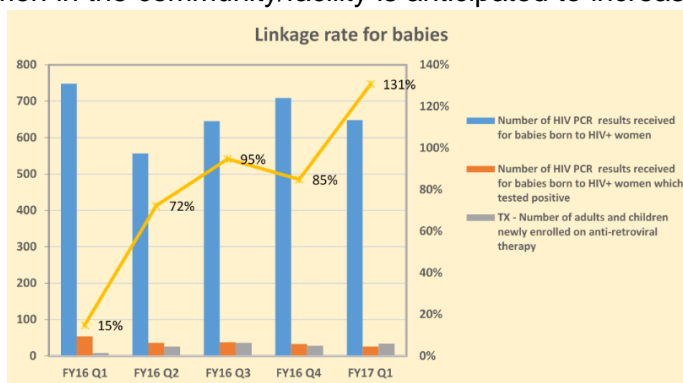


Figure 8: Treatment Linkage Rates across Quarters

TB/HIV cascades were closely monitored this quarter with a view to ensuring prompt linkage of detected TB and HIV patients to appropriate services. As part of efforts to facilitate this linkage,

SIDHAS conducted an assessment of its TB/HIV referral coordination activities in the scale up LGAs. Preliminary evaluation of the assessment findings show that the referral coordinators are performing very well in the areas of data abstraction, accomplishment of their core responsibilities, and the responses by stakeholder exit interviews.

Onsite mentoring as well as supportive supervisory visits on TB DOTS and TB/ HIV collaborative activities were made to facilities in Akwa Ibom, Cross River, Rivers and Lagos states during the quarter. Major activities carried out during the visits included hands-on support and mentorship on TB and TB/HIV screening at triage stations of the HIV comprehensive centers, improving completed referrals for presumptive TB/HIV co-infected clients to AFB and DOTS clinics, and linkage for sputum transport to GeneXpert sites.

As part of efforts to improve quality through cross sectional integration of HIV services, SIDHAS rolled out a pediatric HIV intensified case finding (PICF) pilot in selected facilities in Akwa Ibom and Rivers states from November 6 – 18, 2016. The SIDHAS state team and relevant facility staff received orientation on the strategy prior to rollout activities at Ikot Ekpene General Hospital, Akwa Ibom State, and Braithwaite Memorial Specialist Hospital, Rivers State. Various service delivery points in both facilities were visited and practical guidance provided to facility staff on the implementation and documentation of services in relation to the pilot study using all the requisite tools. High probability of data duplication was observed at the OPD and immunization clinics. The proposed solution was to write the PICF participation date and date of HIV test if conducted, on the patient hand card and the Immunization card for the OPD and immunization clinics respectively. Both facilities faced work flow challenges especially at the OPD and the immunization clinics. Immediate steps were taken to liaise with the facility staff to come up with feasible and efficient work flows that would accommodate the implementation and documentation process of the pilot.

SIDHAS Laboratory team continued to support feasible integration of ART laboratory services. Within the period under review, 208 testing laboratories were assessed out of 211 (17.3%) of the laboratory achieving full integration while the rest were partially integrated.

As part of the requirements of quality management system, the 50 laboratories registered with National Health Laboratories Service (NHLS), South Africa, participated in external quality assessment (EQA) proficiency testing for CD4 Trial 41. Similarly, 105 facilities registered for the OASYS PT

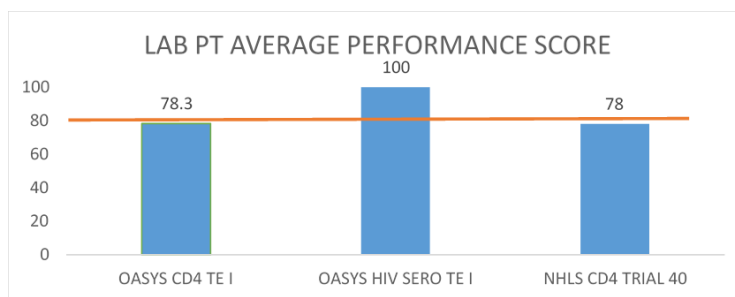


Figure 9: Lab PT average performance score

program (CD4 and HIV serology) under the National EQA received panels and submitted results for the October 2016 Test Event (TE II). The reports of previous trials obtained from the two PT schemes is summarized in Fig 9 above and individual copies of site reports forwarded to their respective laboratories with corrective action process initiated as required

SIDHAS continued to provide support to the 10 sites enrolled into the SLMTA national program. A SLIPTA audit was conducted in DLHMH Calabar and GH Calabar following the expiration of formal WHO AFRO recognition of Cohort 1; both sites were rated as 2 star. In the same vein, NAUTH, in Cohort 3, was rated 4 star following the SLMTA audit. SIDHAS continued to support the remaining sites in SLMTA Cohort 1 (IDH Kano, GH Lagos, UBTH) towards external ASLM/SLIPTA audit, and cohort five (UUTH Uyo, ANSUTH Awka, GH Ajeromi, BMSH Port Harcourt) for the various continuous quality improvement activities.

A key finding from the FY16 gender analysis conducted by SIDHAS was the poor auditory and visual privacy at health facilities which compelled clients to provide wrong information to healthcare workers. As part of plans to address these findings, SIDHAS selected key health facilities in SULGAs where GBV services will be provided with auditory and visual privacy. Healthcare workers in Cross River and Akwa Ibom states were also trained on post GBV care, non-medical care, and provision of psychological first aid. This is expected to foster sustainable gender interventions through post GBV care services using PEPFAR guidelines and minimum package of care for GBV victims.

Post GBV Care unit staff trained on clinical and non-clinical management of GBV and on Psychological first aid

SIDHAS 16 days of activism mannequin challenge link

<https://www.youtube.com/watch?v=jA89h74pCns>

This quarter, SIDHAS commemorated the global 16 days of activism on GBV against women is from November 25 – December 16, 2016. Activities included orientation of project staff on gender concepts, GBV including its terms and definitions, child marriage, and domestic violence, PEPFAR policies on gender and sexual minorities, terms and terminologies, the gender person, and meaningful engagement of gender and sexual minorities. SIDHAS staff also set up and recorded a mannequin challenge to end GBV which was disseminated on social media (see <https://www.youtube.com/watch?v=jA89h74pCns>).

SIDHAS participated in the following meetings, training and conferences during the reporting period:

1. The National Quality Improvement Initiative (NIGQUAL) technical working group meeting which held at Vines Hotel Durumi Abuja from December 29 – 30, 2016. The meeting was convened by Nigerian Alliance for Health System Strengthening (NAHSS) in conjunction with FMOH/SMOH to review HIV service delivery performance in Nigeria in the last four rounds of NIGQUAL, identification of critical under-performing areas, and development of CQI projects to address the identified gaps. The review revealed very poor performance for ART initiation, Lab monitoring, and EID. As a result, SIDHAS is to conduct supportive supervisory visits to all its participating facilities to ensure proper implementation of the CQI project to address poor ART Initiation and EID uptake observed across all facilities nationwide in Round 6 NIGQUAL.

2. A one-day feedback workshop on Paper-based Health Information Systems in Child Care (PHISICC) held at Rockview Hotel Royale, Abuja on December 16, 2016. The meeting was in line with the SIDHAS M&E strategy of facilitating national efforts to enhance data quality, and to obtain up-to-date information that will inform HIV program decisions. PHISICC is a research project whose objective is to evaluate the impact of improved paper-based tools used in recording and reporting health with the aim of improving data quality. Resolutions taken were to conduct randomized control trials by May/June 2017, launch intervention at select facilities, conduct trainings at intervention and control sites, following which, outcomes will be measured after 18 months of implementation.
3. Training by the Youth Power Action focal persons from FHI 360 Headquarters on the use of Positive Connections Manual on Leading Information and Support Groups. This was in preparation for the formation of support groups for adolescents aged 15 – 19 years Living with HIV (ALHIV). The aim was to build capacity of project staff who will facilitate the establishment and monitoring of the ALHIV support groups and ensure the provision of quality adolescent friendly services by facility and CBO staff for improved retention in care. The training which held at the country office from November 16 – 18, 2016 included SIDHAS technical staff from states with SULGAs and the country office.
4. SIDHAS participated in a ToT on Child Protection System Strengthening (CPSS). The training was conducted by UNICEF in Lagos state from December 4 – 10, 2016 for social welfare officers and USAID IPs with presence in Lagos and Cross River States. The objective was to build capacity of staff, state and non-state actors, to implement a comprehensive child protection system that will improve care and support for OVC, prevent and respond to all forms of violence, abuse, neglect and exploitation against children.

As part of USAID mandate, SIDHAS Household Economic Strengthening (HES) interventions was assessed by the USAID funded 4 Children project during the quarter. The assessment was done in line with PEPFAR directives for OVC graduation and use of HES interventions as the main strategy for achieving OVC graduation. Action plans were developed following the assessment to close the identified HES implementation capacity gaps. In addition, the USAID 4 Children project trained OVC caregivers from Adamawa, Borno, Yobe, Bauchi, Kano and Jigawa as focal persons deploying the national youth and parenting manual. The manual was developed in-country by PEPFAR IPs for OVC programming to improve parenting practices and aid with psychosocial support and HIV prevention especially among adolescent girls.

Stewardship

The third key result area of SIDHAS is geared towards promoting government ownership and stewardship of project interventions. Activities by the SIDHAS team are in relation to stakeholder engagement at all levels to disseminate relevant project information, Donor strategic direction, and buy-in of relevant stakeholders.

At the FY16 governance and leadership training of the SMT by SIDHAS, the leadership of the SMT signed a communique with several recommendations. One such recommendation was the need for an appeal to relevant state governments, through the national council of health (NCH), for release of funds to health and HIV services. This quarter, SIDHAS supported eight states (Jigawa, Kano, Anambra, Rivers, Akwa Ibom, Cross River, Yobe, and Bayelsa) to develop memos for presentation to the NCH in the coming quarter. SIDHAS will collaborate with the SMT to facilitate execution of the memos backed by funds allocation to health and the HIV/AIDS response.

During the reporting period, USAID in conjunction with the University Research Company (URC), conducted a workshop for PEPFAR treatment partners and representatives of the GON on Human Resources for Health (HRH). The training aimed to provide participants with easily accessible, user friendly tools to address common service delivery gaps, particularly HRH gaps. The training which held in Lagos state from December 12 – 16, 2016, drew participants from USAID, FHI360, MSH and State Governments. SIDHAS supported participation of 20 persons drawn from the four priority states as well as SIDHAS staff. A next step from the training is the expected follow up on deployment of the tools and subsequent interventions.

In recognition of SIDHAS strong support to GON on M&E, research and surveillance, FHI 360 was singled out by National Agency for Control of HIV/AIDS (NACA) as the sole IP to provide support in developing a draft protocol for the review of national HIV impact data. The protocol development meeting convened by NACA and funded by UNAIDS held from November 14 – 18, 2016 at Bolton White Hotel, Abuja. Participants included representatives from UNAIDS, WHO, CDC (representing PEPFAR), Network of People Living with HIV/AIDS, National Bureau of Statistics (NBS), National Population Commission (NPC), NACA, FMOH Department of Planning Research and Statistics (FMOH/DPRS) and National AIDS and STI Control Program (NASCP). The objective was to review all relevant data sources (surveys, program data, special outreaches) and come out with a reliable estimate of prevalence of HIV at national and subnational levels. This is expected to inform PEPFAR and GF target setting and program implementation. In addition, there was a review of the draft protocol, to make edits and suggest areas for improvement, as well as identify data sources for the study.

To ensure efficient management of GeneXpert machines, SIDHAS met with by Challenge TB and Cepheid to discuss maintenance of and warranty for the machines at SIDHAS supported sites. Following the meeting, Cepheid commenced onsite assessments and verification in order to address the concerns raised by SIDHAS. The machines supported by SIDHAS requiring warranty extension are also being processed accordingly.

During the quarter under review, SIDHAS participated in several meetings organised by the GoN. These meetings were geared towards advancing development of the PMTCT sector in Nigeria to align with current best practices and standards of care. Some of the meetings where SIDHAS contributed include: review of the IMAI/IMPAC training manual, development of the national integrated training manual, and national task team meeting of the PMTCT unit of the HIV/AIDS division of the FMoH. These meetings resulted in, among other things, update of the national IMAI/IMPAC training manual in line with the 'Test and Treat All' policy, adoption of best practices from the 'Test and Treat' policy by the FMoH, and deliberation on country priorities, targets and strategies for 2017.

2nd 90

- SIDHAS aligned its epidemic control strategy to the UNAIDS 90:90:90 treat all approach
- Q1 demonstrated immediate results in the treatment achievements
- Apapa, Obio-akpor, Calabar Municipality and Phalga met the new treatment targets allocated for the quarter

To ensure efficient management of GeneXpert machines, SIDHAS met with by Challenge TB and Cepheid to discuss maintenance of and warranty for the machines at SIDHAS supported sites. Following the meeting, Cepheid commenced onsite assessments and verification in order to address the concerns raised by SIDHAS. The machines supported by SIDHAS requiring warranty extension are also being processed accordingly.

SIDHAS participated in a STOP TB partnership meeting held at the office of the Hon. Minister of Health on October 17, 2016. The objective was to solicit increased government investment in and commitment to the TB program. A proposal was also put forward on the need for a legislation that will restrict indiscriminate importation, sale and use of unapproved and outdated TB drugs and test kits by accelerating import waiver and other regulatory processes for TB drugs and commodities. The Minister promised to work together with the Stop TB partnership Nigeria and other partners to reduce TB related deaths, and improve TB case finding through increased budgetary allocation and disbursements. He also informed of procurement plans by the ministry for additional 100 GeneXpert machines. These are expected to be installed in the 110 PHC facilities which the ministry has earmarked for revamping.

FHI360 participated in the African Network for the Care of Children affected by HIV/AIDS (ANECCA) stakeholders' and dissemination meeting on October 19, 2016 in Abuja. The forum sought to disseminate the document "Catalysing Access to quality services for Children and adolescence living with HIV". The document contains the existing gaps in paediatrics service delivery, policy recommendations, and approaches to quality delivery in seven African countries. The assessment highlighted the need for a coordinated and sustained response for paediatrics AIDS.

With the December 1, 2016 launch of the new integrated guidelines for treatment, prevention and care for PLHIV, SIDHAS supported the development of training materials for GoN during the quarter. The 3-day meeting which held in Enugu on from December 20 to 22, 2016 led to the finalization of participants' training manual, facilitators' guide, training slides, and training curriculum for in-country capacity building of GoN staff and healthcare workers in the private sector in line with the new guidelines.

SIDHAS participated in the e-TB Manager National Officers' training which commenced in Kaduna, but later relocated to Abuja for security reasons. The objective of the training was to provide update on the revised e-TB manager module, and the expansion plan to cover drug susceptible TB. The quarterly zonal TB review meetings were held in the six geopolitical zones of the country. SIDHAS was represented in all the meetings from the country and state offices to provide inputs and share lessons learnt in project implementation during the review period.

During the period under review, a workshop to train master trainers on these revised national health sector M&E tools was organized by NASCP at Villa Park Hotel Festac, Lagos from November 21 – 26, 2016. In attendance were key M&E officers from the national, selected states from each geopolitical zone, and representatives from various IPs as well as DOD and USAID. The workshop served to pilot the training slides and modules that would be used for further trainings in the various zones. The detailed training agenda was also developed and all the newly revised HTS, PMTCT and ART program tools were presented. Corrections to tools identified were documented for further review and follow up action.

SIDHAS also provided technical support to the FMOH and NASCP as facilitators at regional trainings on the newly revised national M&E tools. This training served to enable IPs and GoN representatives at the state level have a common and improved knowledge of the various data capturing and reporting tools. The trainings held concurrently from December 7 – 12, 2016 at Zecool Hotel Barnawa, Kaduna State and Villa Park Hotel, Festac Town Lagos.

During the reporting period, SIDHAS continued to provide technical assistance to the Federal Ministry of Women Affairs and Social Development (FMWASD) in the review of all OVC tools to meet the current OVC program reporting requirements. This was done through participation at two national OVC M&E technical working group meetings held from November 8 – 12, 2016 at Best Western Hotel (Star fire), Ikeja, Lagos and December 13 – 18, 2016 at DOVER Hotel, Ikeja, Lagos. The OVC tools were reviewed and finalized; the finalized tools are to be piloted by IPs and then presented for Minister's approval.

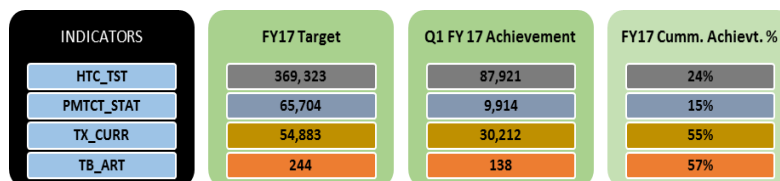
State Level Progress

This section of the report is presented in three categories—priority states, sustained response states, and north east states where project implementation is challenged by insecurity.

Priority States

Akwa Ibom

Scale-Up LGAs—Ikot Ekpene, Uruan, Okobo, Oron, Uyo



Activities aimed at ensuring a successful conduct of the Akwa Ibom AIDS Indicator Survey (AKAIS) continued this quarter following successful engagements with state level stakeholders. SIDHAS coordinated a facilitators' and field team training from December 8 – 15, 2016, while the pilot study and review of findings held from December 16 – 21, 2016, at Datty and Eejmm hotels respectively in Uyo, Akwa Ibom state. The facilitators' training aimed to bring facilitators abreast of the survey procedures and equip them with requisite skills for supervision of the survey research personnel. The pilot study served to pre-test the various survey instruments, procedures and other essential components of the survey with a view to using the outcome to improve the conduct of the main survey. All findings and lessons learned would be incorporated prior to the main survey. The pilot study took place in 226 enumeration areas across Itu, Uyo and Ibesikpo LGAs of the state, with active participation from the stakeholders. The state government demonstrated ownership of the HIV response through the provision of drugs, condoms, and facilitation of free use of community halls for epidemic control team community outreaches. Furthermore, USAID contributions and collaboration were acknowledged by the state in the AKSACA annual bulletin publication which showcased some FY16 achievements of SIDHAS.

In addition to the AKAIS pilot survey, SIDHAS conducted a media materials and messages development workshop during the quarter. The workshop also aimed to train local government mobilization teams on effective interpersonal communication to aid awareness creation, and community engagement and mobilization. Materials developed included scripts for radio spots, and draft AKAIS community dialogue and community sensitization guides. The training had 124 participants drawn from 31 LGAs in Akwa Ibom state.

This quarter, SIDHAS team worked to increase access to high quality comprehensive HIV/AIDS and TB prevention, treatment and care services through extensive advocacy to community stakeholders and gate keepers. These engagements were effective in strengthening collaborations with CBOs, TBAs as well as religious leaders, and in improving uptake of services, particularly in high yield locations. Efforts were also intensified in optimizing facility provider initiated testing and counselling (PITC) while focusing on epidemic control strategies across communities in the five scale-up LGAs. To this end, 26 additional PMTCT facilities were activated and scaled up to comprehensive treatment sites. This increased the number of sites providing quality comprehensive HIV/AIDS and TB services in the state to 80. Post activation mentorship

was provided to ensure requisite capacity of facility staff to provide comprehensive HIV/AIDS treatment services towards the retention of 90% of PLHIV on treatment.

To complement facility optimization efforts, three community pharmacies were assessed and activated to commence the community pharmacy ARV refill pilot (CPARP). The pilot aims to devolve stable clients to community pharmacies for ARV drug refill in two of the five priority LGAs, Oron and Ikot Ekpene. The team also commenced activities under the intensified pediatric case finding approach for increased HIV case detection and linkage to treatment for pediatric clients. These activities included training of facility health care workers and distribution of applicable tools to the five supported comprehensive health facilities in the state.



Joint SIDHAS/GoN supportive supervisory visits and capacity building sessions at supported facilities

SIDHAS also supported two quality improvement activities this quarter through effective collaboration with pharmacy stakeholders in the state. These were the Hospital Management Board (HMB) funded facility pharmacists' performance review and feedback meeting, as well as the community pharmacists review meeting. The meeting had in attendance 30 (M:22; F:8) pharmacy staff including pharmacy technicians, where pharmaceutical care data generated across supported facilities were reviewed. These meetings have continued to serve as a platform to address service quality gaps and improve service delivery.

SIDHAS conducted activities such as talk show and road rally to mark the 16 Days of Activism against GBV Campaign. The aim was to improve gender mainstreaming in the HIV response, and seek an end to GBV. In the same vein, key staff from all SIDHAS supported comprehensive sites in the five scale up LGAs, members of relevant agencies including the Nigerian Police Force (NPF), National Agency for the Prohibition of Trafficking in Persons (NAPTIP) and the state SIDHAS team, participated in a training on effective management of post GBV care. A key outcome of the training was the constitution of the Akwa Ibom State action committee on GBV led by the Ministry of Women Affairs and Social Development (MOWSD). The committee is tasked with engaging other relevant stakeholders, identifying GBV issues within the state HIV/AIDS response, and proposing resolutions to these issues through communiqués to the office of the State Governor and First Lady of the state.

**Akwa Ibom State
GBV response
committee
constituted**

SIDHAS constituted and inaugurated a GBV response committee in Akwa Ibom state this quarter in collaboration with other stakeholders in the state. Membership comprises Policemen, Civil Defense Corps, Medical Women Association of Nigeria (Akwa Ibom Chapter), NAPTIP and Federation of Women Lawyers (FIDA). The committee is tasked with the responsibility of coordinating appropriate response to incidences of GBV in the state. The committee is also responsible for ensuring confidentiality of and access to medical care by GBV victims, justice for

the victims, and advocacy the state government for the provision of social safety nets for vulnerable groups especially women and girls.

During the period under review, SIDHAS provided technical assistance to LITs/LACA in Oron, Uruan, Uyo and Ikot Ekpene on providing effective leadership for coordination of the LGA HIV response. Owing to the understanding of LACA role in the HIV response, the LACA coordinators have committed to following up with and effectively engage SACA during SACA/LACA forums. Similarly, following continued support to the respective LACA across the five scale up LGAs, the leadership demonstrated commitment by facilitating conduct of such coordination meetings as LACA-TBA forum, LACA M&E data validation meeting, LIT/LACA team meeting, quarterly LACA LGA advisory council meetings, and LACA heads of facility meetings.

Sustained Response LGAs

The state team conducted series of advocacy visits to critical stakeholders to solicit sustained support on effective program implementation. Some of the stakeholders visited included the state ministry of health, other line ministries, Akwa Ibom State Agency for the Control of AIDS (AKSACA), Association of Community Pharmacists of Nigeria (ACPN), management of University of Uyo Teaching Hospital (UUTH), and Akwa Ibom Network of People living with HIV (AKNET). These engagements provided a forum to dialogue on project implementation strategies and barriers, and chart a way forward on key SIDHAS activities including finalization and operationalization of the sustainability roadmap document and the Akwa Ibom State AIDS Indicator Survey (AKAIS). The stakeholders were also sensitized on current SIDHAS implementation priorities such as test and start, VL optimization, and 90:90:90 epidemic control goals.

The SIDHAS team also facilitated a capacity building sessions for leadership of the local government implementation team/local action committee on AIDS (LIT/LACA) for effective coordination of the LGA HIV response. A total of 34 persons (21F; 13M) including LACA team members and CBO staff benefited from the sessions. Key topics discussed included: community resource identification and mapping from the public and private sectors and effective resource utilization. The team also provided support to the department of planning, research and statistics (DPRS) to map out modalities for the adoption and implementation of the national task shifting/sharing policy in the state.

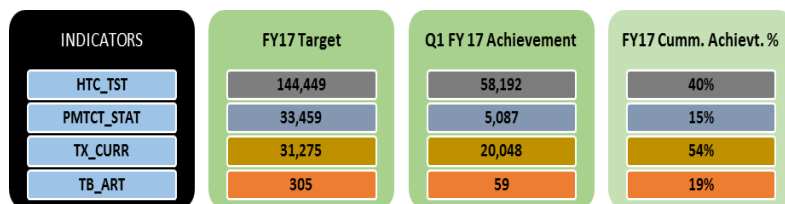
Challenges

- Inability of government owned facilities to access funds from government for fueling of facility generators, equipment maintenance, waste management, and other program activities affected quality of program implementation. SIDHAS continues to advocate to the state government for release of funds to support activity implementation at the facilities.

Cross River

Scale-Up LGAs—Calabar South and Calabar Municipal

Cross River SIDHAS team, sustained early diagnosis of HIV exposed infants to enable health



care providers offer optimal care and treatment as a gate way to reaching the first 90 of the epidemic control goal. A significant milestone was achieved during the quarter with the commencement of EID assay for HEIs at the Polymerase Chain Reaction (PCR) laboratory in the University of Calabar Teaching Hospital (UCTH). The activation of the PCR lab and the stoppage of EID sample referral to Uyo, Akwa Ibom State for analysis, has reduced the turnaround time for EID results collection from 90 days to 48 hours. The reduction in turnaround time for EID has facilitated vital decisions on HIV care and services predicated on EID results, which is expected to improve the overall health outcome of HEIs. A total of 360 EID samples were analyzed out of which 8 positives were identified, tracked and linked to treatment during the quarter.

EID turnaround time reduced from 90 days to 48 hours

As part of the efforts to reach the goal of the first 90 of the 90:90:90 epidemic control strategy, through targeted HIV testing, the state office rolled out the Sexual Network Testing (SNT) this quarter. Tracing sexual partners who may not know their HIV status through the HIV positive index clients, a total of 66 persons (22M: 44F) were tested. Of this number, six (3M; 3F) tested positive. The HIV positive clients were subsequently rolled into care.

The paediatric intensive case finding initiative (PICF) also commenced this quarter. The PICF is geared towards ensuring better health outcomes for infants infected with HIV through adequate screening, testing, treatment, referrals and linkages. In order to have a result-oriented PICF intervention, SIDHAS organized a 5-day training for health care workers on PICF. A total of 56 participants (F:56) from the scale up LGAs benefited from the training which aimed at improving the participants' knowledge and skills for screening, testing, treatment, referrals and linkage of paediatric cases. Following on the training, a one-week activation of services was conducted in various service delivery points in GH Calabar and PHC Ekpo Abasi. In addition, to forestall challenges to the intervention in the two facilities, the identified human resource gaps were promptly filled with community ECT participants. These efforts are expected to result in improved detection and management of HIV infected pediatric cases, with overall improved health outcome of HIV exposed infants.

SIDHAS engaged four community pharmacies (CPs) on the CPARP this quarter. This was done as part of efforts to improve ART medication adherence, client retention, reduce client load at supported health facilities, and bring treatment closer to the communities. This resulted in devolvement of 115 clients (M: 42; F: 73) in Calabar South and Calabar Municipality from General Hospital Calabar and Doctor Lawrence Henshaw Memorial Hospital (DLHMH) to the CPs. Eighty-

eight of the devolved clients (50: DLHMH; 38: GHC) accessed their ARV refills at these CPs during the period under review.

The state team sustained optimization of VL services with the conduct of folder audits and collection of blood samples from eligible clients for VL analysis. A total of 2,030 VL samples were collected and transferred to DLHMH and UCTH, out of which 1,099 were analyzed while 931 samples were eventually stored due to a nationwide shortage of reagents which occurred within the quarter. This analysis is expected to improve the quality of care, and increase client retention and treatment adherence with the aim of achieving viral suppression for all clients in care in line with the 3rd 90 treatment target.

TB/HIV integration continued with the clinical screening of 13,711 HIV positive clients for TB using the chronic care checklists at GH Calabar and UCTH. Fifty-one suspects were referred to the TB-DOTS clinic for documentation into the TB suspect registers and referral to the laboratory for sputum AFB and GeneXpert. Eight (3F; 5M) co-infected clients were identified from GH Calabar and placed on TB care and treatment during the quarter.



Commissioner of Health and SIDHAS SPM during AYFC handover at GH Calabar

SIDHAS supported the equipping of an Adolescents Youth Friendly Center (AYFC) at GH Calabar as part of efforts to promote youth friendly health and psychosocial support services for adolescents and youth living with HIV. Items and equipment provided included a 32" television set, one power generating set, 20 plastic chairs, and four plastic tables. Others were one air conditioner, one wooden shelf, and one table tennis table with bats and six balls. The State Commissioner of Health and other dignitaries including the SACA Director General and SIDHAS State Program Manager witnessed the handover ceremony of the AYFC to the state government through the hospital's Medical Superintendent on December 2, 2016.



GH Calabar Adolescents Youth Friendly Center (AYFC)

Stakeholder engagement continued during the quarter with focus on ensuring that 90% of all PLHIV in the two priority LGAs know their status. To this end, the SIDHAS team engaged with 10 community leaders and mapped out 26 strategic locations for community outreaches to enhance HTS uptake towards the successful implementation of epidemic control in the state. Consequently, stakeholders supported the initiative with health commodities for community activities. The commodities included 20 bales of

Long Lasting Insecticide-treated Nets (LLIN), 1,000 packs of malaria test kits, 3,000 deworming drugs, 1,500 doses of anti-malaria drugs, and other non-ARVs drugs.

During the quarter, SIDHAS provided technical assistance to the Director General SACA on implementing the task shifting policy, as well as setting performance indicators for the state HIV/AIDS response. This is awaiting final approval by the Honorable Commissioner of Health. It is expected that once approved, the document will be issued by the Commissioner as a memo to which monthly and quarterly progress reports will be provided SASCPC and SACA to the Commissioner. SIDHAS also built capacity of members of the LGA implementation teams on effective leadership for the HIV/AIDS response, which includes supportive supervision and conduct of relevant coordination meetings.

Sustained Response LGAs

SIDHAS collaborated with the state ministry of health, SACA, and other IPs in the state this quarter to mark the 2016 World AIDS Day (WAD) with the theme “Hands up for HIV Prevention”. The SIDHAS team worked in Calabar South and Municipal LGAs with relevant stakeholders to conduct HTS on December 1, 2016 as part of activities to commemorate the WAD. During the flag off ceremony, the State Governor, through the Commissioner of Health, restated the government’s commitment to HIV epidemic control in the state and promised to sustain the robust partnership established with IPs in the state.



His Excellency, Prof. Ben Ayade and his wife during the flag off of 2016 WAD

A refresher training on VL sample collection, separation, documentation, storage and packaging was conducted for 15 lab staff (M:6; F:9) of GH Ogoja, Catholic maternity hospital Moniaya and HFCH Ikom from December 14 – 16, 2016. The training was borne out of the need to scale up VL access in the sustained response LGAs.

Challenges

- Irregular supply of isoniazid drugs to health facilities in the state. To bridge the gap, redistribution among facilities was done in the quarter while the state office reached out to Chemonics for supplies.
- Shortage of VL reagents was experienced; reagents had to be sourced from other states.

Lagos

Scale-Up LGAs—Apapa, Ajeromi-Ifelodun, Agege, Surulere

In line with efforts towards attaining the third 90, SIDHAS

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achiev. %
HTC_TST	436,779	119,922	27%
PMTCT_STAT	159,553	13,542	8%
TX_CURR	43,966	21,756	49%
TB_ART	482	130	27%

actively collaborated with the three PCR laboratories at Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), and Lagos State University Teaching Hospital (LASUTH) to ensure short turnaround for VL results. A total of 1,722 VL results were received during the reporting quarter. This achievement was complemented with the installation of a GeneXpert MTB/RIF machine at GH Gbagada by NACA as part of Global Fund support. SIDHAS on its part, provided capacity building support for the laboratory staff at the GH Gbagada to facilitate the operation and maintenance of the equipment. The aim was to prevent equipment downtime and ultimately improve TB case-detection among PLHIV in the state. In a similar vein, efforts towards Option B+ among HIV positive pregnant women continued across supported facilities this quarter. The SIDHAS team sustained efforts in increasing access to clients and initiation of identified positives on ART. This quarter, 85 new pregnant women were initiated on ART.

To improve the quality and timeliness of Logistics Management Information System (LMIS) reports from PCR laboratories, four NIMR staff participated in a 6-day training on PCR laboratory LMIS and mentoring supervisory visit. A successful test run of the Basic Laboratory Information System (BLIS) software was also conducted at Lagos GH. This is expected to ease access to clients' laboratory results for various healthcare providers at the facility thus facilitating prompt client management.

During the period under review, a five-day TOT on HTS was conducted for 29 (M:12, F:17) service providers drawn from various units in the SMOH and SIDHAS epidemic control teams. The training aimed at addressing knowledge gaps identified in some members of the epidemic control team based on lessons learnt in FY16 implementation, and the need to update the skills and knowledge base of the entire team. A key output from the training was the development of action plans to cascade the training to all LGA epidemic control teams.



Lisa Baldwin and Team with the lab HOD of Mainland Hospital Yaba

SIDHAS made progress with SNT activities during the quarter with acceptance of people with multiple sex partners to partner notification. Of the 369 people who agreed to partner notification, 403 partners were subsequently notified. Out of this number, 149 notified partners were tested while 37 of them tested positive to HIV. So far 32 of the positive partners have been placed on treatment.

This quarter, SIDHAS began engagement with the management of NIMR following a USAID directive to take over support for ART and PCR laboratory services. The SIDHAS and NIMR teams held series of engagement meetings to agree on and finalize strategies and plans for the partnership. Discussions and processes to formalise the engagement are expected to be finalized within the next quarter. Similarly, the Bio-safety level 3 laboratory (BSL3) at NIMR, which the USAID funded SIDHAS project has consistently and successfully supported for six years, was successfully handed over to the Institute of Human Virology (IHVN).

During the quarter, the USAID Health Team Leader (Africa Bureau), Lisa Baldwin and her team, visited the Mainland Hospital and State Ministry of Health. The visit was helpful in solidifying the existing relationship between the SIDHAS team and state government, as well as enhancing understanding of PEPFAR priorities in Lagos state.

Advocacy efforts to leadership of supported LACAs on effective coordination of the HIV/AIDS response yielded results this quarter. The Agege LGA successfully reactivated and conducted its HIV/AIDS coordination meeting, while the Apapa LGA funded three consecutive coordination meetings during the quarter.

Sustained Response LGAs

SIDHAS supported the SMOH and Lagos State AIDS Control Agency (LSACA) in planning and celebration of the 2016 World AIDS Day (WAD). The WAD which held on December 1, 2016, was marked with series of campaigns and advocacy events. As part of stakeholder commitments, the wife of the State Governor, Mrs. Bolanle Ambode, promised to use her office to collaborate with LSACA on HIV/AIDS intervention programs targeting adolescents to reduce stigma and discrimination. This commitment was made because, according to Mrs. Ambode, adolescents constitute a strategic age bracket in the state. Other high level government official and stakeholders at the event included representatives of IPs, UN agencies, and other civil society organizations.

Challenges

- Irregular power supply at some supported facilities like Sango PHC, GH Badagry, GH Orile-Agege, and Mainland Hospital Yaba, has been a limiting factor towards optimum CD4 testing and use of GeneXpert machines for sputum tests. The SIDHAS team continues to advocate to the relevant hospital managements and other key stakeholders for a resolution.

Rivers

Scale-up LGAs—Eleme, Obio/Akpor, Port Harcourt

SIDHAS activities for the quarter focused on strategies to

achieve epidemic control across the three scale-up LGAs in the state. As part of efforts to achieving the 1st 90, emphasis was placed on facility optimization of PITC services across scaled up supported facilities, in addition to on-going HIV testing services in focus communities. The state intensified efforts on sexual network testing (SNT), which has proven to be an ideal strategy for identifying HIV positives, yielding a positivity rate of over 50%. Scale-up LGA facilities continued to provide test and treat ART services to newly identified HIV positive clients including option B+ for HIV positive pregnant women.

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	77,752	48,866	63%
PMTCT_STAT	88,026	6,932	8%
TX_CURR	27,748	20,838	75%
TB_ART	172	130	76%



Chronic Care tools supplied to Community Pharmacists for community ART refill

Adherence counselling services were strengthened with increased client tracking to promote retention in care. Viral load (VL) drives carried out in high volume sites last quarter were extended to all supported comprehensive and PMTCT stand-alone sites this quarter. Furthermore, to increase access to quality VL services, SIDHAS supplied two Haier Thermocool refrigerators to the Braithwaite Memorial State Hospital (BMSH) PCR unit to support reagent and sample storage at optimal temperature for effectiveness and sample viability. SIDHAS also supplied IT equipment to BMSH comprising Dell PowerEdge servers, 24U enclosed server cabinet, 16 port gigabit rackmount switch, LCD console, Ethernet wireless router and server software for the installation of the Lafiya Management Information System (LAMIS) to improve data collation, and support effective storage and retrieval of data for decision making.

As part of SIDHAS differentiated care strategy, stable clients were continually devolved from high volume sites to community pharmacies. These community pharmacists who are engaged on the community pharmacy ART refill program (CPARP) were also supported this quarter with blood pressure monitors, weight and height scales, filing cabinets, and documentation tools to aid provision of quality HIV/AIDS treatment, care and support services.

In the quarter under review, a training on pediatric intensified case finding (PICF) pilot was conducted for the SIDHAS state team. The training aimed at improving competency of project staff in pediatric HIV case detection and linkage to treatment. As part of efforts to strengthen TB/HIV collaboration, an orientation on contact tracing was provided for 75 (M:18, F:57) participants comprising DOTS focal persons in supported facilities, staff of the State TB and Leprosy Control Programme (STBLCP), and Primary Health Care Management Board (PHCMB). The team worked with Riders for Health to ensure timely sputum sample collection for presumptive TB cases; this resulted in the screening of 330 new ART clients for TB, identification of 124 presumptive cases, and linkage of all identified clients for GeneXpert testing. A total of 32 out of the total number of clients screened were placed on isoniazid preventive therapy (IPT).

SIDHAS also conducted a micro enterprise fundamentals training for 208 (M:47; F:161) caregivers this quarter. It was part of efforts to provide household economic strengthening opportunities and reduce social and economic vulnerability of OVC in their care. Of the number trained, 90 caregivers are to benefit from start-up materials for their chosen trade next quarter.

Sites improvement through monitoring system (SIMS) revisit assessments were conducted by SIDHAS/GoN officers to 7 supported sites as part of continuous quality improvement activities. These assessments were conducted 4 to 6 months after USAID SIMS initial visits to assess progress on the implementation of remediation plans developed for the facilities. Additionally, draft sustainability roadmaps were finalized and signed by University of Port Harcourt Teaching Hospital (UPTH) and the Rivers State Government towards the institution of a sustainable HIV program with support from the SIDHAS team.

Rivers State Agency for the Control of AIDS (RIVSACA) organized the International Public Sector Accounting Standards (IPSAS) training for Domestic Resource Mobilization (DRM) technical working group (TWG) members in the state. The IPSAS training aimed at capacitating the state

DRM TWG to source for public and private partnership funds for implementation of state driven HIV response programs in line with the SIDHAS sustainability goal. One of the key successes recorded by the DRM TWG during the quarter included securing an agreement with two media outfits, WAZOBIA FM and Nigeria Info FM Radio Stations, to air free HIV, health awareness, and education programs through jingles monthly and quarterly.

This quarter, SIDHAS supported the three scale up LGAs to conduct monthly HIV/AIDS integrated LGA Technical Coordination meetings. The state team also supported conduct of a national task shifting policy adaptation and HIV/AIDS accountability framework review session for 46 state level stakeholders. An output from the meeting was the development of a draft HIV/AIDS Accountability Framework for the state.

Sustained Response LGAs

Dr. Han Kang, USAID Director, Office of HIV/AIDS/TB visited the state with his team this quarter. The visit, which took place from November 2 – 4, 2016, was part of ongoing efforts to improve program ownership by Nigerian stakeholders and project sustainability. The team held engagement meetings with key stakeholders to discuss USAID’s proposed MOU with the state government. The MOU outlines terms of implementation of USAID projects in the state and the role of public and private sector partners. A stakeholders’ meeting is to be convened next quarter where USAID is expected to present the MOU to a wider forum for inputs before sign off. Other stakeholders at these meetings included the Community Health Regional Manager, Shell Petroleum Development Company (SPDC); Director, Education, Health and Social Services, Niger Delta Development Commission (NDDC); Secretary to the State Government; Speaker of the House of Assembly; Commissioners for Health and Budget, State Ministry of Health; State Ministry of Budget and Economic Planning; and Chairman of Port Harcourt Local Government Council.



USAID team visit to Rivers State on MoU engagement

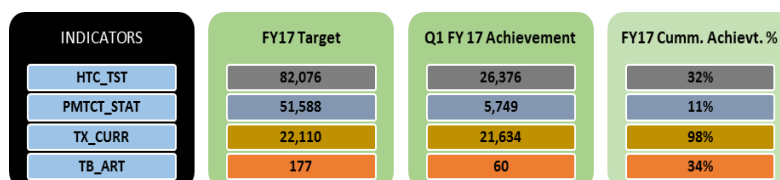
Challenges

- Stock out of VL reagents
- Insecurity in locations of some supported sites

Sustained Response States

Anambra

During the quarter, SIDHAS carried out a number of capacity building initiatives for facility health workers as part of efforts to



improve quality of HIV/AIDS services across supported health facilities and CBOs in the state. This was achieved through mentoring and supervisory visits, as well as community level activities which focussed on ensuring access to ARVs by all positive pregnant women attending ANC. In addition, all live births recorded by positive pregnant women received ARV prophylaxis; appropriate measures were also instituted for follow up and tracking of mother-baby pairs for DBS sample collection.

Care and support activities continued during the quarter through activities of SIDHAS supported CBOs in the state. A total of 4,590 (M: 2,282; F: 2,308) OVC across 17 communities received various packages of services including nutritional support, referrals for health care services, and psychosocial support through kiddies' club activities. Other activities included sensitization of 346 (M:40; F:306) caregivers on gender inequality and its impact on HIV positive individuals, as well as nutrition and personal hygiene and other health related services. Caregivers (574 (M:54; F:520)) were also trained on micro enterprise fundamentals to enable them identify and manage micro businesses within their communities.

The CBOs were also supported to facilitate 22 support group meetings during which 763 (M:249; F:514) support group members were screened using the chronic care checklist, and provided with essential health and psychosocial support services. Community volunteers carried out household visits during which 1,483 households were reached with referrals for health services, treatment of minor illnesses, provision of Positive Health Prevention and Dignity (PHPD) services and nutritional counseling. Defaulters were also tracked to enhance drug adherence, retention in care, and to improve quality of life of HIV positive clients. A total of 569 defaulters were tracked during home visits, and 177 were confirmed to have returned to care.

Mentoring and monitoring of healthcare workers contributed to improved service quality across program areas in supported facilities. This was evident through the scores obtained from seven facilities which were rescored as part of the USAID SIMS tool assessment. Facilities that had scored red and yellow in previous assessments scored green (pass mark) when a rescoring assessment was conducted during the reporting quarter. Similarly, quality improvement activities conducted for supported laboratories in the state contributed to the outcome recorded in the 2nd follow up audit on Lab accreditation carried out by certified Strengthening Laboratory Management towards Accreditation (SLMTA) auditor at the ART/PCR Lab of Nnamdi Azikiwe University Teaching Hospital (NAUTH) for WHO/AFRO recognition. A 4-Star rating was awarded to NAUTH from the assessment that took place on October 31, 2016 - November 1, 2016 which was an improvement from the March 7 – 9, 2016 assessment where the facility got a 2-star rating.

SIDHAS carried out activities to improve quality of testing across supported facilities in the state. To this end, 12 facilities were involved in the national external quality assurance proficiency testing program using the One World Accuracy System (OASYS). As part of efforts to aid mycobacterial detection and improve detection of MTB among HIV positive clients, GeneXpert machines were installed in three additional supported facilities—St. Charles Borromeo Hospital, Onitsha, St. Joseph's Hospital, Adazi-Nnukwu, and Our Lady of Lourdes Hospital, Ihiala. This has

increased the number of supported facilities in the state with GeneXpert machines from two to five machines.

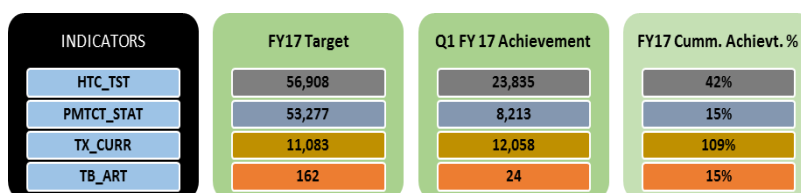
Pharmaceutical services were also provided across supported facilities with focus on quality improvement and documentation through onsite mentoring and supportive supervision of pharmaceutical officers. A total of 85 facility staff (40 Pharmacists, 12 intern Pharmacists, 7 Pharmacy Technicians, and 26 Pharmacy support staff) were trained on pharmaceutical care service provision and documentation, adverse drug reactions (ADR), medication error and adherence issue documentation. The training also covered pharmacy best practices and logistics management information system (LMIS) documentation including drug control and inventory management. During the quarter, 61 ADR cases were generated and reported using NAFDAC pharmacovigilance forms for follow up to avoid complications and adherence issues.

The management of NAUTH commenced integration of M&E and medical records units to ensure strengthened and sustainable strategic HIV information management. This followed a high level advocacy meeting of SIDHAS team and the facility management on October 25, 2016. The integration of M&E and medical records units was identified as a key strategy in addressing documentation gaps, particularly delayed backlog data entry into the LAMIS, and gaps in service provision across various thematic areas that emerged from the previous USG data validation visit to the facility. The Trauma Centre Oba approved use of part of its ANC hall as an office extension for the medical records unit. The space constraint for the M&E unit had been identified as limiting effectiveness of the facility M&E system. With this approval, a more secure and conducive environment will be created for adequate documentation and management of client records in the facility.

As part of measures to improve accountability and evidence based programming across facilities, SIDHAS built the capacity of M&E officers in supported facilities across the state. An immediate output of the training showed that more than 70% of the facilities currently update their RUNS charts independently to ascertain their level of performance in service areas. Consistent use of the RUNS charts is expected to ensure continuous quality improvement and sustainability of the project.

Bauchi

During the quarter, Bauchi SIDHAS continued with the provision of routine quality HIV services in supported facilities. Counselling and testing services were provided as a routine service to new ANC attendee and identified HIV positive pregnant women were placed on ARV prophylaxis. NVP prophylaxis was provided to HEIs detected, the team also supported the routine transportation of DBS samples to the PCR lab for EID test. The goal is to strengthen the PMTCT cascade for improved service delivery to all eligible clients in SIDHAS supported facilities.



SIDHAS conducted an orientation for Pharmacists, Doctors, Lab scientists, Nurses and Community Pharmacists (M:12; F:11) on Option B+, VL, and the need for a functional drug and therapeutic committee for addressing quality of care including poor viral suppression. Onsite hands-on mentoring was provided to the newly posted pharmacist at GH Toro on pharmacy best practices, pharmaceutical care, pharmacovigilance and monitoring patient retention using appointment diary during the quarter. In addition, Pharmacists in five ART sites monitored and documented ADR, and also supported in the management of ADRs with provision of drug information and medication adherence counselling. Twelve incidents of suspected ADR events were documented in pharmaceutical care register and on NAFDAC yellow form with 41% reporting dizziness, 25%, visual disturbance, 8%, headache and 8% reporting nightmare.

SIDHAS teams together with GON staff carried out targeted mentoring visits to supported facilities. Facility staff were mentored on proper utilization of PMTCT care cards, pharmacy tools, and child follow up registers. These efforts resulted in accurate documentation and facilitated the provision of NVP prophylaxis to 100% of HEIs detected during the quarter. DBS turnaround time also reduced from 3 weeks in the preceding quarter to 2 weeks in the reporting quarter, while all positive infants detected were tracked and commenced on treatment. Clinical folder audits of ART clients were carried out in supported high volume sites with a total of 1,978 folders audited out of which 580 (29.3%) clients without an up-to-date CD4 were identified for CD4 analysis and follow up. Thirty (1.5%) of the cases suspected to have treatment failure were followed up for CD4 analysis and appropriate action such as switching to 2nd line medication.

The two supported CBOs, FacE-PaM and WEIN, provided various forms of support and services to OVC during the reporting quarter. A total of 3,103 OVC (M: 2,100; F: 1,003) benefitted from various service packages. Activities geared towards graduating eligible households and older OVC from the program were also sustained by the CBOs. Gender mainstreaming continued during the quarter with the inauguration of facility-based GBV task teams in four high volume supported sites in the state. The teams were oriented on GBV, referral pathway, documentation, and reporting so as to build their capacity to adequately address gender based issues.

SIDHAS conducted a refresher training for 23 (M:11; F:12F) clinicians made up of Pharmacy, PMTCT, M&E, Laboratory focal persons from four high volume sites (Abubakar Tafawa Balewa University Teaching Hospital, (ATBUTH), Urban Maternity Center (UMC), Infectious Diseases Hospital (IDH) Bayara, and State Specialist Hospital (SSH). This was done to close knowledge gaps identified in program implementation during FY16. Focus was on VL testing, option B+, new national treatment guidelines, revised M&E tools, and HTS. The training also prepared the service providers towards rollout of VL and PMTCT plus. In the same vein, 13 laboratory staff (11M, 2F) from 11 comprehensive ART sites had a two-day hands-on training on sample logging for VL, TB analysis using GeneXpert and good laboratory practice.

In response to advocacy by the SIDHAS team on enrolment of other state laboratories into the QA/QI process, the state government commenced a revolving fund scheme for laboratory reagents in three additional ART sites this quarter bringing the total number to five. In pursuance of better quality of care and accreditation, CD4 samples from ATBUTH and IDH Bayara were

dispatched to NHLS for Proficiency Testing during the reporting quarter. CQI/SIMS activities continued with the orientation of state government officials and SIDHAS staff on the process; this was followed by assessment and development of capacity building plans for 22 out of 30 SIDHAS supported health facilities in the state.

As part of sustained advocacy and strategic engagement with major actors in the health related MDAs, the state sustainability roadmap was endorsed by the Honourable Commissioner of Health this quarter. Similarly, the Drug and Medical Consumables Management Agency (DMMA) committed to ensuring availability of chemistry and haematology reagents and consumables in all the supported comprehensive facilities. In the same vein, the Executive Secretary of the Health Management Board instituted mechanisms to hold healthcare workers accountable to their performance through unannounced administrative visits to the facilities and following up reported cases of tardiness and misuse of resources. These initiatives have greatly enhanced ownership and sustainability of the SIDHAS project in the state.

During the WAD celebrations held on December 1, 2016, the wife of the State Governor, Hajiya Hadiza Muhammad Abdullahi Abubakar, led the implementation of week-long activities to commemorate the event. A total of 296 were CTRR in six communities out of which two positive clients were detected and enrolled into care. The WAD provided an opportunity for the SIDHAS project and other stakeholders in the HIV response to mobilize disadvantaged communities to access HIV services. The state team also took advantage of the WAD event to further consolidate its relationship with the 33 Artillery Brigade Medical Centre Shadawanka (33ABMC). This included a joint planning and implementation of WAD activities in the Barracks and its environs from December 6 – 7, 2016 where HTS was also provided. These efforts were commended by the Executive Secretary of BACATMA.

Challenges

- Insufficient health manpower in government supported facilities especially pharmacist and record officers resulted in poor provision of services and documentation of service data

Bayelsa

The state team focused on improving quality of services provided at supported facilities and promoting sustainability of interventions by closing performance gaps identified in the previous FY. In line with this goal, the state team carried out supportive supervision and mentoring visits to all supported facilities. Some areas covered during the visits included contact tracing, use of IPT, pre-exposure prophylaxis (PrEP), integration of reproductive health and HIV (RH/HIV), TB/HIV, and other related services. Service quality and achievements of supported facilities were reviewed during quality monitoring and accountability program (QMAP) mentoring visits using the site improvement monitoring system (SIMS) checklist. Actions points were developed to address performance gaps identified during the SIMS visits and recommendations made for improvement.

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	16,816	3,363	20%
PMTCT_STAT	2,365	838	35%
TX_CURR	2,957	3,479	118%
TB_ART	35	20	57%

The state team facilitated transfer of 600 ART clients' blood samples from supported health facilities to the PCR laboratory at Braithwaite Memorial Specialist Hospital (BMSH), Port Harcourt, Rivers State for VL analysis. A total of 152 VL results were received and dispatched to the respective facilities during the quarter.

SIDHAS-supported CBOs conducted economic empowerment training for 133 (M:8; F:125) caregivers and older OVC during the quarter. The objective was to provide economic empowerment to caregivers and older OVC for improved wellbeing of households and children. The training which was conducted in Sagbama and Agbia communities had participants benefitting from vocational skills in the area of soap making, confectionaries, and livestock farming, among others.

The state team, in collaboration with the State Director of Pharmaceutical Services, SMOH, conducted a joint supervisory visit to Cottage hospital (CH) Otuasega on November 16, 2016. The team supplied pharmaceutical care case note booklets and mentored the pharmacy staff on proper documentation using the booklets. The aim was to improve pharmaceutical care services through detection and intervention in drug therapy. Technical assistance was also provided to the laboratory units of Federal Medical Centre Yenagoa and Niger Delta University Teaching Hospital Okolobiri (NDUTH) on quality control and assurance; this led to 100% performance score in Survey 4 Trial 40 of CD4 quality standard assessment. The performance indicates that CD4 test results generated in the two facilities are reliable and of high quality, and comparable with those generated across several states of Nigeria. The performance score by all supported facilities in Dried Tube Specimen Proficiency Testing (DTS PT) also recorded significant improvement this quarter with 21 of the 29 testing points in the state scoring above 90%. Issues identified for low scores included incomplete filling of forms and poor interpretation of results. Identified gaps were addressed with the facility staff through onsite mentoring and retraining.

SIDHAS completed continuous quality improvement (CQI) assessments for the quarter across all supported entities and developed remediation plans for all observed gaps, which included poor documentation, lack of record keeping registers and job aids, from the assessment findings. Implementation of identified gaps as documented in the capacity building plan formed part of the mentoring schedule by the QMAP team for respective facilities.

A step-down training was conducted on the 20th of December, 2016 for Bayelsa State SIDHAS team to update their skills and provide them with orientation in line with the newly revised national tools on HTS, PMTCT, ART, PEP, Pharmacy, transfer and tracking. A total of 17(Male:13; Female:4) benefitted from the one-day training on indicators and tools reporting to enhance a better understanding of the use of the revised tools.



DPS(HMB) Pharm. Ezekiel Areprekumor (left) applying SIMS/CQI checklist at CH Otuasega

SIDHAS participated in high level stakeholder meetings organised by National Product Supply Chain Management Program (NPSCMP), Department of Food and Drug Services of the FMOH. The meeting which took place on November 18, 2016 at the MOF Executive Conference Hall aimed at formally instituting Nigerian supply chain integrated project (NSCIP) in the state. The state team provided technical input into the final design of the project which is funded by USAID and other partners. The project is to be implemented by the Logistics Management Coordination Unit (LMCU) at the state as well as a similar institution at the LGA level. The project is expected to address key logistics challenges encountered on the SIDHAS project when it eventually takes off. The meeting had in attendance the Permanent Secretary, Local Government Service Commission, Chief Medical Director, Hospital Management Board(HMB), Directors of Planning and Statistics, (HMB) and (MOH), Acting DG SACA, SASCP, DPRS, and other IPs in the state.

Challenges

- Strike action embarked upon during the quarter by staff of Federal Medical Centre Yenagoa which commenced since August 2016 and is still ongoing, affected project implementation in the facility. SIDHAS team continued to leverage on volunteers and adhoc staff to facilitate service provision pending when the strike action is called off.
- Restricted movement to riverine areas due to insecurity limited access to facilities in those locations. The SIDHAS team will continue to be guided by security advisory from the Country Office security team

Edo

In Edo State, SIDHAS prioritized capacity building of healthcare workers as a strategy towards improving quality HIV service provision in supported facilities. As

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	24,076	9,318	39%
PMTCT_STAT	27,497	3,695	13%
TX_CURR	12,579	13,571	108%
TB_ART	134	18	13%

part of this strategy, the team conducted Joint Supportive Supervisory Visits (JSSVs) to supported facilities (GHs Irukpen, Agenebode, Igarra, Usen, Iguobazuwa, CH Auchi, and PHCs Ikhueniro and Okugbo) during which the SIMS checklist was applied as a quality assessment tool. Some of the identified gaps, such poor documentation, were immediately addressed; performance improvement plans were developed to address other areas requiring attention such as VL service uptake, client retention in care, improving PMTCT service delivery with emphasis on the 18-month outcome, and closing EID/ART prophylaxis gaps. Folder audits were also conducted and various registers reviewed to address gaps such as incomplete documentation in the care cards, routine CD4 and VL monitoring, EID testing for babies, early update of inventory tools, and daily update of worksheets. The aim was to ascertain availability of complete and valid data across the thematic areas.



Debrief after SIMS/JSSV at CH Auchi

Series of capacity building initiatives were conducted during the quarter in line with SIDHAS focus on improving skills and knowledge of healthcare workers in supported facilities. To this end, SIDHAS supported a 4-day Roche system analyst training on CAP/CTM (COBAS Ampliprep)/COBAS TaqMan PCR machine November 9 – 12, 2016 in University of Benin Teaching Hospital (UBTH) PCR suite. Four (2M; 2F) medical laboratory scientists were trained on operating, maintaining, and troubleshooting of the Roche COBAS TaqMan PCR machine. This has increased the pool of facility laboratory personnel trained on PCR technology from 5 to 9. Similarly, four (3M; 1F) UBTH PCR laboratory staff and the SIDHAS lab staff participated in a training on logistics management of HIV/AIDS (PCR) commodities for facility PCR laboratory staff. The training was conducted by USAID Global Health Supply Chain Program Procurement and Supply Management (GHSP-PSM) in Lagos from November 14 – 16, 2016.

Four facilities (UBTH, Faith Mediplex (FMH), Central Hospitals (CHs) Auchi and Uromi) registered for NHLS CD4 EQA program and also participated in the Survey 4 Trial 40 and 41 (October and December 2016 surveys). In addition, reports of Trial 39 were received with all facilities scoring 100%; these were duly reviewed and filed at the facilities. Similarly, EQA PT samples for HIV serology and CD4 received from OASYS for the seven registered facilities (UBTH, Irrua Specialist Teaching Hospital (ISTH), FMH, Saint Camillus Catholic Hospital (SCCH), Stella Obasanjo Hospital (SOH), CHs Auchi and Uromi) were analysed, and results uploaded to the OASYS website by the sites' personnel.

The team, in collaboration with FMOH, HIV/AIDS Division and Nigerian Alliance for Health System Strengthening (NAHSS), conducted a 2-day training/learning meeting on national quality improvement project for SIDHAS supported health care facilities in the state. A total of 26 (23M; 3F) participants drawn from 19 NIGQual supported health facilities participated. The learning meeting focused on service quality improvement for HIV clients and documentation.



Program Manager NAHSS facilitating a session

The participants developed a quality improvement plan which the facility CQI team will monitor over a 6-month period.

The SIDHAS team facilitated a Micro Enterprise Fundamentals (MEF) step-down training for caregivers/support group members and older OVC (51M; 243F) across Benin, Oben, Auchi and Igarra. Participants had their capacities built on fundamentals of business development and income generating activities. This is expected to provide an economic platform as a Launchpad to self-sustenance.

As part of SIDHAS' engagement with the state government, the team participated in a road walk to celebrate WAD 2016. The walk, led by the deputy speaker of House of Assembly, Hon Ativie, ended with a town hall meeting with stakeholders in the HIV/AIDS response in the state. The town hall meeting featured a stakeholders' interactive session with panel members from the Network of Persons Living with HIV and AIDS in Nigeria (NEPWHAN), and the Edo State Agency for the Control of AIDS (EDOSACA). The event was graced by the Deputy Governor of the state, EDOSACA, SMOH, Civil Society for HIV/AIDS in Nigeria (CiSHAN), Local Government and Chieftaincy Affairs (LGA), and IPs represented by Achieving Health Nigeria Initiative (AHNi). The



Edo State Deputy Governor delivering a key note address at the 2016 WAD celebration



Walk during the WAD celebration in Benin City

discussion centred on challenges of the state

HIV response and recommendations for the response going forward. A communique was drafted with resolutions reached for onward transmission to the Governor through his Deputy who was present at the event for necessary action.

Challenges

- Inadequate supply of commodities during the last supply circle to some sites; Cotrimoxazole for CH Auchu and CD4 Cyflow reagent for UBTH, SCCH, SOH and FMH resulting in constant redistribution between sites.

Jigawa

SIDHAS, in collaboration with the state government, continued the delivery of quality HIV/AIDS and TB services across eight ART and eight PMTCT supported sites in the state. HTS was provided to clients based on clinical symptomology or when requested by the client, identified HIV positives individual were placed on ART while positive pregnant women were placed on prophylaxis to reduce the risk of mother to child transmission of HIV. In order to sustain and improve quality of care for clients currently on ART, clinical assessment of clients was conducted using WHO staging, CD4 count, and VL assessment across supported facilities. Access to quality TB services for PLHIV was prioritized by screening for TB symptoms during clinical visit, and identified positives started on TB treatment. During the quarter, the team intensified efforts to increase access to ART services for pediatrics through client tracking and follow up on DBS testing for EID.

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	40,804	22,388	55%
PMTCT_STAT	27,756	10,736	39%
TX_CURR	4,806	4,880	102%
TB_ART	69	26	38%

DBS samples were collected from HEIs from six supported sites comprising five ART and one PMTCT sites and sent for EID analysis at the Aminu Kano Teaching Hospital, Kano.

During the quarter, the state team sensitized and mentored supported facilities on the revised LMIS reporting templates to enable them compile and produce quality bimonthly LMIS reports. The team facilitated commodity logistics during the quarter by redistributing ARVs and laboratory commodities from health facilities with excess commodities to sites with low stock. This was done to ensure uninterrupted service delivery whilst also preventing expiries. To this end, 136 units of TDF/3TC/EFV 300/300/600mg were resupplied to GH Birnin-Kudu and 100 Rohren tubes transferred to GH Dutse to close stock gaps.

SIDHAS carried out series of capacity building activities for healthcare workers this quarter. This was geared towards quality improvement in services provided to PLHIV in supported facilities. Healthcare workers from all eight SIDHAS supported ART sites were trained in three clusters on the VL platform from October 25 to December 30, 2016 in Birnin Kudu, Dutse and Ringim. A total of 34 (5F; 29M) benefited from the training which covered the current PEPFAR policy direction for HIV/AIDS, as well as best practices and approach to handling VL test results among PLHIV. In addition, a one-day onsite orientation on Pharmacy Best Practice (PBP) was organized for pharmacy personnel at FMC Birnin Kudu on October 26, 2016. The orientation updated skills of the staff on pharmacy documentation, client monitoring, drug counselling and dispensing, service linkages, client retention, and intervention on drug therapy problems. A total of 11 (9M; 2F) pharmacy personnel participated in the orientation.

SIDHAS supported the installation of a GeneXpert machine provided by NACA and training of medical laboratory personnel on its operation and maintenance at the GHs Jahun and Kazaure during the quarter. The training had in attendance 16 laboratory technicians and scientist (GH Jahun (5 M; 3F); GH Kazaure (7M; 1F)). Understanding of the laboratory staff was enhanced in the use of GeneXpert equipment for early detection of TB cases and quality treatment to clients.

Following development and finalization of the state sustainability roadmap for HIV/AIDS in FY16, the Jigawa State Government signed the narrative document for both the State government and the Federal Medical Center Birnin Kudu. The document is expected to serve as a guide to the state government for future strategic direction towards coordinating and ensuring an effective HIV/AIDS state response.

SIDHAS also supported the state government to convene its first post GBV care response committee meeting. The committee membership is drawn from law enforcement agencies, Ministry of Women Affairs, female lawyers' association, medical women association and civil society organizations in the state. The committee is charged with the responsibility of facilitating shared understanding of gender issues among all stakeholders, as well as coordinating an effective response to gender issues at facility and community levels. The inaugural meeting had in attendance eight (4M; 4F) participants.

Challenges

- Redeployment by the state govt. of trained pharmacists from SIDHAS supported ART sites to non SIDHAS supported sites led to challenges in quality of pharmacy services provided at GHs Dutse and Kazaure. The SIDHAS team commenced onsite mentoring of the pharmacy staff while advocacy to relevant stakeholders to address this challenge is ongoing.

Kano

The Kano state office sustained provision of TB/HIV integration services through intensified TB case finding among PLHIV in SIDHAS supported facilities. The goal was to strengthen and institutionalize TB infection control and sputum sample referral systems for improved quality of care. The team also ensured integration of HIV services through strengthening of intra and inter facility linkages, and tracking of HIV positive clients in the facilities for care.

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	20,414	7,683	38%
PMTCT_STAT	24,292	14,110	58%
TX_CURR	12,359	12,452	101%
TB_ART	60	15	25%

Adult and pediatric ART services were provided to HIV positive clients during the quarter across all supported facilities in the state. To improve quality of care to eligible clients, the team facilitated prompt collection and transfer of DBS to the PCR lab for analysis, and client tracking and referrals. The objective was to improve retention in care and reduce HIV related morbidity and mortality.

Care and support services to OVC and caregivers continued in the quarter with the training of 310 (M:13; F:297) caregivers and older OVC on money management and entrepreneurial skills organized by USAID MARKETS II. The step down training was conducted in four batches in four local government areas namely Fagge, Kano, Dambatta, and Gwarzo. The participants are expected to use the acquired skills to improve their wellbeing and that of the OVC in their care.

As part of continuous capacity and quality improvement efforts, SIDHAS mentored and supervised healthcare workers in the provision of services at the facilities. The team also collaborated with GoN staff to conduct CQI and SIMS assessments. A total of 12 SIDHAS supported facilities were monitored and assessed using the CQI/SIMS assessment tool in the reporting quarter. Some of the key findings included poor infection prevention and control practices, inaccurate CRRIF documentation and reporting - which affected timely and adequate drug resupply and poor documentation of service data. Results of the assessment were used to develop performance improvement plans for affected facilities.

The team supported the electronic Logistics Management Information System (eLMIS) at the facility level for better data collection, management and transmission and use in the state. SIDHAS coordinated three Integrated Health Data Management Team (IHDMT) meetings during the quarter. These meetings brought together stakeholders to review state level performance at SIDHAS supported facilities and discuss ways of addressing identified gaps. They also provided

the opportunity to build the capacity of healthcare workers in transferring data into the NHMIS and development of RUNS charts.

Challenges

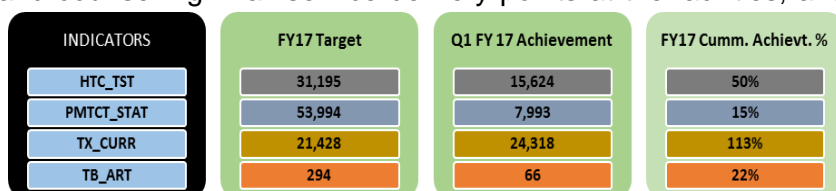
- Staff attrition and transfer of trained health care workers from SIDHAS supported facilities affected service delivery areas like pharmacy, laboratory and medical records, across supported facilities during the quarter. SIDHAS continues to leverage on the services of data entry clerks to support services while engagement with the relevant state government agencies is ongoing for a sustainable solution.

North East States

Adamawa State

This quarter, the state team carried out quality improvement activities which included folder audits, mentoring on targeted testing and counselling in all service delivery points at the facilities, and supportive supervisory visits.

The team continued to support couple HIV counselling and testing as well as identification of TB



cases through HTS in DOTS centers. Folder audits conducted in 12 comprehensive facilities ensured all HEIs received virology test while all infants confirmed positive were tracked and enrolled on treatment. Across the 12 comprehensive sites, 187 couples were counselled tested and received results, 15 couples were identified to be sero-discordant. An orientation was provided to 25 healthcare workers (15F, 10M) on strengthening the provision and management of 2nd line treatment and review of treatment failure. The goal is to improve capacity of healthcare workers to provide and manage clients on 2nd line treatment.

As part of quality improvement activities, the team applied the SIMS tool to assess quality of services at each service delivery point in the supported facilities. Gaps identified included inadequate capacity to provide quality HIV services, and poor documentation. Performance improvement plans were developed to address the identified gaps. Similarly, the team provided technical assistance at supported facilities in addressing findings from SIMS visits of the previous quarter. Particularly, the team provided support in addressing lack of use of appointment diaries to track defaulting clients. Facilities were monitored through the submission of a weekly tracker for patient drug refill at both ART and standalone PMTCT sites. It is expected that the measures will help to improve patient retention on drug therapy.

During the quarter, SIDHAS supported testing of 120 TB sputum samples at FMC Yola and GH Numan using GeneXpert machines. The team trained six laboratory staff (2F, 4M) on use of GeneXpert machines in two high volume sites (FMC Yola and GH Mubi). SIDHAS trained laboratory staff from the 12 supported comprehensive sites during the quarter on VL sample collection, while procurement of VL sample collection consumables also commenced to support

activities in the facilities. The drug and therapeutic committees in the supported facilities were provided onsite mentoring on tracking of consumption and preparation of Combined Requisition Receipt Issue and Reporting Form (CRRIRF). This is expected to enhance their efficiency and prevent stock out of INH in the facilities.

In an effort to enhance the capacity of the state government to take ownership of OVC programming in the State, SIDHAS collaborated with the State Ministry of women affairs in carrying out the graduation ceremony of older OVC. The wife of the State Governor, Hajiya Mariam Jibrilla Bindow, who was represented by the Commissioner of women affairs at the occasion, presented the start-up materials for HES to the OVC and caregivers during the graduation ceremony. A total of 57 beneficiaries (27 older OVC (14F, 13M) and 30 caregivers (25F, 5M)) benefited from the startup materials.



Wife of the Governor's representative and SIDHAS SPM presenting the items to a beneficiary

Challenges

- Non availability of VL reagents to PCR laboratory in Jalingo limited the number of VL tests and analysis thus, affecting quality of care provided to the clients

Borno

SIDHAS teams continued to support the Borno State Government to provide quality comprehensive HIV/AIDS services across seven supported facilities and 10 Internally Displaced Persons' (IDP) camps. Comprehensive ART and PMTCT services were provided through the mobile ART teams. HTS were also provided to IDPs and identified positives were enrolled into care at the camps by the mobile teams; clients current on treatment on the other hand were provided with drug refills. Other packages of care provided to PLHIV in the camps included OI drugs refill, pharmaceutical care, and clinical pharmacovigilance.

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	28361	12,711	45%
PMTCT_STAT	21,852	9,111	42%
TX_CURR	10,054	10,946	109%
TB_ART	131	10	8%

A two-day onsite skills update session was conducted for two focal laboratory technicians at GH Lassa on sample preparation (CD4 absolute and CD4 %), incubation, initializing, loading, count check beads QC testing, sample testing and cleaning, decontamination, and machine shut down procedures. The session was integrated into one of the routine planned preventive maintenance (PPM) exercises carried out for the facility.

The SIDHAS team continued the North East (NE) TB emergency response initiative with TB screening of all clients in supported sites and initiation of eligible clients on IPT. A 2-day onsite multidisciplinary orientation was conducted for healthcare workers in GH Askira (3F, 4M) and GH Lassa (1F, 4M) on IPT eligibility screening, initiation and refilling, counselling, documentation, and

inventory management. The triaging strategy used under the NE TB emergency response initiative, and the availability of INH stock in all supported facilities, resulted in increased IPT uptake in the affected facilities. SIDHAS also supported the state with the installation of GeneXpert machines (supplied by NACA) at State Specialist Hospital, Mohammed Shuwa Memorial Hospital, and General Hospital Biu. The team also provided technical assistance through a presentation on PMTCT at the WHO-organized training for newly recruited healthcare workers for hard-to-reach areas in the newly liberated LGAs in Borno.

This quarter, SIDHAS provided technical assistance to the Borno State Agency for the Control of AIDS (BOSACA), SASCP and SMOH to commemorate the 2016 WAD on December 1, 2016 themed “Hands up for HIV Prevention”. As part of the WAD 2016 activities, the management of BOSACA, the State AIDS Program Coordinator (SAPC), and SIDHAS team, paid an advocacy visit to the management of Borno Radio and Television (BRTV). The team sensitized BRTV management on the HIV/AIDS



Mansa Adamu, SIDHAS SPM, addressing PLHIV during WAD 2016

situation in the state and solicited its support to create awareness about the epidemic. The BRTV General Manager, Abba Jato, committed to use its radio and TV stations to sensitize and educate the people of Borno State on HIV/AIDS prevention, treatment, care and support. In addition, the team participated in a group discussion with PLHIV organized by BOSACA and SASCP as part of the activities to commemorate the WAD2016 celebration in the state. National Emergency Management Agency (NEMA) also supported the celebration by providing household materials such as children clothing and milk supplements, plastic buckets, toilet soap, detergents and slippers to 103 PLHIV.

SIDHAS also actively participated in various humanitarian coordination meetings such as the Protection Sector Working Group (PSWG), health sector working group, SGBV sub-sector working group, food security working group, and IPs/SEMA/NEMA coordination meetings. Participation of SIDHAS in these coordination meetings enhanced project visibility and strengthened collaboration with key stakeholders in the state for more effective programming.

Challenges

- Delay in the re-opening of some SIDHAS supported sites by the state government due to insecurity has hampered access of HIV services to the affected communities

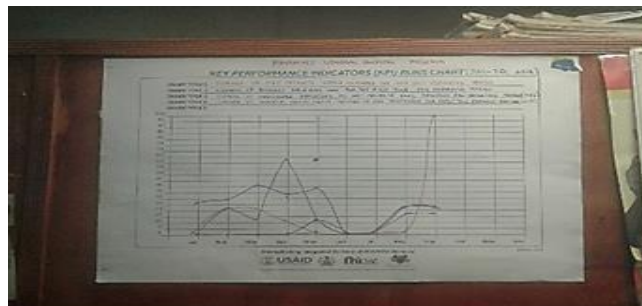
Yobe

SIDHAS conducted joint supportive supervisory visits with the state government to the supported five health facilities, CBO, and relevant state agencies in efforts to maintain access to quality HIV/AIDS, TB and related services in the state. The visits focused on ARV prophylaxis to pregnant women that tested HIV positive, EID, and laboratory support services. The SIDHAS team also supported reorganization of services in GHs Potiskum and Gashua, during the renovation of these facilities by the state government to ensure uninterrupted provision of HIV/AIDS, TB and related services. Inventory management of ARV and Cotrimoxazole was also

INDICATORS	FY17 Target	Q1 FY 17 Achievement	FY17 Cumm. Achievt. %
HTC_TST	23,571	12,325	52%
PMTCT_STAT	6,282	3,744	60%
TX_CURR	1,966	4,605	234%
TB_ART	17	4	24%



ARVs and other drugs co – located at GH Potiskum



Runs Chart currently in use at GH Potiskum (Nov 2016)

supported at GH Damagum and GH Fika for

improved access to ARVs by pregnant women. The linkage of pregnant women from ANC to pharmacy was further strengthened through escort services provided by PLHIV support groups.

Viral load testing services commenced during the quarter with orientation of laboratory staff on VL sample collection and other logistics. To this end, VL samples were collected and transported to UMTH for testing. The results received provided more insight into the clients' response to treatment thus, assisting in improving clinical care provision to the clients.

Gender mainstreaming activities also continued during the quarter with focus on mentorship to healthcare workers, provision of support services to victims of sexual and GBV, PEP to sexually assaulted clients, and appropriate documentation of SGBV services. The data from facilities in the quarter revealed cases of both sexual and physical violence. It is expected that knowledge gained by staff through mentorship will help improve quality of services to the SGBV victims.

SIDHAS supported the CBO (GESDI) to train additional 80 OVC on HES as part of efforts to reduce the vulnerability of OVC and secure their socio-economic status. This has brought the total number of older OVC trained and graduated in the state to 150.

SIDHAS team conducted a joint CQI assessment with the SMT using SIMS tools after which capacity building plans were developed to address identified gaps. Facility healthcare workers were also provided orientation during supportive supervisory visits on quality improvement activities. The orientation focused on quality documentation of services provided, data mop-up

and DQA with the goal to improve service and data quality across supported sites. The outcome of cohort analysis and RADET conducted during the mentoring visits necessitated strategic client tracking in order to improve the retention rate.

Government of Nigeria staff including SASCP Coordinator, MOH M&E officers, and YOSACA M&E officer attended a 7-day training on revised national M&E tools in Kaduna as part of the mandate of the SIDHAS project to build the capacity of stakeholders including GoN staff. A total of four state M&E team members benefitted from the training which they are expected to step-down to facility M&E officers in the state. A key outcome of the training was the development of harmonized national M&E tools for the country.

Yobe State SIDHAS team sustained engagement with key stakeholders through advocacy visits and project implementation activities aimed towards project ownership and sustainability. An advocacy visit was paid to the newly appointed Executive Director, Yobe SACA, to seek the continued support of the agency towards the SIDHAS project and HIV/AIDS services in the state. The Yobe SACA also led the review of the draft state sustainability roadmap developed with support from the SMT.

The state government demonstrated commitment to the SIDHAS project and state HIV/AIDS response with a commitment to scale up ART services to 15 additional PMTCT sites in the state. This commitment was made during the commemoration of the 2016 WAD in Damaturu. The event which was attended by the Hon. Commissioner for Health, had other key stakeholders including the Perm Sec Ministry of Health; Executive Secretary, YOSACA; Executive Secretary PHCMB, Medical Director, Specialist Hospital Damaturu, UNHCR, NEPWHAN, Line Ministries and LACA representatives in attendance.

The government stakeholders actively participated in joint facility supportive supervision visits, monthly M&E, TWG meetings, data review meetings and CQI assessments. The mentoring and supportive supervision visits to health facilities resulted in prompt resolution of issues of health facility staff attitude to work, improved coordination of HIV services by SACA, and maintenance of good working relationship with key stakeholders in the state on the SIDHAS project. The stakeholders were also provided periodic update on project activities through monthly summary progress reports. SIDHAS also supported the state government in the development of a health sector operational plan for humanitarian services for 2017.

Challenges

- Human resource gap across supported facilities adversely affected quality of service provision. Advocacy visits were paid to key state government stakeholders to find ways of addressing the challenge
- Poor attitude to work by some health care workers, especially in administration of chronic care check list. The issue was presented and discussed with the SMT and is currently being addressed with visits to the facilities by the SMT members.

Overarching Challenges

- Lingering human resource constraints in some of the supported facilities
- Poor health worker attitude to service documentation. This poses a challenge to collation and transmission of valid project data. SIDHAS continues to engage with relevant facility management in conjunction with the SMT and other GON personnel to address this issue
- Presence of parallel reporting tools by other disease programs in some facilities. This makes data validation cumbersome as facility staff choose which tools to document in based on preference
- Stock out of viral load reagents affected services during the quarter, causing a backlog of samples. Following eventual supply of the reagents, SIDHAS has put in place modalities to clear all backlog
- Insecurity in Borno, Yobe and Adamawa and Rivers states

Highlights of Plans for the Next Quarter

SIDHAS will focus on the following areas next quarter:

- Kick off the main Akwa Ibom AIDS indicator survey
- Conduct a SIDHAS Project Advisory Committee meeting
- Strengthen M&E systems to better track and demonstrate epidemic control in the 14 scale-up LGAs especially with regards to new initiatives like sexual network testing and pediatric intensified case finding
- Continuous quality mentoring and monitoring of supported IAs to ensure service and data quality
- Support HIV Testing Quality Improvement Initiative (HIV RTQII) in 14 priority LGAs

Success Story

Partnering to Control Tuberculosis (TB) in Nigeria: The University of Port Harcourt Teaching Hospital (UPTH), Multidrug-Resistant TB Lab Story

According to the World Health Organization (WHO), Nigeria is one of the ten high burden countries for tuberculosis (TB) in the world¹. In 2015 alone, there were an estimated 10.4 million new (incidence) TB cases worldwide and Nigeria ranked 4th out of the six countries that accounted for 60% of these new cases. Nigeria also belongs to the top 20 high burden countries for TB/HIV co-infection and multidrug resistant TB (MDR-TB), making it one of the 14 countries that have high TB, MDR-TB and TB/HIV co-infection burdens in the world².

Despite the investments by donors and the government towards TB control in Nigeria, TB treatment has faced numerous challenges including poor health infrastructure, lack of government ownership of TB control programs (which are mainly donor driven) and poor collaboration between TB and HIV programs. Additionally, the emergence of MDR-TB



Pictures of the MBR-TB Lab

poses a threat to efforts aimed at controlling TB and this situation is worsened by the paucity of reference laboratories providing MDR TB diagnostic services in the country.

To address these challenges, in 2011, the FHI 360 led, USAID funded Strengthening Integrated Delivery of HIV/AIDS Services in Nigeria (SIDHAS) project established a MDR-TB reference laboratory in the University of Port Harcourt Teaching Hospital (UPTH), Rivers State. The reference lab, which is a state of the art biosafety level (BSL) 2 facility (with BSL 3 capacity), commenced operations in 2013. With funding from USAID, the facility was equipped with cutting edge laboratory equipment including, but not limited to, biosafety cabinets, hot air oven, centrifuge, microscopes and incubators. Inverters and a 100 KVA generating set were also installed to ensure uninterrupted power supply. This lab now affords the facility increased capabilities in culture and drug susceptibility testing (DST), AFB Microscopy, GeneXpert and Line

¹ [WHO Nigeria news](#)

² [WHO Global TB report 2016](#)

Probe Assay which are essential for TB diagnosis and MDR-TB treatment. SIDHAS through funding from USAID also built the capacity of over 16 facility staff to provide these services.

Partnering with the Government of Nigeria (GoN) in the establishment of the lab proved advantageous as UPTH management provided the structure where the laboratory was established and the Federal Ministry of Health (FMOH) assigned skilled health workers to support lab activities.

As of December 2016 over 900 clients access TB Microscopy on a quarterly basis as part of intensified TB case finding and cumulatively, 1,753 clients have received GeneXpert testing in the UPTH MDR-TB lab. Due to the strong link between HIV and TB, the project also ensured the integration of TB screening for all HIV patients and vice versa.

In line with the sustainability mandate to ensure government ownership of USAID's investments under the SIDHAS project, the lab was officially handed over to the Federal Ministry of Health (FMOH) on 12th August 2016. The ceremony which had in attendance, representatives of the FMOH, UPTH senior management led by the CMAC (Chairman, Medical Advisory Council) of UPTH, National Tuberculosis and Leprosy Control Program (NTBLCP), FHI 360 and other implementing partners, revealed the eagerness of the Nigerian Government to take the drivers' seat in providing quality TB services and controlling TB in Nigeria. The TB program committed to ensuring adequate management and functionality of the lab and the SIDHAS project will continue to provide technical assistance.

With funding from USAID and in partnership with GoN, FHI 360 has established additional reference laboratories for MDR-TB diagnosis over the years: Dr. Lawrence Henshaw Memorial Hospital (DLHMH) in Calabar, Nigerian Institute of Medical Research in Lagos and Federal Medical Centre (FMC) Yola. These laboratories have strengthened diagnostic capabilities in the country thereby contributing to closing the gap in TB case identification and treatment.

Appendices

SIDHAS M&E Datasheet for USAID Quarterly Report: October - December, 2016

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
HTC_TST Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	DHIS (routine service data)	FY16	2,970,967 (M= 1, 478,823; F=1,492,144)	1,352,524 ¹	448,524 (M= 216,277; F= 232,147)	448,524 (M= 216,277; F= 232,147)	33%	
HTC_TST (TA) Number of individuals who received Testing and Counseling (HTC) services for HIV and received their test results (TA Only)	DHIS (routine service data)	FY16	NA	NA	0	0	NA	
SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
Number of MARPs counselled, tested and received their test result	DHIS (routine service data)	FY16	0	NA	NA	0	NA	
Percent of newly identified HIV positive individuals who are enrolled into care and treatment during the reporting period	DHIS (routine service data)	FY16	86%	90% ²	87%	87%	87%	
PMTCT_STAT Number of pregnant women who were tested for HIV and know their results plus number of pregnant women with known HIV status at entry to services.	DHIS (routine service data)	FY16	601,951	615,645 ¹	99,664	99,664	16%	
PMTCT_STAT Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	DHIS (routine service data)	FY16	100%	100% ¹	100%	100%	100%	
PMTCT_ARV Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission during pregnancy	DHIS (routine service data)	FY16	13,247	16,330 ¹	2,373	2,373	15%	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
PMTCT_ARV Percentage of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission (MTCT) during pregnancy and delivery	DHIS (routine service data)	FY16	91%	95% ¹	95%	95%	95%	
Number of HIV exposed infants provided with ARV prophylaxis	DHIS (routine service data)	FY16	7,245 (M=3,524;	15,333 ²	1,708 (M=863, F=845)	1,708 (M=863, F=845)	11%	
PMTCT_EID Number of infants tested for Early Infant Diagnosis (EID)	DHIS (routine service data)	FY16	10,123 (M=4,980; F=5,143)	15,954 ¹	2,081 (M=1,046, F=1,035)	2,081 (M=1,046, F=1,035)	13%	
PMTCT_EID Percentage of infants born to HIV-positive women who had a virologic test done test within 12 months of birth. ³	DHIS (routine service data)	FY16	69%	95% ¹	84%	84%	84%	
PMTCT_CTX Number of infants born to HIV-positive women who were started on CTX prophylaxis within two months of birth at USG supported sites within the reporting period	DHIS (routine service data)	FY16	4,890 (M=2,493; F=2,397)	15,333 ²	1,383 (M=690, F=693)	1,383 (M=690, F=693)	9%	
PMTCT_CTX Percentage of infants born to HIV-positive pregnant women who were started on Cotrimoxazole (CTX) prophylaxis within two months of birth	DHIS (routine service data)	FY16	34%	80% ²	56%	56%	56%	
PMTCT_FO Number of HIV-exposed infants with a documented outcome by 18 months of age (collection of 18 month outcomes is recommended at 24 months of age) ³	DHIS (routine service data)	FY16	100%	100 ²	NA	NA	NA	
TX_NEW Number of adults and children newly enrolled on Antiretroviral therapy (ART)	DHIS (routine service data)	FY16	52,055 (M=17,649; F=34,406) Including 2,687 children <15)	49,008 ¹	11,895 (M=3,939; F=7,956) Including 636 children <15	11,895 (M=3,939; F=7,956) Including 636 children <15	24%	
TX_CURR: Number of adults and children currently receiving antiretroviral therapy (ART) Disaggregation(s):	DHIS (routine service data)	FY16	191,366 (M=61,899; F=129,467) Including 9,353 children <15	257,214 ¹	200,797 (Adults= 191,546; Children= 9,251)	200,797 (Adults= 191,546; Children= 9,251)	78%	
TX_RET Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy ³	EMR (LAMIS)	FY16	63%	85% ¹	NA	NA	NA	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
TX_PVLS Number of viral load tests from adult and Paediatric ART patients conducted in the past 12 months with a viral load <1,000 copies/ml	DHIS (routine service data)	FY16	12,969	231,566 ¹	7,535	7,535	3%	
TX_PVLS Proportion of viral load tests with an undetectable viral load <1,000 copies/ml	DHIS (routine service data)	FY16	75%	90% ¹	73%	73%	73%	
CARE_NEW Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrolment: clinical assessment (WHO staging) OR CD4 count OR Viral load	DHIS (routine service data)	FY16	64,214 (M=21,749; F=42,465)	54,727 ²	13,210 (M=4,452, F=8,758)	13,210 (M=4,452, F=8,758)	24%	
CARE_CURR Number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	DHIS (routine service data)	FY16	165,585 (M=51,918; F=113,667)	379,727 ²	102,016 (M=30,966, F=71,050)	102,016 (M=30,966, F=71,050)	27%	
Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	DHIS (routine service data)	FY16	146,057 (M=45,305; F=100,752)	189,864 ²	96,516 (M=29,149, F=67,367)	96,516 (M=29,149, F=67,367)	51%	
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility	DHIS (routine service data); EMR	FY16	49,479 (M=17,662; F= 31,817)	45,000 ²	7,869 (M=2,823, F=5,046)	7,869 (M=2,823, F=5,046)	18%	
Number of persons provided with post-exposure prophylaxis (PEP)	DHIS (routine service data)	FY16	1,692	1,043 ²	540	540	52%	
Number of service outlets carrying out injection safety activities	Facility List	FY16	804	1,503 ²	793	793	53%	
OVC_SERV Number of active beneficiaries served by PEPFAR OVC Programs for children and families affected by HIV/AIDS	NOMIS (routine service data)	FY16	138,083 (M= 71,730; F=66,353))	88,032 ¹	15,011 (M=7,755; F=7,256)	15,011 (M=7,755; F=7,256)	17%	
OVC_HIVSTAT Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including result not reported)	NOMIS (routine service data)	FY16	NA	90%	31%	31%	31%	
SITE_SUPP: Number of PEPFAR-supported Direct Service Delivery (DSD) and Technical Assistance only (TA-only) sites	Facility List	FY16	390 ART 414 PMTCT	TBD	326 ART 467 PMTCT	326 ART 467 PMTCT	326 ART 467 PMTCT	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Number of sites implementing PEP services that meet national guidelines	Facility List	FY16	804	NA	793	793	100%	
Percent of PMTCT sites linked to the national EID network	Facility List	FY16	100%	85% ²	100%	100%	100%	
Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services								
GEND_NORM Number of individuals completing an intervention pertaining to gender norms within the context of HIV/AIDS, that meets minimum criteria	DHIS (routine service data)	FY16	33,736 (M=14,421; F=19,315)	12,000 ²	9,701 (M=4,589, F=5,112)	9,701 (M=4,589, F=5,112)	81%	
GEND_GBV Number of people receiving post GBV care	DHIS (routine service data)	FY16	2,633	2,808 ¹	560 (M=132, F=428)	282 (M=17; F=265)	20%	
Number individuals receiving HIV counselling, testing and their results in TB setting	DHIS (routine service data)	FY16	37,005 (M=19,578; F=17,427)	24,165 ¹	10,394 (M=5,579; F=4,815)	10,394 (M=5,579; F=4,815)	43%	
TB_SCREENdx Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	DHIS (routine service data); EMR	FY16	151,037 (M=46,941 F=104,096)	287,713 ¹	97,735 (M=29,751; F=67,984)	97,735 (M=29,751; F=67,984)	34%	
TB_ART Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	DHIS (routine service data)	FY16	3,112	2,282 ¹	700	700	31%	
TB_ART Percentage of HIV-positive new and relapsed registered TB cases on ART during TB treatment	DHIS (routine service data)	FY16	89%	90% ¹	83%	83%	83%	
Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services								
TB_STAT Number of registered new and relapse TB cases with documented HIV test results, during the reporting period.	DHIS (routine service data)	FY16	13,533	13,165 ¹	3,420	3,420	26%	
TB_STAT Percentage of registered new and relapse TB cases with documented HIV status	DHIS (routine service data)	FY16	92%	95% ¹	96%	96%	96%	
TB_IPT	DHIS (routine service data)	FY16	9,014 (M=2,826; F=6,188)	TBD	2,450 (M=814; F=1,636)	2,450 (M=814; F=1,636)	NA	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Number of PLHIV newly enrolled in HIV clinical care (as defined in the denominator) who start IPT and received at least one dose, during the reporting period.								
TB_IPT Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventative therapy (IPT)	DHIS (routine service data)	FY16	14%	50% ¹	19%	19%	19%	
TB_OUTCOME Aggregated outcomes of TB treatment among registered new and relapsed TB cases who are HIV-positive in the treatment cohort ³	DHIS (routine service data)	FY16	NA	TBD	NA	NA	NA	
FN_ASSESS Number of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	FY16	152,237	TBD	94,705 (M =28,653; F= 66,052)	94,705 (M =28,653; F= 66,052)	NA	
Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services								
FN_ASSESS Percentage of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	FY16	92%	90% ²	93%	93%	93%	
FN_THER Number of clinically undernourished PLHIV who received therapeutic or supplementary food	DHIS (routine service data)	FY16	10,040 (M=3,218; F=6,822)	TBD	3,317 (M=995, F=2,322)	3,317 (M=995, F=2,322)	NA	
FN_THER Proportion of clinically undernourished people living with HIV (PLHIV) who received therapeutic or supplementary food	DHIS (routine service data)	FY16	36%	95% ²	46%	46%	46%	
FPINT_SITE Number of service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	DHIS (routine service data)	FY16	478	NA	430	430	430	
FPINT_SITE Family Planning/HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	DHIS (routine service data)	FY16	75%	60% ²	54%	54%	54%	
Number of sites with HIV ³ services integrated into general hospital services delivery	Quarterly CQI visits	FY16	NA	170	NA	NA	NA	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Number of health care workers who successfully completed in-service program (disaggregated by technical area)	TRAINING REGISTER	FY15	33,909 (M=13,191; F=20,718): PMTCT-10,264; ART -1,765; HTC 1,766; TB/HIV - 1,741; SI -2,436, OVC -1,739; Others – 14,198)	TBD	0	0	NA	
Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services								
LAB_CAP) Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	SIDHAS Facility List	FY16	208	115 ²	240	240	209%	
LAB_ACC Number of PEPFAR-supported testing facilities (laboratories) that are recognized by national, regional, or international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation	Lab accreditation reports	FY16	8	WHO/AFR0=19 National =40 ²	8 National	8 National	20%	
LAB_PT Percentage of PEPFAR-supported laboratories and testing sites that participate and successfully pass in a proficiency testing (PT) program	Lab PT reports	FY16	72%	80% ²	NHLS =76% OASYS = 73%	NHLS =76% OASYS = 73%	NHLS =76% OASYS = 73%	
Proportion of laboratories with IQC system in place	Lab IQC report	FY16	96%	100% ²	90.8%	90.8%	90.8%	
Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services								
Number of States with PPM system in place to maintain Information Technology (IT) equipment*	CQI Database; Routine Assessment	NA	NA	7 ²	NA	NA	NA	
Number of sites with PPM system in place to maintain medical and laboratory equipment*	CQI Database; Routine Assessment	NA	NA	65 ²	NA	NA	NA	
Percent of entities submitting completed and timely Sub-Recipients Financial Reports*	SIDHAS Financial Review Report	NA	NA	FBOs-90% ² CBOs-80% SMT-70%	NA	NA	NA	
Percent of entities whose capacity was built on Institutional - domain related topics that address gaps in the Capacity Building Plan*	CQI Database; Routine Assessment	NA	NA	NA	NA	NA	NA	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Number of entities whose capacity was built on Financial - domain related topics that address gaps in the Capacity Building Plan*	CQI Database; Routine Assessment	FY15	17%	46 ²	NA	NA	NA	
Percent of entities with CQI process established (disaggregated by entities) *	CQI Database; Routine Assessment	FY16	SACP-100% CBOs-100% HCCs-92%	SASCP= 100% CBO=100% HCC=100%	NA	NA	NA	
Percent of entities meeting CQI scores (80%) in each of the 3 domains (Financial, Institutional and Technical) * disaggregated by entities category (SASCPs, CBOs, HCCs)	CQI Database; Routine Assessment	NA	Financial Domain SACP=15% CBOs=43% HCCs=39% Institutional Domain SACP=15% CBOs=37% HCCs=26% Technical Domain SACP= 46% CBOs=67% HCCs=23%	Financial Domain 15 SACPs= 70% 45 CBOs= 90% 300 HCCs= 70% Institutional Domain 15 SACPs= 80% 45 CBOs= 80% 300 HCCs= 80% Technical Domain 15 SACPs= 90% 45 CBOs= 90% 300 HCCs= 90% ²	NA	NA	NA	
Percent of supported States with demonstrable strong Leadership & governance structure (L&G) for implementing and managing large HIV and AIDS Program*	CQI Database; Routine Assessment	NA	NA	90% ²	NA	NA	NA	
Percent of supported States with Centralized Health Management Information System (HMIS) and Data Quality Assurance process*	Routine Assessment	NA	NA	80% ²	NA	NA	NA	
Percent of HIV comprehensive sites transmitting data electronically (using DHIS)	DHIS Program Report	NA	NA	80% ²	53%	53%	53%	
Number of states that meet SIDHAS graduation criteria*	Semi-annual CQI and SIDHAS Sustainability Dashboard	NA	NA	0 ²	NA	NA	NA	

Table 1(a): PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2017		Quarterly Status – FY 2017	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Percentage of funding for HIV response related activities provided by the states*	SIDHAS Sustainability Dashboard	NA	NA	NA	NA	NA	NA	
Number of states mobilizing additional resources for HIV services using innovative financing approaches*	SIDHAS Sustainability Dashboard	NA	NA	2 ²	NA	NA	NA	
Number of states supported to develop human resource plan and are implementing the plan*	SIDHAS Sustainability Dashboard	NA	NA	1 ²	NA	NA	NA	

* KR 3 indicators measured through routine Continuous Quality Improvement (CQI) Assessments will be reported semi-annually

1 = Final FY 16 targets from USAID

2 = Targets from SIDHAS PMP

3= Annual Indicator

SIDHAS Q1 FY17 Achievement Data by State

S/No	Performance Indicators	Adamawa	Akwa-Ibom	Anambra	Bauchi	Borno	Bayelsa	Cross River	Edo	Jigawa	Kano	Lagos	Rivers	Yobe	Total	
1	Number of Individuals who received Testing & Counseling (T&C) services for HIV and received their test result	FY 17 Target	31,195	369,323	82,076	56,908	28,361	16,816	144,449	24,076	40,804	20,414	436,779	77,752	23,571	1,352,524
		Q1 Achievement	15,624	87,921	26,376	23,835	12,711	3,363	58,192	9,318	22,388	7,683	119,922	48,866	12,325	448,524
		FY 17 Achievement	15,624	87,921	26,376	23,835	12,711	3,363	58,192	9,318	22,388	7,683	119,922	48,866	12,325	448,524
2	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	FY 17 Target	53,994	65,704	51,588	53,277	21,852	2,365	33,459	27,497	27,756	24,292	159,553	88,026	6,282	615,645
		Q1 achievement	7,993	9,914	5,749	8,213	9,111	838	5,087	3,695	10,736	14,110	13,542	6,932	3,744	99,664
		FY 17 Achievement	7,993	9,914	5,749	8,213	9,111	838	5,087	3,695	10,736	14,110	13,542	6,932	3,744	99,664
3	Number of HIV-positive pregnant women who received antiretroviral to reduce risk of MTCT	FY 17 Target	792	4,013	2,379	500	237	127	1,025	1,029	109	99	2,579	3,408	33	16,330
		Q1 Achievement	175	725	263	114	85	49	219	141	71	63	213	236	19	2,373
		FY 17 Achievement	175	725	263	114	85	49	219	141	71	63	213	236	19	2,373
4	Number of adults & children with advanced HIV infection newly enrolled on ART	FY 17 Target	3,091	15,303	3,188	1,599	1,460	426	4,566	1,814	695	1,782	10,585	4,216	283	49,008
		Q1 Achievement	825	3,246	685	387	323	164	1,141	475	255	450	1,895	1,926	123	11,895
		FY 17 Achievement	825	3,246	685	387	323	164	1,141	475	255	450	1,895	1,926	123	11,895
5	Number of adults & children with advanced HIV infection receiving ART (Current)	FY 17 Target	21,428	54,883	22,110	11,083	10,054	2,957	31,275	12,579	4,806	12,359	43,966	27,748	1,966	257,214
		Q1 Achievement	24,318	30,212	21,634	12,058	10,946	3,479	20,048	13,571	4,880	12,452	21,756	20,838	4,605	200,797
		FY 17 Achievement	24,318	30,212	21,634	12,058	10,946	3,479	20,048	13,571	4,880	12,452	21,756	20,838	4,605	200,797
6	TB_STAT Number of registered new and relapsed TB cases with documented HIV status	FY 17 Target	1,712	1,447	1,040	948	772	203	1,719	781	402	354	2,757	931	99	13,165
		Q1 Achievement	336	368	156	246	161	99	234	123	171	286	808	353	79	3,420
		FY 17 Achievement	336	368	156	246	161	99	234	123	171	286	808	353	79	3,420
7	TB_ART Number of new and relapsed registered TB cases with documented HIV-positive status who are on ART	FY 17 Target	294	244	177	162	131	35	305	134	69	60	482	172	17	2,282
		Q1 Achievement	66	138	60	24	10	20	59	18	26	15	130	130	4	700
		FY 17 Achievement	66	138	60	24	10	20	59	18	26	15	130	130	4	700