

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

## SIDHAS QUARTERLY REPORT January - March 2017

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



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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:** \$ 14,658,135

**Accrued Expenditures this Quarter:** \$ 10,939,744

**Activity Cumulative Accrued Expenditures to Date:** (Actual plus accruals through March 31, 2017):  
\$ 334,698,200

**Estimated Expenditures Next Quarter:** \$ 13,200,000

**Report Submitted by:** Satish Raj Pandey

**Resubmission Date:** June 9, 2017

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## Acronyms and Abbreviation

AKAIS	The Akwa Ibom AIDS Indicator Survey
ANSUTH	Anambra State University Teaching Hospital
BMSH	Braithwaite Memorial Specialist Hospital
CCCRN	Centre for Clinical Care and Research, Nigeria
CPARP	Community Pharmacy Antiretroviral Refill Program
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
DLHMH	Doctor Lawrence Henshaw Memorial Hospital
DMMA	Drug and Medical Consumable Management Agency
DRF	Drug Revolving Fund
DTC	Drug Therapeutic Committee
EC	Epidemic Control
EID	Early Infant Diagnosis
EQA	External Quality Assessment
FBO	Faith Based Organization
FIDA	Federation of Women Lawyers
FMOH	Federal Ministry of Health
GBV	Gender Based Violence
GH	General Hospital
HEI	HIV Exposed Infants
HES	Household Economic Strengthening
HIVST	HIV Self-testing
HTS	HIV Testing Services
IDP	Internally Displaced Persons
IGA	Income Generating Activity
IHVN	Institute of Human Virology Nigeria
INGO	International Non-Governmental Organization
IP	Implementing Partner
IPT	Isoniazid Preventive Therapy
LGA	Local Government Area
MTB	Myco-bacterium Tuberculosis
MUAC	Mid-Upper-Arm Circumference
NACS	Nutritional Assessment, Counselling and Support
NAPTIP	National Agency for the prohibition of Trafficking in Persons
NAUTH	Nnamdi Azikiwe University Teaching Hospital
NCH	National Council on Health
NHLS	National Health Laboratories Service
NHREC	National Health Research Ethics Committee
NTBLCP	National TB and Leprosy Control Program
OASYS	One World Accuracy System
OPD	Outpatient Department
OVC	Orphans and Vulnerable Children
PABA	People affected by HIV/AIDS
PAC	Project Advisory Committee

PCR	Polymerase Chain Reaction
PEPFAR	U.S. Presidents Emergency Plan for AIDS Relief
PFA	Psychological First Aid
PICF	Pediatric Intensified Case Finding
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV/AIDS
PNS	Partner Notification Services
PPP	Public Private Partnerships
PT	Proficiency Testing
QA/QI	Quality Assurance/Quality Improvement
QIIT	Quality Improvement Initiative Team
RH/FP	Reproductive Health/Family Planning
RTK	Rapid Test Kit
RTQII	Rapid Testing Quality Improvement Initiative
SACA	State Agency for the Control of AIDS
SAVIX	Savings Group Information Exchange
SFI	Sustainable Financing Initiative
SIDHAS	Strengthening Integrated Delivery of HIV/AIDS Services
SIMS	Site Improvement Monitoring System
SLIPTA	Stepwise Laboratory Improvement Process towards Accreditation
SLMTA	Strengthening Laboratory Management towards Accreditation
SMOH	State Ministry of Health
SMT	State Management Team
SNEPCo	SHELL Nigeria Exploration and Production Company Ltd
SNT	Sexual Network Testing
SOML	Save One Million Lives
SSP	State Strategic Plan
STBLCP	State TB and Leprosy Control Program
TBA	Traditional Birth Attendants
TE	Test Event
TOT	Training of Trainers
TP	Testing Points
UCTH	University of Calabar Teaching Hospital
USAID	United States Agency for International Development
UUTH	Uyo Teaching Hospital

## Executive Summary

This quarter, the USAID funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project intensified efforts geared towards achieving the three key results of the project, as well as the epidemic control goals in the 14 scale up Local Government Areas (LGA) in Akwa Ibom, Cross River, Lagos and Rivers States.

### During the quarter, key activities conducted included:

1. **The Akwa Ibom AIDS Indicator Survey (AKAIS)**, as part of SIDHAS commitment to continuously provide technical assistance to government of Akwa-Ibom state, continued this quarter. A 7-day facilitators' training was organized to build the capacity of resource persons that will facilitate during the central level training for the survey. This was followed by a 10-day central level training for survey personnel on the modality of the survey implementation. The field work is scheduled to commence on April 3, 2017 across the 31 LGAs of Akwa Ibom State.
2. **Participation at the National Council on Health (NCH) meeting** which held from January 23 – 27, 2017, in Umuahia, Abia state. SIDHAS collaborated with NACA and eight out of 13 states to present memos for increased domestic funding for HIV/AIDS services to the 59<sup>th</sup> NCH. The NACA DG also made the case in a plenary presentation for “the earmarking of at least 0.5 to 1% of the monthly Federation allocation to states for financing the implementation of the HIV/AIDS sustainability roadmaps”. These documents were collaboratively developed by SIDHAS and the 13 state governments. The council adopted the request and charged other states to develop sustainability roadmaps. The Hon. Minister of Health and Chairman of the Council, Prof. Isaac Adewole, committed to take this message to the Governors' forum and the National Executive Council (NEC). It was re-echoed during the third National Council on AIDS (NCA) meeting which took place from January 30 – 31, 2017 in Abuja.
3. **Intensified pediatrics HIV case identification pilot** implemented between November 15, 2016 and March 31, 2017 in Braithwaite Memorial Specialist Hospital (BMSH) and General Hospital Ikot Ekpene (in two scale up LGAs) was concluded this quarter. Preliminary data shows high yield and the need to scale up interventions in pediatric outpatient clinics and wards, and for genealogy testing.
4. **Closing linkage gaps to treatment:** The SIDHAS teams in the 14 scale up LGAs mapped and partnered with 51 Traditional Birth Attendants (TBAs) to aid tracking of all pregnant women accessing ANC services for Option B+. Similarly, mentor mothers and case managers facilitated necessary tracking and linkage to services to improve retention of mother-baby pairs, as well as linkage of positive pregnant women and babies to treatment.
5. **Targeted HIV Testing Services (HTS) and TB case identification** continued this quarter with increased focus on Partner Notification Services (PNS) across the 14 scale up LGAs. Although this service is almost universally offered, only about 20% positive index clients

agreed to partner notification and were mostly between the ages 15 to 49 years. A larger proportion of HIV positive index are females but more men agree to partner notification & disclosure than the women. About 34% of men (one out of three males) agreed to partner notification as compared with 24% women (one out of four females). With more than 30% HIV positivity rate, PNS shows clear potential for contributing to increased case identification. However, counsellor skills to reduce barriers to acceptance, disclosure and elicitation must be addressed.

In Akwa Ibom State, SIDHAS piloted offshore HTS and comprehensive service provision in hard-to-reach fishing communities in Okobo LGA. Facility optimization of HIV testing through Provider-Initiated Testing and Counseling (PITC) improved from 67% to 80% in the second quarter. TB screening was actively done across all supported comprehensive sites among PLHIV. Sputum samples from presumptive TB patients were linked to GeneXpert and AFB diagnostic sites, while linkage of eligible clients to Isoniazid Preventive Therapy (IPT) improved across all sites.

6. **The Community Pharmacy Antiretroviral Refill Program (CPARP)**, multi-month scripting and clinic visit spacing for stable clients continued across the 14 scale up LGAs during the quarter as part of effort to roll-out differentiated models of care. The state teams have successfully devolved stable clients from high volume sites to the community pharmacies. The community pharmacies have also been an effective link for tracking of clients with TBAs as well as HTS within sexual networks.
7. **Sustainable Financing Initiative (SFI)** implementation continued in Lagos and Rivers states by the team. This was done in collaboration with stakeholders to increase service coverage, strengthen financial protection, and improve access to vulnerable populations. This quarter, 68 health facilities were assessed across scale up LGAs in the participating states. Sites meeting the requirements or agreeing to the partnership were engaged and onsite technical orientations and activation activities conducted. Additional community pharmacies were also assessed and engaged to support services to stable clients in the communities.
8. **Formal handing over of management of the TB Reference Laboratory** at the Doctor Lawrence Henshaw Memorial Hospital (DLHMH), Calabar, was concluded this quarter. The laboratory was formally handed over to the National TB and Leprosy Control Program (NTBLCP) as part of ongoing activities to transition PEPFAR support to the Government of Nigeria (GON). The state government on its part, demonstrated commitment through approval to absorb three medical laboratory scientists and the facility engineer, previously supported by the project, into the state civil service commission.
9. **Adoption of the National Task Shifting/Sharing Policy by Akwa Ibom State Government:** During the period under review, the Akwa Ibom state government adopted the national task shifting/sharing policy, following a stakeholder meeting facilitated by the state SIDHAS team. The state task shifting/sharing policy promotes efficient use of the

available human resources through task redistribution and movement among health workers.

10. **The sixth SIDHAS Project Advisory Committee (PAC) meeting** held in Abuja in March at the NACA office. The PAC was oriented on the SIDHAS project through a presentation that provided progress updates from inception to March 2017. A key resolution from the meeting was the decision to pay advocacy visits to six (6) select state governors to advocate for improving HIV/AIDS financing and human resources for health. SIDHAS will collaborate with representatives of the PAC to facilitate these visits ahead of the next PAC sitting.

**Other significant accomplishments during the period included:**

- In recognition of the World TB Day the SIDHAS teams actively participated in various commemorative activities at the national and state levels in collaboration with the National and State TB and Leprosy Control Programs (N/STBLCP) as well as other stakeholders. In addition to awareness programs in line with the theme 'Unite to End TB', SIDHAS went further to facilitate active TB case finding across the supported states and in camps for Internally Displaced Persons (IDPs). All identified cases were effectively linked to GeneXpert sites or hubs for further care.
- SIDHAS teams continued to facilitate institutionalization of Drug Therapeutic Committee (DTC) across all supported comprehensive sites during the period under review. In Jigawa state, these efforts yielded the desired result with the establishment of DTCs in all comprehensive facilities in the state.
- In Borno state, SIDHAS participated in a courtesy call to the Executive Governor, His Excellency Governor Kashim Shettima. The visit was made in conjunction with the Nigeria International Non-Governmental Organization (INGO) forum. It provided the opportunity for INGOs to update the Governor on their activities in the state, present challenges being faced by INGOs in the delivery of services, and to make recommendations on how to jointly address the challenges.

Highlights of challenges encountered during project implementation included stock out of test kits, viral load and CD4 reagents, attrition and redeployment of trained DOTS providers at clinics, stock out of IPT kits for more than six months in Akwa Ibom state, and security issues in Rivers state.



## Progress across Key Result Areas

Standard Indicators	Baseline FY 16	Annual Target	Q1 FY17	Q2 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)	1,319,670 <sup>1</sup>	451,841 (M= 218,453; F= 233,388)	502,489 (M=240,199; F=262,290)	71%	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 <sup>1</sup>	100,645	112,298	35%	N
PMTCT_STAT: Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	109%	100% <sup>1</sup>	100%	93%	96%	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 <sup>1</sup>	2,445	2,950	33%	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%	90% <sup>1</sup>	98%	97%	97%	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)	49,000 <sup>1</sup>	12,032 (Adult=11,361; Children=671)	12,113 (Adult=11,609; Children=504)	49%	Y
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 <sup>1</sup>	200,797 (Adults=191,546; Children=9,251)	201,591 (Adults=195,582; Children=6,009)	78%	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 <sup>1</sup>	796	804	70%	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 <sup>1</sup>	99,243 (M =30,267, F=68,976)	127,079 (M=38,929; F=88,150)	79%	Y
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	NA	379,727 <sup>2</sup>	103,0992 (M=31,370, F=71,729)	132,785 (M=40,654; F=92,131)	62%	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 <sup>1</sup>	23,985 (M=11,819; F=12,166)	47,246 (M=23,965; F=23,281)	73%	Y

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

<sup>1</sup>= Final FY 17 targets from USAID

<sup>2</sup>= Targets from SIDHAS PMP

## 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.

SIDHAS continues to provide support to 13 state governments, 520 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 28 local Civil Society Organizations (CSOs) to provide integrated community-based prevention and care services including care and support for Orphans and Vulnerable Children (OVC). The project has successfully handed over PEPFAR support in 1,371 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); Partner Notification Services (PNS); intensified pediatric case finding and referrals and linkages
3. Provision of quality ART services, including:
  - a. Implementation of test and treat guideline as well as differentiated model of care in scale up LGAs to improve access to and retention of 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 analysis, and response to treatment
4. Provision of high quality care and support services, including care and support for PLHIV, OVC, and adolescents living with HIV
5. Promotion of collaboration between TB and HIV/AIDS services to reduce TB/HIV associated morbidity and mortality
6. Mainstreaming of gender into interventions at facility and community including post-GBV care

7. 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 January – March, 2017 reporting quarter.

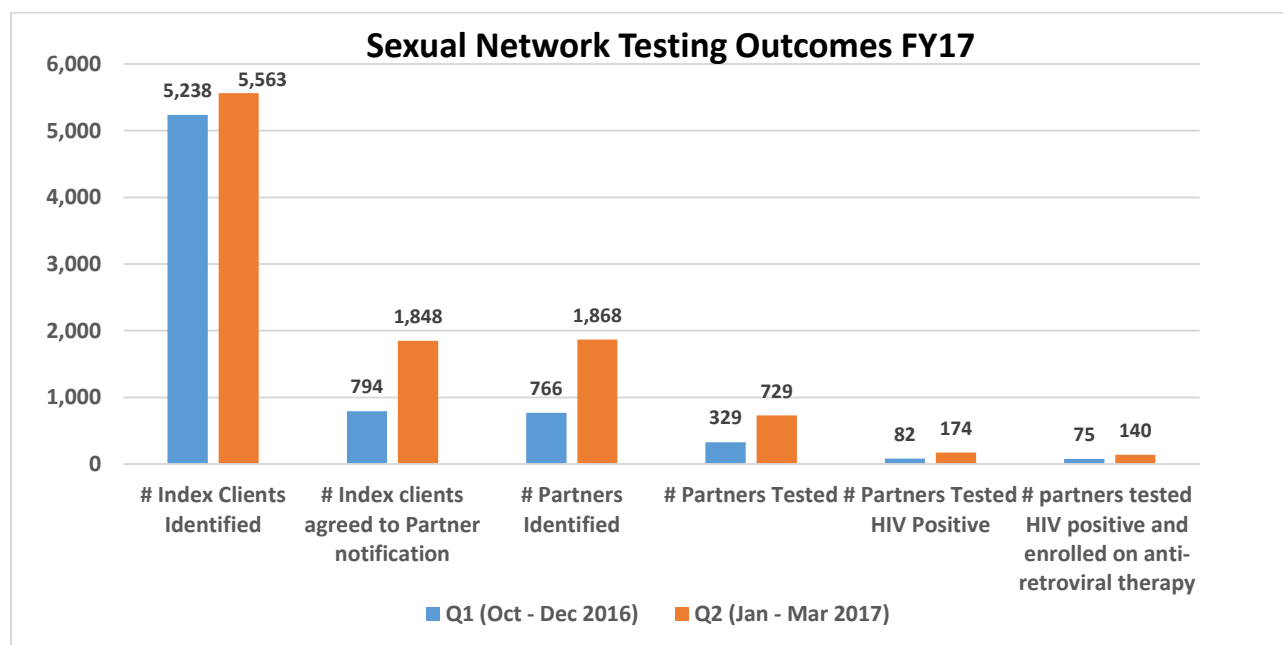
## Quality and Access

Under key result area one, the SIDHAS project collaborates with state government counterparts to strategically increase access in 14 scale up LGAs in 4 states and to maintain access to high quality HIV/AIDS and TB services across 166 sustained response LGAs in 13 supported states.

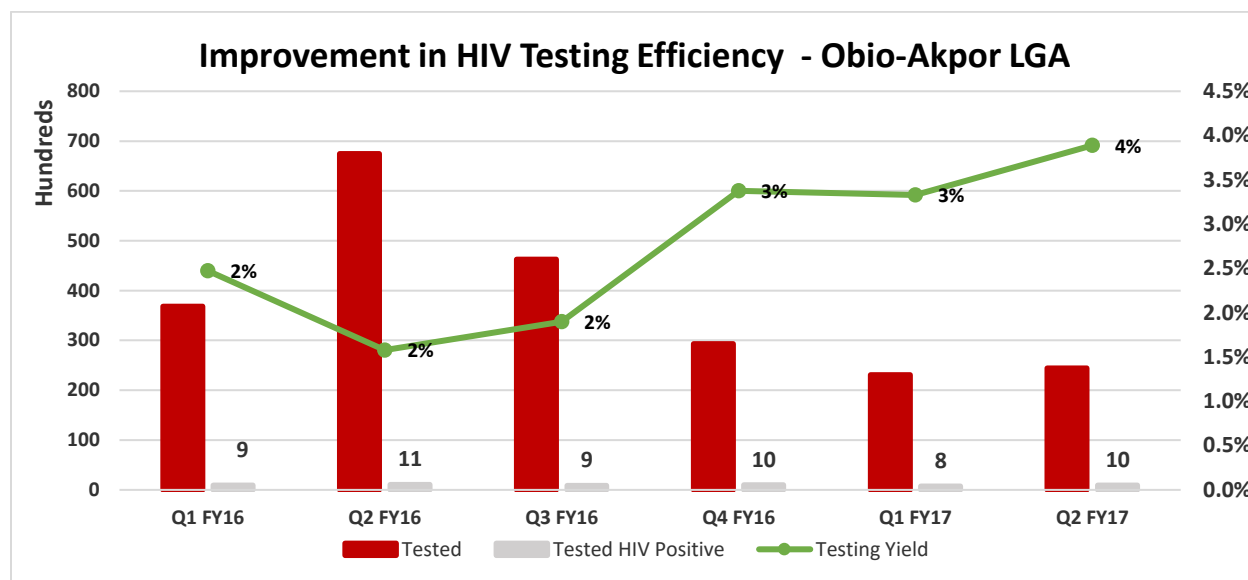
During the second quarter of FY17, In line with PEPFAR strategic direction, SIDHAS team focused on achieving the objective of increased access to quality services by intensifying efforts in key areas including: improved facility and community testing efficiencies and partner notification services, piloting the pediatric intensified case finding, closing gaps in linkage of positive children, men, and women to treatment, strengthening retention of PLHIV and mother-baby pairs, support to the HIV Rapid Testing Quality Improvement Initiative (RTQII) and expanding access to EID and VL services towards the achievement of 90% viral suppression for ART patients.

**Improving TB and HIV case detection services:** During the reporting period, SIDHAS continued providing technical support to all the 13 supported states, to improve the quality and ensure HTS services are provided according to the national guidelines. In the 9 sustained response states, HTS services were provided for symptomatic clients and on demand. Additionally, pregnant women who attended ANC services were routinely provided the opportunity to get tested for HIV, ensuring all infected pregnant women were linked to care and treatment.

In the 14 scale-up LGAs across Lagos, Rivers, Akwa Ibom, and Cross River states, activities to improve facility and community testing efficiencies, partner notification services, piloting the pediatric intensified case finding were implemented.



At the facility level, SIDHAS continued to support the optimization of HIV testing through provider initiated testing and counseling and routine testing offered to clients in the Out Patient Department (OPD), Reproductive Health and Family Planning (RH/FP), medical wards, TB clinics, and under-five clinics, with the option to decline. Monitoring of services through consistent data analysis and reviews of the SNT strategy also continued this quarter with a view to improving yield. In quarter 1, facility optimization was 67% but improved to 80% in the second quarter. With the introduction of targeted community testing, sexual network testing and genealogical testing, the yield has increased from 1% to 2% in the LGAs. At the facility level, it was observed that a large proportion of the positive patients came from antenatal and outpatients' units. The chart below demonstrates the improvement in testing efficiency as a result of the combination of facility optimization and targeted community testing in Obio-Akpor LGA in Rivers State.



SIDHAS supported active TB screening among PLHIV in all the 326 ART facilities. Sputum samples from presumptive TB patients were linked to hub Xpert and AFB diagnostic through sample collection and transportation. Provider initiated testing and counselling (PITC) was provided for TB patients at the 323 DOTS clinics while Isoniazid Preventive Therapy (IPT) was provided across the 326 ART facilities in the 13 SIDHAS supported states for eligible PLHIV.

**Closing Linkage gaps to treatment:** SIDHAS intensified efforts this quarter to close gaps in the linkage of positive pregnant women to treatment, as well as the retention of mother-baby pairs by holding a meeting with case managers and adherence counselors in Uyo, Akwa Ibom State. Improved adherence to PMTCT interventions, follow-up of mother-baby pairs to ensure retention in care and to improve PMTCT final outcome (PMTCT\_FO) as well as viral load suppression in pregnant women were discussed. Similar meetings were also held in other states to reinforce linkage and retention strategies.

During the reporting period, SIDHAS also updated its mapping of and engagement with Traditional Birth Attendants (TBAs) and religious homes within the 14 scale up LGAs to strengthen community structures providing informal ANC services. Monthly contact points through meetings

with community structures held across the states. This relationship has resulted in an increased coverage of ANC services leading to increase in positive pregnant women identified and provided with ARVs from 748 in Q1 to 927 in Q2, a 24% increase.

The drive for EID was sustained by actively using the modified appointment diary to track eligible HIV Exposed Infants (HEI) for DBS sample collection. This led to an increase in the number of EID results received from 2,307 in Q1 to 2,725 in Q2. As a quality improvement initiative, an audit to reduce the rate of DBS samples rejection across PCR labs, was conducted across board. Facilities responsible for this were provided refresher onsite trainings on DBS sample collection and storage.

Efforts at strengthening the linkage of HIV positive infants to treatment was also intensified by the mentor mothers and case managers engaged as peer navigators. They facilitated intra/inter-facility linkages, community-facility linkages, adherence counselling and tracking.

SIDHAS concluded the pilot phase of the intensified pediatrics HIV case identification and high yield testing strategies. The pilot was done in two facilities namely BMSH and GH Ikot Ekpene in Port Harcourt and Ikot Ekpene scale up LGAs respectively. Preliminary data indicated that scale up should target TB/DOTs, Pediatric clinics and wards, and genealogy testing. Out of the 1,143 children between 0-14years who presented at the GH Ikot Ekpene, 97% (1,106) had unknown HIV status with 1,099 eligible for testing and 1.2% (13) children identified as positive (with highest positive rates from the POPD (6%) and Inpatients (4%)). Within the same timeframe, BMSH had 3,592 children between 0-14years with 49.5% (1,778) unknown HIV status, and 1,662 (93.5%) eligible for testing. Only 1,173 (71%) got tested, with 15 (1.3%) children identified as positive (with highest positive rates from the nutrition clinic setting (13%) and family index testing modality (5%)). Issues such as incomplete tracking for genealogy testing, delayed ART initiation due to limited clinical HR for pediatric care, high burden of documentation amongst others, were challenges encountered in the course of the pilot. The PEPFAR TWG has instructed that based on the findings from this pilot, we are to scale up the essential elements of the PICF to all high volume sites in scale up LGAs.

***Capacity building and provision of technical assistance to sites:*** SIDHAS conducted a cascade training on real-time option B+ tracking system for 130 facilities on January 24, 2017. With this, FHI 360 contributed the largest USG contribution of 50% of all the sites on boarded. As at SAPR 98% of facilities had commenced data collection using Android smart phone devices. This pilot has infused provider capacity to closely track the delivery of interventions of individuals and weekly reporting of site level information across the cascade of care at healthcare delivery sites providing PMTCT services.

SIDHAS teams in Rivers and Akwa Ibom states conducted onsite trainings on the revised USG PMTCT option B+ cohort registers. These took place at the Braithwaite Memorial Specialist Hospital (BMSH), Port Harcourt and GH Ikot-Ekpene with a purpose of monitoring monthly retention of the mother and mother-baby pair. This pilot is designed to measure the outcomes of PMTCT interventions using a longitudinal cohort monitoring approach. Preliminary findings have been utilized for program improvement.

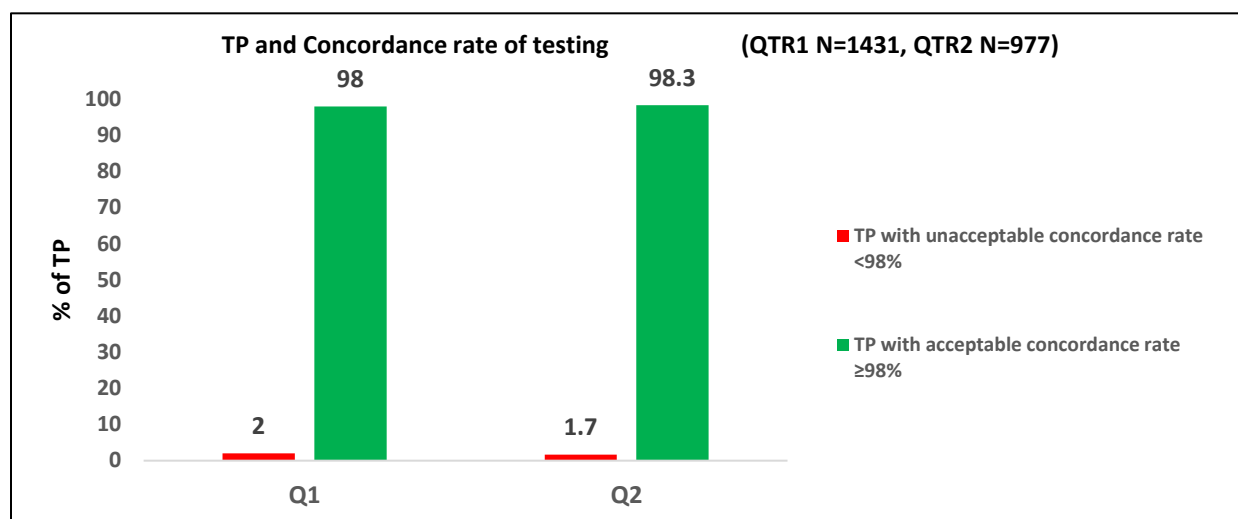
SIDHAS collaborated with the CDC-funded Centre for Clinical Care and Research, Nigeria (CCCRN) New Services Delivery Models initiative for the lower cadres of community health extension workers, designed to improve efficiency within ART program and address the diversity of care needs of different patients. As part of preparatory activities for roll out in SIDHAS supported sites, the team carried out series of stakeholder engagement and sensitization meetings in Akwa Ibom, Cross River, and Rivers States. The team also developed a curriculum for differentiated care services delivery, selected training hubs, conducted a TOT for SIDHAS and training providers, mapped health care workers and recruited for differentiated care. Three sites—GH Calabar, GH Oron and BMSH, were identified, assessed, trained and upgraded for this activity.

SIDHAS continued to support the provision of integrated FP-HIV at all eligible sites across the thirteen states. SIDHAS staff provided technical assistance to ensure quality service provision and strengthened referrals for FP/HIV Integration. Family Planning clinics at supported sites were trained on provider initiated testing and counseling (PITC). HIV testing was provided to FP clients within sustained response local government areas on request. Integrated FP was supported at ART, PMTCT and HTS service delivery points through referrals for FP from the HIV service delivery points.

SIDHAS supported the field-testing of a FP/HIV integration facility monitoring tool. The development of the monitoring tool was a USAID/Washington funded activity to (1) assess readiness to provide integrated services, and (2) assess the extent to which facilities that are providing FP/HIV integrated services are meeting quality of care standards. The pre-test was conducted at selected sites in Anambra, Bauchi, Jigawa and Kano states (three/four sites each). Feedback was provided to the team at FHI 360 headquarters and the tool will be ready by September 2017.

Following the dissemination of the 2016 National Guidelines on ART management by the Government of Nigeria, SIDHAS supported the facilitation during the central orientation and national roll out. In addition, steps are in advanced stage to cascade the trainings to the 13 states. These include slide development, procurement and printing of the guidelines and downstream sensitizations and advocacy to stakeholders, sites and providers.

***Strengthening Laboratory support and viral load monitoring:*** Support for the HIV Rapid Testing Quality Improvement Initiative (RTQII) in the 14 scale up LGAs continued within the quarter. The 804 registered Testing Points (TPs) participated in the DTS HIV serology proficiency testing (PT) scheme for Trial 0117 between March 6 – 24, 2017. Furthermore, reports of analysed DTS HIV serology Trial 0316 PT for last quarter were generated and provided to the various TPs in the 14 scale up LGAs with support from the State (QIIT) members in the period under reporting. Of the 804 TPs that received panels, only 776 (96.4%) submitted results out of which 97.3% of the panels tested had accurate interpretation of PT results and 2.7% misclassified in the trial.



In the same vein, the joint SQIIT and SIDHAS Lab teams visited the TPs enrolled for the RTQII project in the 14 scale up LGAs during the quarter. The aim was to review documentation on the standardized HIV daily worksheet and testing QC log for computation of concordance rate of testing results. The analysis revealed a slight improvement of testing point in testing concordance rate (98.3%) and a decrease in testing discordance rate between the 1<sup>ST</sup> (Determine) and 2<sup>nd</sup> test (Unigold) from 2.0% in last quarter to 1.7% in Q2. This demonstrated an improvement at TPs on the quality of HIV testing.

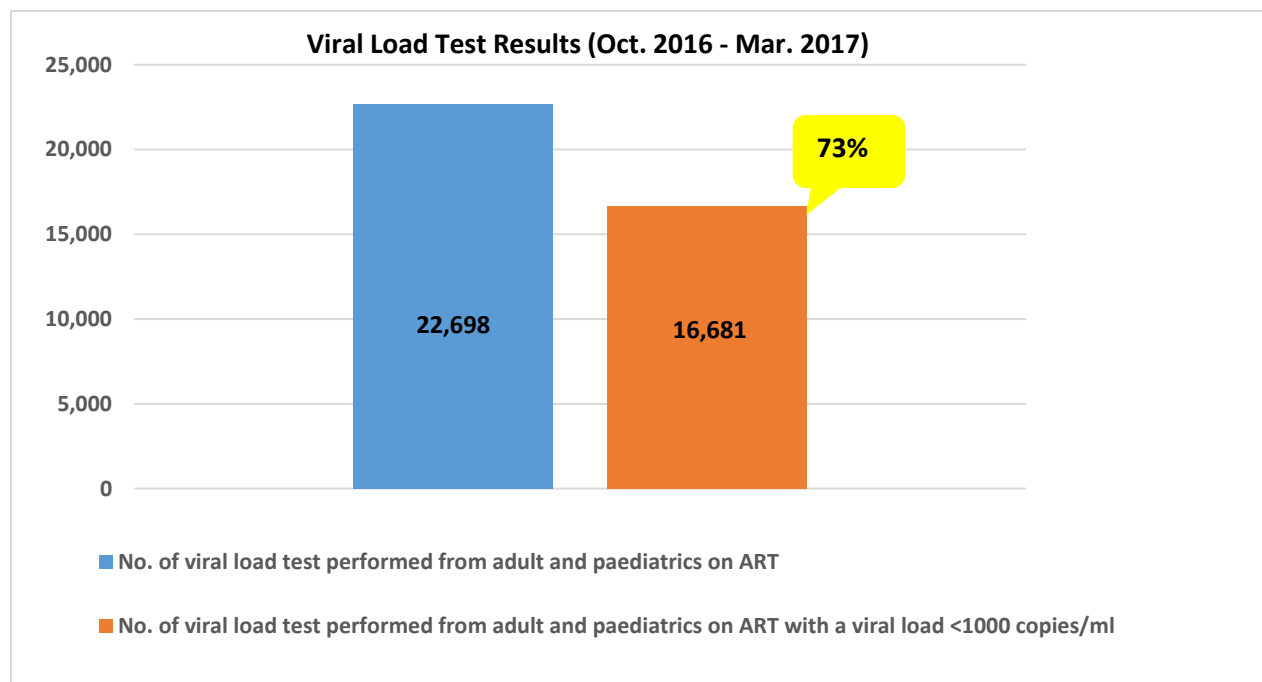
A 3-day non-residential state level HIV RTQII training on proficiency testing, quality control and competency assessment was conducted for SQIIT, other expanded members, and select SIDHAS Staff in the four scale up states. The aim was to strengthen capacity of participants to provide onsite supportive supervision, and conduct periodic assessments using the SPI-RT audit and competency assessment checklists at all enrolled TPs. A total of 76 (M:25; F:51) persons were trained—Rivers – 16 (M: 6; F: 10), Akwa Ibom – 26 (M: 7; F: 9), Cross River – 15 (M: 4; F: 11), and Lagos – 19 (M: 8; F: 11).

This quarter, PCR laboratories continued to carry out molecular testing. A general stock out of viral load reagents in the country persisted during the quarter. SIDHAS also experienced challenges with the quality of viral load reagents at the BMSH. These challenges were reported to the Donor and also appropriately channeled to be addressed by the responsible entities.

All PCR machines in the EID and viral load testing laboratories were functional during the quarter, except the Abbott machine in Doctor Lawrence Henshaw Memorial Hospital (DLHMH), Calabar, which is still undergoing repairs. To achieve 90% viral suppression for PLHIV on ART, viral load monitoring services were expanded in the quarter to some sustained response states—Kano, Jigawa, Bauchi, and Adamawa. These states were properly linked to a testing Hub based on location and proximity. Likewise, viral load DBS validation was carried in University of Uyo Teaching Hospital (UUTH), Akwa Ibom state, using Roche platform where a total of 87 viral load DBS samples were tested, and at DLHMH Calabar using the Abbott platform where 42 samples were tested. Thus, within the quarter, a total 2,725 EID and 22,698 viral load tests were carried out across SIDHAS supported PCR laboratories.



To improve demand for services, backstops were mentored and supported to conduct facility-wide/stakeholder sensitizations, improve linkages between clinics, pharmacies and labs, institute clinical audits and service checklists to ensure all eligible clients were being identified and supported to access viral load testing. The highlight of this was the conduct of a 'viral load awareness week' across all states. The aim was to ensure all PLHIV, facility staff and LGA technical leads were sensitized on the importance of having routine viral load assessments to improve quality of care. The team in conjunction with the Drug and Therapeutic Committees supported clients with VL >1000 to commence enhanced adherence counseling.



Efforts of the SIDHAS team to institutionalize Drug Therapeutic Committees (DTC) in all comprehensive facilities are finally yielding desired results. Across the 13 states, 60% of supported sites have set up DTCs, with 41% actively reviewing client records and carrying out relevant interventions. These interventions included optimization of viral load testing, tracking of treatment defaulters, promotion of active pharmacovigilance and drug safety, among other things. The establishment of DTC in the facilities and the experiences gained from the review meetings is helping the staff to independently diagnose and manage drug therapy problems thereby enhancing their ability to provide safer care to the clients.

**Other key activities towards increasing access to quality services:**

**Gender mainstreaming:** Gender mainstreamed interventions continued in Kids' club, caregivers and support group forums across SIDHAS supported states this quarter. Discussions on gender norms and gender biased practices helped ensure that members of communities identify

*Members of the community discuss inequitous gender norms and find tipping points for change*

tipping points that will lead to shift or eventual change for more gender balanced practices. Health care workers in various comprehensive sites have also begun to provide care to survivors of Gender Based Violence (GBV) in Lagos, Akwa Ibom, and Cross River states.

**Nutritional Assessment, Counselling and Support (NACS):** As part of strategies to scale up Nutritional Assessment, Counselling and Support (NACS) for PLHIV, a 5-day training of trainers was conducted for 23 (M: 16; F: 7) SIDHAS staff from the 13 supported SIDHAS states. These staff are expected to step down the trainings to health facility and CBO staff in their various states. Anthropometrics equipment such as BMI Wheel, and adult and paediatric Mid-Upper-Arm Circumference (MUAC) strips were procured. The chronic care checklist both facilities and communities as well as registers and Monthly summary forms were revised to fully capture the NACS package for service delivery at all levels.



CBOs conducted anthropometric assessment for children less than 5 years of age during kids' club activities using the MUAC. As a result, caregivers of moderately malnourished children were counselled on appropriate and adequate nutrition while severely malnourished were referred to health facilities to access immediate services. There were food demonstration sessions to educate caregivers on appropriate nutrition using locally available food stuff.

**Orphans and Vulnerable Children (OVC):** SIDHAS provided technical support to the states and facility staff, as well as the CBOs, to identify and enroll new OVC (0-17 years) who are either infected or affected by HIV/AIDS into the SIDHAS community OVC program. The teams were also supported to facilitate bi-directional linkages of the beneficiaries for health and other needed services at the community and facility levels, including HTS, ART, and viral load services.

In the 14 scale-up LGAs, up to 12,313 OVC were served into the program during the reporting period. All the beneficiaries were linked to treatment, care and support services to ensure adherence of infected OVC on ART and viral load testing for those eligible.

Lagos state was supported to establish an adolescent support group in Apapa LGA in February 2017 in collaboration with the Association for Positive Youth in Nigeria, Lagos Chapter. The inaugural meeting of the support group had 18 adolescents aged 15-19 years (M: 6; F: 12) in attendance. A second meeting in of the support group held in March 2017. The USAID/FHI360 'Positive Connections Curriculum' is being implemented and facilitated by the SIDHAS supported CBOs and community volunteers for improved adherence on ART and other positive health outcomes. Similarly, SIDHAS supported CBO in Calabar Municipality LGA of Cross River state, Positive Development Foundation, facilitated the establishment of four adolescent support groups

within the community in March, 2017 and had an inauguration meeting with 80 adolescents living with HIV (M:19; F:61) in attendance. These meetings also took place in Rivers state with 94 Adolescent girls from target communities in attendance.



*Adolescent support group meetings*

No new enrolments were done in the sustained response LGAs. However, all previously enrolled OVC and their households continued to be provided with quality services along the seven service domains including health, nutrition, education, psychosocial support, protection, shelter and Household Economic Strengthening (HES) interventions using a case management approach. Case Management is the process of identifying, assessing, planning, referring, tracking referrals, and monitoring the delivery of quality services in a timely, context-sensitive, individualized, and family-centered manner.

**Continuous Quality Improvement:** Following the realignment of the SIDHAS CQI checklist with SIMS, all supported sites were supported to conduct a baseline assessment this quarter. At the end of the reporting period, a total of 759 ART and PMTCT sites were assessed representing 100% of all eligible sites; 36 sites were not eligible due to insecurity, logistics challenges of ocean travel, and recently activated less than 6 months ago. The 27 supported community based organizations and 13 state level entities, as well as the SASCP or SACA in each of the states were also assessed. Strategies for implementation of capacity building plans based on gaps identified during the assessment were jointly developed following the assessments.

**Sustainable Financing Initiative (SFI):** As part of efforts towards increasing access to sustainable HIV care and treatment in Lagos and Rivers states, the SIDHAS Sustainable Financing Initiative (SFI) team collaborated with stakeholders to increase service coverage, strengthen financial protection, and improve access to vulnerable populations. Key activities include private sector strengthening, leveraging the role of licensed pharmacists for Test-and-Start, and proliferation of Public Private Partnerships (PPPs). Following stakeholder engagements, SIDHAS assessed 27 and 41 private health facilities respectively across scale up LGAs in Lagos (Apapa, Ajeromi-Ifeledun, Agege, Surulere) and Rivers (Eleme, Obio/Akpor, Port Harcourt states).

Integrated ART trainings were conducted for health care workers of these private health facilities to build their capacity to provide high quality ART services. The training modules were designed to fit the scope of work for respective cadre and to avoid service disruption. The training in Lagos state held in two batches from March 1 – 3, 2017. It had participation from 129 healthcare workers (M:32; F:97F) comprised of clinicians, nurses, records officers, pharmacy and laboratory personnel. The Rivers state trainings had 125 facility staff (M:40; F:85F). Following the trainings, 23 sites were activated in Lagos and 37 in Rivers states for service provision.



*Orientation of CPs participating in SFI at Randle GH*

**Akwa Ibom AIDS Indicator Survey (AKAIS):** Preparatory activities towards the Akwa Ibom AIDS Indicator Survey (AKAIS) were concluded this quarter. These included recruitment of field personnel and central level trainings for facilitators and field personnel. Recruitment of field personnel took place from March 7 – 12, and 16, 2017 in Akwa Ibom state. The goal was to accredit and engage people with the right skills sets for the survey. Following this exercise, a central level facilitators' training as well as step down trainings were conducted. The facilitators' training was held from March 6 – 13, 2017 at EEMJM Hotel, Uyo. It drew 96 participants (M:55; F:41) from the FMOH, NASCP, SMOH, NACA, SACA, DPRS, AKAIS consultants, and SIDHAS staff. These included data management specialists, laboratory experts, software developers, counsellor trainers, community mobilization specialists, program management and human resource experts.

The central level training, on the other hand, held simultaneously across 12 different locations in the state from March 20 – 29, 2017. It had 716 survey field workers (M:331; F:385) in attendance comprising laboratorians, counsellor testers, sample transport officers, cluster managers, interviewers and supervisors. The goal was to build capacity on various aspects of the field survey including flow and protocol, survey ethics and confidentiality, use of electronic data collection tool, survey questionnaires and manuals. The survey is scheduled to commence on April 3, 2017 across the 31 LGAs of Akwa Ibom State.

**Strengthening M&E Systems:** In line with ensuring the availability of high-quality comprehensive HIV/AIDS service data, the SIDHAS SI team conducted step-down trainings on the revised national data collection tools for HIV/AIDS for all SIDHAS supported states. A total of 2,022 participants (M: 758; F: 1,264) were trained which included health facility focal persons across all thematic areas (HTC, ART, Pharmacy, PMTCT and lab units), and LGA and state officers. The objective was to introduce the revised national data collection tools, familiarize participants with core programme data elements and indicators, orient participants on data flow, timelines as well as roles and responsibilities in data management.

As part of ensuring the availability of high-quality comprehensive HIV/AIDS service data, the SIDHAS SI team attended a PMTCT Option B+ Tracking System meeting organized by Federal Ministry of Health (FMOH) in partnership with Inductive Health at Vines Hotel, Abuja on January 24, 2017. The aim was to orientate IPs on real time data reporting of patient and site level information across PMTCT cascade of care at health facilities providing PMTCT services.

SIDHAS participated in the Test and Start (TAS) protocol review meeting organized by FMOH HIV AIDS Division in collaboration with University of Maryland Nigerian Program – Shield project. The meeting held on February 10, 2017 at Valencia Hotel, Abuja. The objective was to evaluate treatment outcomes of early ART initiation after HIV diagnosis or in pre-ART adults aged 16 years or older. A protocol was developed during the meeting, and eight LGAs from the 32 LGAs selected for the study, three of which are SIDHAS supported. The FMOH is expected to develop an implementation plan for consideration and subsequent roll out.

## Integration

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

Effective collaboration and linkage between the TB and HIV units has been enhanced by increasing availability and access to resources such as GeneXpert services, as well as increased capacity of care providers through the SIDHAS project.

In most of the AFB and GeneXpert laboratories visited, the relevant recording and reporting tools are correctly filled in. Commodities reagents and other materials are available in adequate quantity. Internal quality control is done weekly and documented. The laboratories participate in the state organized quarterly blinded rechecking of slides and EQA was regularly carried out as evidenced by the written feedbacks sighted during the visit.



*Visit to Sari PHC Lagos by a GLRA Representative (SIDHAS Consortium Partner)*

In quarter one, SIDHAS had conducted an assessment to determine the performance of TB/HIV referral coordinators engaged on the project. Analysis of the data extracted during the assessment of the TB/HIV referral coordination in the 14 scale-up LGAs is currently ongoing. Preliminary results indicate 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.

Within the reporting period, SIDHAS Laboratory team continued to support feasible integration of ART laboratory services. The team assessed 208 testing laboratories out of 214 labs. Findings showed that 21.6% achieved full integration while the rest were partially integrated.

As part of the requirement 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 42. Similarly, 105 health facilities registered for the OASYS PT program (CD4 and HIV serology) under the national EQA received panels for the March 2017 Test Event (TE III), panel analysis and result submission is currently ongoing. Reports of previous trials (trial 41) obtained in this quarter from the two PT providers were forwarded to the respective labs with corrective action.

SIDHAS continued to provide support to the 10 sites enrolled into the SLMTA national program. In a bid to strengthen in house capacity on laboratory accreditation process, a 5-day training was organized for 20 (M: 12; F: 8) SIDHAS laboratory staff on the essentials of the SLMTA curriculum as well as laboratory accreditation processes. The impact of this training was evident in the improved performance of supported laboratories following the round of audits by the SLMTA auditors.

SIDHAS continued to support the remaining sites in SLMTA Cohorts 3 and 5 (NAUTH; UUTH, Uyo; ANSUTH, Awka; GH Ajeromi, and BMSH Port Harcourt Labs) for the various continuous quality improvement activities. In the same vein, following the expiration of formal recognition for star rating by WHO AFRO among the cohort 1 (pilot) sites and the exit audit of NAUTH laboratory, SLIPTA audit application was submitted for these Laboratories in Cohort 1 and 3 (GH Lagos, IDH Kano, GH Calabar, DLHMH Calabar, UBTH Benin and NAUTH Nnewi) for recertification of the five Laboratories in cohort 1 and certification of the cohort 3 (NAUTH) Laboratory. NAUTH Lab was finally audited by SLMTA national auditors for the SLMTA exit audit at the end of the quarter and the lab was rated 3 Star in line with WHO AFRO ratings.

This quarter, a GBV response committee was constituted in Borno State to coordinate GBV response in the state. The committee is also expected to ensure that GBV victims, especially in insurgent communities have unfettered, confidential and dignifying access to medical care, justice and other non-responses to GBV. In addition, the committee has the responsibility of advocating to the state government to be more gender aware in the provision of social safety nets for vulnerable groups, especially women and girls. The committee comprises Policemen, Civil Defense Corps, Medical Women Association of Nigeria (Borno Chapter), media, Representative of Ministry of Justice, Health workers, National Agency for the prohibition of Trafficking in Persons (NAPTIP) and Federation of Women Lawyers (FIDA).

***Borno state GBV  
response  
committee  
constituted***

***Post GBV Care unit  
staff trained on  
clinical and non-  
clinical  
management of  
GBV and on  
Psychological care***

In FY16, SIDHAS conducted a gender analysis of its program to assess performance and identify challenges that need to be addressed. One of these challenges included poor auditory and visual privacy at facilities which was found to compel clients to lie to healthcare workers or deny sexual violence. As part of plans to address these findings, SIDHAS selected key health facilities in priority LGAs to provide GBV services within a nucleus in the facility that has auditory and visual privacy. To this end, healthcare workers in Rivers state were trained on post GBV care, non-medical care, as well as providing Psychological First Aid (PFA). The objective is to foster sustainable gender interventions through post GBV care services, using PEPFAR guidelines and minimum package of care for GBV as well as providing psychological first aid. The other states benefitted from this training in the previous quarter.

During the reporting period, mentoring through onsite visits and emails communication was provided to SIDHAS state team on care and support, referrals and retention in the 13 states to ensure service quality, attainment of assigned targets, implementation of differentiated care, adherence support to prevent losses and improve client retention in care. Within this quarter, the CBO community volunteers visited homes of the PLHIV to monitor and provide nutritional and treatment support. Some findings by the community volunteers showed that some PLHIV provide wrong addresses thus making it difficult for them to be reached and access services.

Supported CBOs also conducted community dialogues within the quarter. Discussions at these sessions included basic facts about HIV/AIDs, stages of HIV/AIDS, gender, care and support of PLHIV, effects of stigma and discrimination, prevention, and the need for people to always know their HIV status. Myths about HIV/AIDs were also discussed and resolved. Several cluster coordination meetings were held within this reporting period. Key issues discussed included strengthening the support groups, ensuring proper completion of referral forms, proper adherence counseling for the PLHIV, home based tracking, and viral load suppression, among other things.

To improve the quality of OVC case management in line with the national OVC service standards, SIDHAS continued to build the capacities of state and CBO staff in scale-up and sustained response LGAs across the 13 supported states. This was done through planned central trainings, onsite and offsite mentoring.

SIDHAS participated in the national level OVC case management Training of Trainers (TOT) which held from January 13 – 17, 2017, in Lagos state. The training was conducted by the USAID funded 4 Children Project for all PEPFAR OVC Implementing Partners (IPs) in the country. The goal was to orient IPs including government stakeholders on the newly developed OVC case management training package for Nigeria. It also aimed to empower the IPs to step down the training in their respective programs.

SIDHAS also participated in other HES trainings including Savings Group Methodology TOT from January 23 – 27, 2017 in Abuja; Savings Group Information Exchange (SAVIX) TOT from February 6 – 8, 2017; and Financial Education TOT from February 9 – 10, 2017 in Lagos. These

trainings aimed to provide participants a shared understanding of how savings groups work, and the benefits to OVC and their caregivers which include financial literacy as HES interventions for improved wellbeing.

Following these series of trainings, SIDHAS conducted a TOT for 55 participants (M: 30; F: 25) from February 13 – 17, 2017 in Lagos state. Participants included SIDHAS teams drawn from FHI 360, ARFH and CBO staff across the 13 supported states. The training centered on the National OVC case management package (identification, enrolment, assessment, Care plan development, service provision and referrals, monitoring and graduation). Other areas covered included child protection and safe guarding, parenting skills, and adolescent health programming, as well as savings group methodology and reporting with the SAVIX. The training also updated the CBOs in attendance on use of the upgraded version of the NOMIS which was installed on their systems during the OVC case management TOT in Lagos.

Access to HES interventions e such as Income Generating Activities (IGAs), vocational skills, micro-enterprise fundamentals, financial literacy, and money management trainings were provided to OVC and their caregivers this quarter. Start-up materials were also provided to eligible beneficiaries within the reporting quarter. SIDHAS teams monitored savings groups formation and participation by OVC caregivers and older OVC aged 15-19 years this quarter. Some of the savings groups are currently into their second cycles, most of which have increased the value of their contributions due to the benefits derived from the scheme. As at the end of the quarter, 23,170 OVCs and 12,509 OVC Caregivers from 10,138 households have been graduated.

OVC kid's club activities held across the 13 supported states during the reporting quarter. The OVC were grouped into different age ranges and engaged in recreational activities including native games as well as education on basic facts about HIV/AIDS and personal hygiene. Gender norms were also mainstreamed into all the activities. These kids' club activities have contributed to improved confidence of some children, building of friendships among peers, and improved self-awareness.



*L: Income Generating Activity.*

*R: Savings group meeting*

Caregivers' forums also held across the 13 supported states this quarter. Caregivers were educated on parenting skills as well as HES and nutrition counselling. Some of the topics delivered at these sessions included adequate nutrition, homestead gardening, importance of girl child education, avoiding self-medications, dangers of drug abuse, STIs and HIV/AIDS.



As part of national efforts for ensuring integrated logistics management, SIDHAS presented an RTK supply analysis to the PSM team and deliberations made on how best to ensure commodity availability for the test and start policy in antiretroviral treatment. They also shared the condom bi-monthly CRRIRF from the 13 supported states with the GHSC-PSM to facilitate prompt and adequate resupply of condoms to ensure availability and accountability of commodities.

## Stewardship

The sixth (6th) meeting of the SIDHAS Project Advisory Committee (PAC) convened on March 9, 2017 in Abuja, at the NACA office. In attendance were all PAC members except the Executive Secretary of the NPHCDA who sent in his regrets. In addition, the Director Public Health, FMOH, was represented by the National Coordinator, NTBLCP. The meeting was significant due to the fact that all of the committee members were new following leadership changes at the GON as well as within the SIDHAS project. The meeting therefore served as an inaugural meeting for all members including the PAC Chair. The SIDHAS top management utilized the opportunity to orient the PAC members and also provided updates on project implementation progress from inception to date. The presentation also highlighted some project implementation challenges and made recommendations for consideration by the PAC. Key resolutions from the meeting included a consensus to pay advocacy visits to six (6) select state governors to advocate for improving HIV/AIDS financing.

As part of activities to promote sustainability, SIDHAS provided technical support to eight of its 13 states and worked with NACA to develop and submit a memo to the 59<sup>th</sup> National Council of Health which held at the International Conference Centre, Umuahia, Abia State from the January 23 – 27, 2017 with the theme: National Health Policy: A Tool for Achieving Universal Health Coverage (UHC). The council was chaired by the Honourable Minister of Health and had in attendance 801 delegates from the health sector. The prayer of the memos was to build state ownership and sustainability of state HIV programs through the development and funding of state sustainability roadmaps. This was an action step from a workshop organised by SIDHAS in FY16 to build leadership and governance capacity of the heads of the SMT in the 13 SIDHAS supported states. All the memos were combined and approved as follows: The earmarking of at least 0.5% to 1% of the monthly Federation allocation to states for financing the implementation of the HIV/AIDS sustainable roadmaps. This is in line with the KR3 of the SIDHAS project.

Furthermore, DLHMH TB Reference Laboratory was officially handed over to the National TB and Leprosy Control Program (NTBLCP) on February 14, 2017 as directed by PEPFAR. The event was witnessed by representatives of SIDHAS, State Ministry of Health (SMOH), State Agency for the Control of AIDS (SACA), Federal Ministry of Health (FMOH), Institute of Human Virology Nigeria (IHVN), and the management of DLHMH. The state governor was represented by the commissioner of health, Dr. Inyang Asibong, who used the opportunity to emphasize on the successful partnership between the Cross River state government and USAID through the FHI 360 in establishing and managing the TB Reference laboratory, as well as capacity building of the laboratory personnel. The honorable Commissioner for Health also announced that the state governor, Senator (Professor) Ben Ayade, had approved absorption of the three Medical Laboratory Scientists and the facility engineer into the state civil service commission. These

personnel had been hitherto supported by USAID through the SIDHAS project. The Commissioner of Health appealed to the USAID funded SIDHAS project to support upgrade of the ART laboratory in DLHMH for structural and service integration of the viral load services. In her ending remarks, the Commissioner said, ***“Indeed USAID/FHI360 have touched the lives of our people in a remarkable way”***.



*Left: Handover of the lab from FHI 360 to NTBLCP. Centre: Handover from NTBLCP to the Cross River state government. Right: Front view of the DLHMH reference lab*

SIDHAS supported the National TB and Leprosy Control Program (NTBLCP) with planning for the World TB Day. The team also participated in the commemoration of the World TB day which took place on March 24, 2017. Part of the support provided included procurement of 550 reflective vests which were branded with TB messages for the event. In addition to raising TB awareness during the event, all the 13 state offices also engaged in active TB case finding. Preliminary results of this approach to active TB case finding using the world TB day platform, showed the following yield of TB and HIV patients from the one-week exercise: 4,214 individuals (M: 1,976; F: 2,238) were screened for TB; 749 (M: 315; F: 434) presumptive cases were identified; 1,012 (M:480; F:532) presumptive TB patients were tested for HIV of which 117 (M: 55; F: 62) tested positive for HIV; 161 (M: 45; F: 116) were linked to services. Final data is being collated and will be shared as soon as they are ready.



*FHI 360 Country Director Dr R. Chiegil at model PHC Kuchigoro*

Members of the WTBD planning committee, comprising the FMOH (NTBLCP) and representatives of TB program stakeholders including FHI360, planned and executed a medical outreach at an IDP camp and launching of a GeneXpert suite at a PHC Centre Kuchigoro, in the FCT, by the Honorable Minister of Health. The NTBLCP also engaged stakeholders in Abuja in week long activities as part of activities to mark the World TB Day. These included a sensitization road walk in reflective jackets, sensitization on the negative effects of TB disease and service locations, development of the rapid advice on the new formulation of childhood anti TB drugs, and strategies to adopt in improving control of childhood TB in Nigeria control in the country to strategize ways of intensifying TB case detection among children.



*National Coordinator, NTBLCP, and a SIDHAS staff teaching children the right way to cough during a WTBD event*

The meeting was held on March 16, 2017 towards the operationalization of the support plans for the EQUIP Demonstration Project. Participants were drawn from the various USAID and CDC funded Implementing Partners (IPs). Discussions held to conclude on operationalization of the support from EQUIP in the areas HIV Self-testing (HIVST) approach to complement the existing HIV testing strategies towards reaching the “first 90”. Multi-month dispensing and a review of the viral load value chain analysis and various challenges facing viral load implementation were discussed by participants. A follow up meeting with Wits Lab (EQUIP Consortium Lab partner) with Lab TWGs is being expected.

Within the quarter, SIDHAS team worked with USAID in a series of planning meetings leading to the development of COP17 strategies. Contributions from SIDHAS included current strategies deployed for epidemic control on the priority LGAs; methodology development to COP17 planning, strategies and analysis on how locations were prioritized for epidemic control; formulation of assumptions, and analysis of SIDHAS program data in the scale up and priority States.

SIDHAS participated in this quarter’s National Care and Support Technical working group meeting held on January 12 and 14, 2017 at NACA office. Highlights of the meetings included review and inputs for finalization of the care and support section of the National Strategic Plan 2017-2021, sharing of reports and feedback from the nutrition and mental health subcommittees, and review and finalization of the national care and support monitoring and reporting tools. SIDHAS also participated in the review of the national guideline for nutritional care and support for PLHIV.

SIDHAS participated at the Domestic Violence Response Committee meeting at the Cyprian Ekwensi Cultural Centre, Abuja on March 9, 2017. This committee was inaugurated in February 2017 by the Presidency to ensure all GBV cases are aptly and promptly responded to in a coordinated and dignifying manner. The SIDHAS team, though not an implementing partner in

the FCT, was nominated by USAID to attend and provide feedback to mission. The committee is charged with responsibility in four core areas: improving coordination, cooperation and communication among members; capacity development; operations publicity, awareness and advocacy; and monitoring, evaluation and long-term planning.

As a post-graduation strategy, the SIDHAS OVC program monitors the wellbeing of OVC and their caregivers who have been graduated from the program for at least six months. This is being done to ascertain stability and resiliency these beneficiaries outside PEPFAR support. A PEPFAR OVC Tracer Study is being coordinated by the USAID funded 4 Children Project to gather data on this. The SIDHAS team is expected to participate in the study. As part of initial activities for the study, SIDHAS participated in the study design/methodology workshop which held in Abuja from February 22 – 24, 2017. A Tracer Study protocol was developed at the end of the workshop and will be submitted to National Health Research Ethics Committee (NHREC) for approval.

SIDHAS also participated in the USG (USAID and CDC) OVC costing study design workshop for all PEPFAR OVC IPs which held in Abuja on March 24, 2017. Data from the costing study is expected to help the USG refine the budgeting process for the OVC program in Nigeria. It will also tie-in with ongoing efforts to determine a series of 'gold standard' packages of services that respond to different categories of child and household vulnerability. The study will collect spending data on the various service packages from sampled USAID and CDC partners operating in the selected study states of Lagos, Kaduna, Benue, Nasarawa, FCT, Cross River and Rivers. The study will also examine partners' expenditures in the various services they provide, how partners are currently allocating expenditures across the various service areas and will also document key contextual factors that contribute to cost drivers at specific locations/sites/facilities. A qualitative component of the study will help define service packages implemented by each IP, and help understand contextual factors that drive costs and better explain why these contextual factors influence costs.

The international women's day was commemorated on March 8, 2017. As part of events marking the day, SIDHAS conducted a cursory analysis of its staff and recipients of intervention such as HTS, PMTCT and ARVs. There was awareness on social media and within the SIDHAS project on protecting women and children from violence and insecurity.



SIDHAS also attended the national quantification planning meeting with other stakeholders from February 27 – 28, 2017 at CHAI office, Abuja. At this meeting, a step by step plan for the upcoming national quantification exercise for 2017 was done by reviewing the ARV & OI forecast spreadsheet and the assumption building worksheet. SIDHAS data was also presented for use in the planning exercise. This will ensure adequate plans are made for the current patients on ARV and new ones to be initiated on the project.

The team also participated in the revised logistics system implementation planning meeting on March 21, 2017. This was a follow on proposed new inventory control system for HIV/AIDS commodities in Nigeria. During the meeting, a synchronized roadmap for SOP review and roll out of the new inventory system was developed and activities to support the implementation were teased out.

## State Level Progress

This section of the report is presented in three categories—priority states and sustained response states, as well as a summary of SIDHAS interventions so far in the North East where project implementation has been challenged by insecurity.

## Highlights from Priority States

### Access

During the reporting period, SIDHAS teams in the priority states—Akwa Ibom, Cross River, Lagos and Rivers—intensified activities towards increasing access to services and achieving epidemic control in the scale-up LGAs. Strategies employed included Epidemic Control (EC) outreaches, facility optimization, targeted hot spot testing, and sexual network testing, among other activities.



*EC team offering HTS onboard a marine patrol vessel in Akwa Ibom*

**Epidemic Control (EC):** In Akwa Ibom State, the team piloted offshore HTS and comprehensive service provision in hard-to-reach fishing communities in Okobo, Oron and Uruan LGAs. These efforts culminated in HTS provision to 806

persons, including 28 pregnant women; 49 positives were identified including seven pregnant women signifying a 6% positivity rate for the general population and 25% for pregnant women.

The Cross River State team carried out targeted testing in the focus LGAs to increase positivity yield, as well as operationalization of Pediatric Intensified Case Finding (PICF) in Calabar South and Calabar Municipal LGAs. On the whole, 362 adolescents and children were tested with one positive result; 128 EID samples for HIV Exposed Infants (HEIs) were sent to the University of Calabar Teaching Hospital (UCTH) for analysis. Of these, 32 positives were identified, tracked and linked to care.

Targeted PMTCT testing activities were part of activities carried out in Rivers State during the quarter. The EC teams mapped 51 Traditional Birth Attendants (TBAs) and partnered with them for Option B plus tracking of all pregnant women accessing ANC services across supported facilities in the scale up LGAs. The tracked pregnant women are currently being reoriented and enrolled on lifelong PMTCT ART services. In addition, 175 EID samples were logged to the PCR lab at the Braithwaite Memorial Specialist Hospital (BMSH) for assay during the reporting period. An overall total of 334 results were received and dispatched from BMSH during the period (including samples received from the previous quarter), out of which 311 samples were negative. The state team has commenced enrolment of the 23 identified positive children into pediatric ART services.

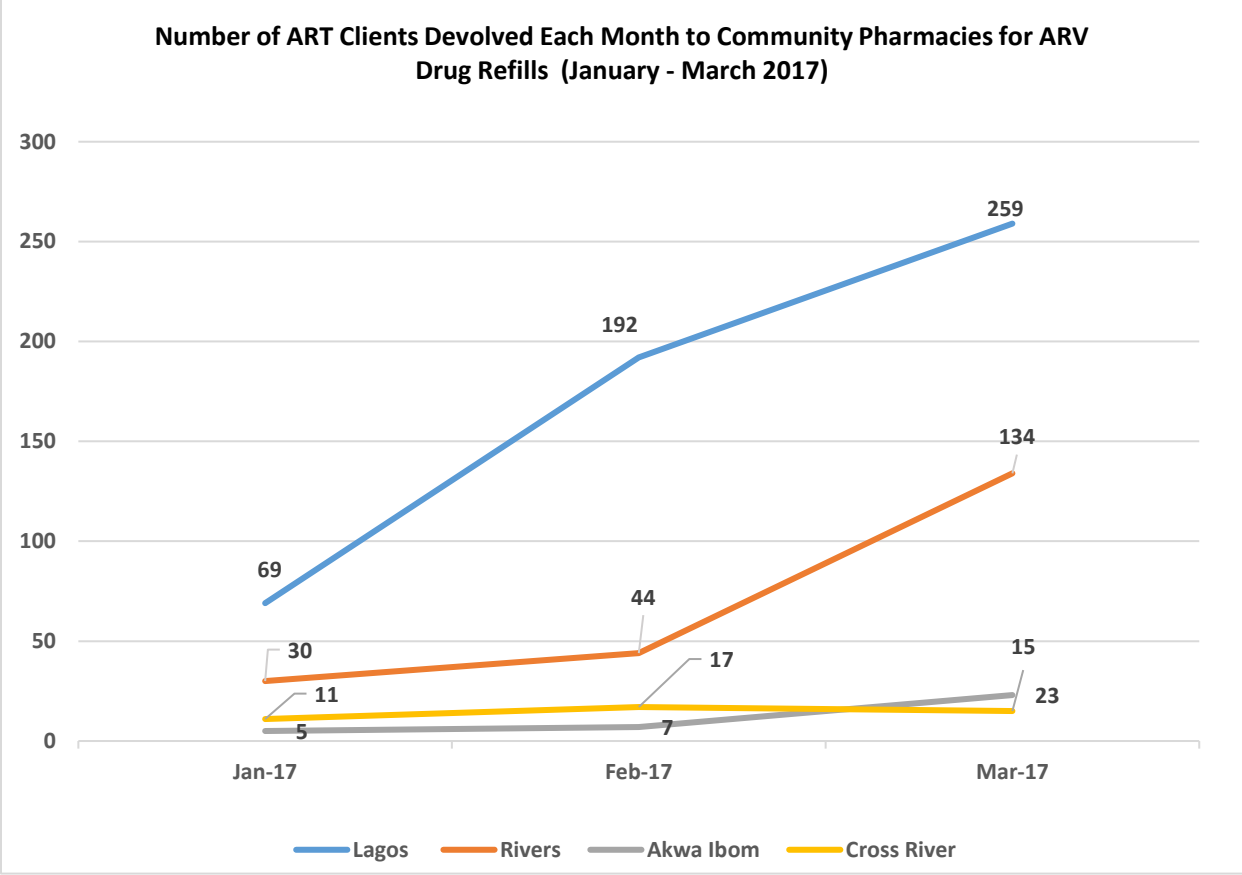
**Sexual Network Testing (SNT):** In Cross River State, SNT services were extended to 489 HIV positive persons. Of these, 474 sexual contacts were elicited and HTS provided to 181 (M: 78; F: 103) of them. Out of the 181, 45 (M: 32; F: 13) tested positive to HIV and were commenced on treatment.

Similarly, SNT efforts of the Lagos state team have resulted in increased acceptance of SNT by clients accessing HTS. This growing acceptance is due to improved client education, counseling and tracking. With positivity yields as high as 62% being reported among the sexual networks, SNT has proven to be effective for the Lagos team in terms of identifying HIV reactive people. SNT contributed 4% of the total positive cases this quarter and has also resulted in increase in self-referrals and linkages to treatment. In collaboration with the Lagos state government, SIDHAS carried out in-community HIV testing and TB screening exercises. This was done on World TB Day as part of efforts for accelerated TB case finding in eight communities in the scale-up LGAs. Through this effort, 300 persons (M: 151; F: 149) were tested for HIV with seven persons (M: 3; F: 4) testing positive to HIV. In addition, 494 persons were screened for TB with eight TB positive cases. All persons testing positive for HIV and TB were successfully linked to treatment by the state team. Provider Initiated Testing and Counseling (PITC) across supported facilities in Lagos state increased this quarter from 70% in Q1 to 80% of clients assessing service at facilities.

**The Community Pharmacy Antiretroviral Refill Program (CPARP)**, an expansion of community delivery of ART through community pharmacists as a model of differentiated care continued this quarter in Akwa Ibom, Cross River, Lagos, and Rivers states. Stakeholder review meetings were conducted in Akwa Ibom and Cross River states with NEPWAN, pharmacy professional associations, GON and private sector community pharmacists participating. A key point from the meeting in Akwa Ibom was the commitment of support group coordinators from three LGAs and NEPWAN executives to cascade the benefits of the program to members hence, improve clients' devolvement for refills in community pharmacies.

In Cross River, 83 (M: 44; F: 39) stable clients from General Hospital (GH) Calabar and Doctor Lawrence Henshaw Memorial Hospital (DLHMH) received ARV drug refills and pharmaceutical care at community pharmacies in Calabar South and Municipality LGAs during the quarter. The CPARP was also scaled up to six additional facilities in Akwa Ibom. So far, 277 stable clients (Cross River – 204; Akwa Ibom – 73) have been devolved from high volume sites to community pharmacies across both states.

In Lagos and Rivers States, CPARP is implemented under the Sustainable Financing Initiative (SFI). This quarter, the SFI teams expanded access to 90 community pharmacies (44 Lagos; 46 Rivers) bringing the total number of community pharmacies providing ART refill services in these two states to 106 (55 Lagos; 51 Rivers). The Rivers state team continued to support provision of differentiated care services to clients across supported sites with focus on high volume sites. The aim was to decongest the sites and support facility staff in improving the quality of services. Since inception of the program, 1,111 stable clients (Rivers – 268; Lagos – 843) have been devolved to community pharmacies in both states. The rate of client devolvement per month is as shown in the graph below:



Through efforts aimed at increasing access to services in the private sector, 54 (17 Lagos; 37 Rivers) private health facilities, 106 community pharmacies and two laboratories (1 Lagos; 1 Rivers), were selected and activated for participation in the Sustainable Financing Initiative (SFI) in Lagos and Rivers states. Following this, 254 health workers (125 Lagos; 129 Rivers) across SFI supported sites participated in trainings centered on ART services, pharmaceutical best practices, and monitoring and evaluation to ensure provision of quality HIV services.

**Viral load service optimization** also continued in priority states during the quarter. Following folder audits at supported facilities and tracking of eligible clients, 6,462 blood samples were collected and transferred to DLHMH and University of Calabar Teaching Hospital (UCTH) in Cross River State. This figure represents an improvement over 2,030 in Q1. Out of the total samples, 4,430 have been analyzed while the remaining 2,034 samples have been stored for future analysis due to a nationwide shortage of reagents.

The Cross River state team supported the installation of nine solar fridges procured to aid proper storage of viral load samples and assure quality at the hubs prior to analysis. In addition, 81 sites comprising HIV care and Option B+ centers were activated in the state for provision of viral load sites. This brings the number of sites providing this service in the state to 112. This effort is expected to improve progress towards attainment of the 3<sup>rd</sup> 90 in the state. Furthermore, 19 of the 21 functional drug and therapeutics/pharmacovigilance committees were supported to conduct meetings to review viral load results and rational drug use. In these meetings, 459 viral



load samples with results of more than 1000 copies/ml were reviewed out of which 19 were repeat results. Of the 19, 12 were switched to 2<sup>nd</sup> line regimen.

In Lagos state, 82% viral suppression rate was achieved in the reporting quarter and the linking of positive clients from communities to hub facilities increased from 88% in Q1 to 116% in Q2. The ingenious use of tricycles by EC teams contributed significantly to this result. The Rivers state team also continued to work towards improving access to viral load services in the state. This was done through routine mentoring and coaching of healthcare workers on referral of eligible clients for services alongside strengthening of sample logistics systems. A total of 3,141 samples were collected and logged to the reference lab at Braithwaite Memorial Specialist Hospital (BMSH), Port Harcourt. Of this, 2,523 results were received within the period with 1,489 results showing suppression.

## Integration

**Site Improvement through Monitoring Systems (SIMS)** visits were conducted in Lagos and Rivers States. The 20 facilities (10 ART and 9 PMTCT, SASCP) assessed in Lagos passed with average score of 85%, an indication that SIDHAS supported HIV services are responsive to quality standards. Also, community referral and linkages with TBAs in scale up LGAs is being strengthened through routine monthly meetings and one-on-one visits from epidemic control teams. These efforts are contributing significantly to increase in the number of pregnant women being tested for HIV. In Rivers, all 20 health facilities assessed, 16 PMTCT and four HCC passed the assessments with an average score of 91%. Sites with few yellow and red scores were supported to develop remediation for addressing identified gaps.

**FP/HIV Integration:** This quarter, onsite activations of one-stop shops for FP/HIV integration services were conducted in family planning units across 13 supported comprehensive ART facilities in Akwa Ibom State. This included UUTH, Police Clinic and PHC Base in Uyo; MGH Itukmbang, PHC Idu, PHC Nwaniba, PHC Ndon Ebom, and PHC Adadia in Uruan LGA; PHC Oti-Oro and PHC Mbokpu Oduobo in Okobo LGA; General Hospital Ikot Ekpene, Cottage Hospital Essien Udim; and PHC Ikot Akpan Ikong Abak LGA. The activation of these one-stop shops is aimed at enabling access of HIV positive pregnant women to family planning services at the ART clinics.

**TB/HIV Integration:** In Cross River State, service integration continued with TB/HIV clinical screening. A total of 13, 985 HIV positive clients were screened for TB using the chronic care checklist, which is an improvement of 13, 711 over total screened in Q1. Of this number, 317 suspects were referred for further investigations; 32 clients found to be co-infected were placed on TB care and treatment. The state team also conducted a 3-day biosafety and quality system training aimed at improving safety standards in supported laboratories. The training held in three batches from March 22 – 31, 2017 for 77 (M:34; F:43) laboratory personnel drawn from 25 comprehensive ART laboratories. An output from the training was the production of a safety implementation plan for use in supported laboratories.

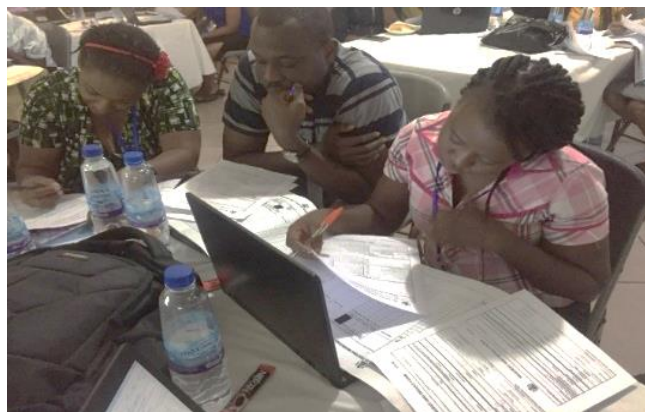
**Akwa Ibom State AIDS Indicator Survey (AKAIS):** Activities geared towards roll out of the Akwa Ibom State AIDS Indicator Survey (AKAIS) scheduled for April 1<sup>st</sup> 2017 were intensified this

quarter. SIDHAS and the Akwa Ibom state government jointly screened and engaged various cadres of relevant field personnel, following which trainings were conducted in preparation for the survey. The teams have been constituted and will conduct the main survey in the next quarter.

### Other Highlights

In Rivers state, 10 facilities were provided solar desktops to strengthen M&E documentation systems, while four hub facilities received solar freezers to improve sample storage capacity for efficient viral load management and uptake.

During the reporting period, a training on revised monitoring and evaluation tools was conducted across all the priority states. Participants included various cadres of healthcare workers, staff of supported CBOs, and state ministries and agencies. The aim was to acquaint participants with the tools which were revised to suit the new WHO 2016 guidelines on Test and Treat and the UNAIDS 90-90-90 goals. The training also served as a forum to identify strategies to close gaps in sexual network testing (SNT), genealogy testing, and documentation of these services.



*Practicum session on documentation at Revised M&E Training*

As part of economic strengthening efforts to reduce the impact of HIV/AIDS vulnerability and improve family income, ARFH through her CBO, Support for Mankind in Rivers State, provided start-up materials in different kinds of petty trade, Income Generating Activities and skills acquisition for 35 caregivers (M: 2; F: 33) who had already been trained on Micro Enterprise Fundamentals. In Akwa Ibom State, the three supported CBOs also empowered 39 caregivers (M: 9; F: 30) with skills acquisition for income generation.

In a similar vein, the Support for Mankind, sustained its advocacy efforts to the State Primary School D-line, Okuruama, Ozuboko, and Government Secondary School, UPE Borikiri, Port Harcourt. This was geared towards the wellbeing of OVC for regular attendance at school for those enrolled. As a result, six OVC (M: 5; F: 1)) were provided with educational materials out of which three were given fresh admissions into school at Ozuboko Primary school and Government Secondary School UPE Borikiri. One OVC was reintegrated into Hulton International School, Eagle Island, and provided educational materials which included a bag, uniform, sportswear, books, pencil, sandals and socks.



*Rejoice is excited to start school again*

## Stewardship

**Sustainability:** Activities aimed at promoting stewardship and sustainability of the USAID funded SIDHAS project were sustained this quarter across the four priority states. The Lagos state team engaged with the heads of supported facilities to promote access to available services and provide alternatives to power supply in some health facilities. This led to an increase in the number of PITC points from two to six in Orile-Agege GH, and a commitment by the management of Sango Primary Health Care, Agege to procure a new power generator for the facility.

SIDHAS supported the Akwa Ibom state government to adapt the National Task Shifting/Sharing Policy. This process culminated in a three 3-day meeting of stakeholders drawn from the SMOH, Professional Groups, CSOs, LGA Service Commission, HMB and LGAs in the State. At the end of the meeting, the policy was adopted by the Honorable Commissioner for Health, Dr. Dominic Ukpog, for implementation in the state. The State Task Shifting/Sharing policy aims to promote task redistribution and movement among highly qualified health workers to health workers with shorter training and fewer qualifications. This is expected to allow for more efficient use of the available human resources to improve access to services, including HIV/AIDS services.



*The PS, HSC, DPS HSC, other GON staff, and SIDHAS staff at the workload analysis workshop*

The team collaborated with Lagos State Health Service Commission (HSC) to kick-start a workload analysis process in six secondary health facilities: GH Lagos, GH Apapa, GH Ajeromi, GH Orile Agege, GH Badagry, and Randle GH Surulere. The 17 member (M:8; F9) task team set up for this exercise was trained by SIDHAS and is currently being supported to collate data at the select health facilities, using the WHO WISN software, for the workload analysis.

**State Management Team (SMT):** Akwa Ibom and Cross River states successfully held their HIV/AIDS SMT meetings this quarter. A key outcome from the meeting in Cross River State was the mandate and commitment to harmonize state level HIV/AIDS information, using a unified template for all IPs working in the state. Key performance indicators for the SMT are also expected to be reviewed for adoption at the next SMT meeting. As part of ownership for HIV/AIDS services, the SMT meeting was fully funded by the Cross River State Government with marks a significant shift from the previous situation. In the same vein, SIDHAS organized an accountability workshop for the priority LGAs where a costed HIV/AIDS epidemic control work plan was developed for Calabar Municipal and Calabar South LGAs.

At the Akwa Ibom State SMT meeting, the Honorable Commissioner for Health, Dr. Dominic Ukpog, gave a directive to the Directors Public Health and Medical Services to stop all forms of

payments being made by PLHIV to access HIV treatments. This is a major achievement for HIV/AIDS accountability and ownership by the GON for SIDHAS, this will also improve HIV/AIDS treatment retention in the state.

The 14 scale up LGAs were supported to develop their 2-year (2017-2018) HIV/AIDS costed work plan, work plan narrative, and HIV/AIDS epidemic risk management plan in line with the 90-90-90 goals. Work plans will build the foundation for accountability and ownership of the HIV/AIDS response at the LGAs.

**Institutional capacity building:** Following SIDHAS institutional capacity building efforts on resource mobilization, the Women and Community Livelihood Foundation (WOCLIF), a SIDHAS-supported CBO in Akwa Ibom State, secured a World Bank grant. SIDHAS supported CBOs have continued to utilize the capacity and skills from the resource mobilization trainings to reach out to philanthropists and other corporate organizations to seek additional sources of funding.

The Lagos state team trained 467 (M: 220; F: 247) facility staff in different technical areas including HTS, OVC, PMTCT and M&E as part of efforts to enhance skills and improve quality of services at supported facilities. In addition, 15 staff of Lagos GH were trained on laboratory quality management systems in preparation for the WHO-SLIPTA accreditation. On its part, the State Government, through the Permanent Secretary of the Health Service Commission, committed to support renovation of the laboratory to meet international standards as part of preparation processes for the accreditation. The state team also supported the logistics management coordinating unit of the state ministry of health to conduct a one-day sensitization meeting on Drugs and Therapeutics Committee and Pharmacovigilance. The meeting had in attendance 37 persons (M: 11; F: 26) from the unit, and resulted in a review of DTC operationalization in facilities, as well a commitment to ensure active pharmacovigilance.



**World TB Day Celebrations**

In Cross River State, SIDHAS collaborated with the State Tuberculosis and Leprosy Control Program (STBLCP) and other stakeholders to mark the 2017 World Tuberculosis Day with a walk to create awareness on the signs and symptoms of TB as well as service availability. Community and facility testing for TB was carried out to intensify TB case finding for early management and better health

outcomes. Similarly, a 5-day **viral load campaign** aimed at increasing awareness and increased uptake was held from March 27 – 31, 2017 for healthcare workers and clients on treatment.

The Rivers State Ministry of Health convened a meeting to discuss modalities for the implementation of Integrated Sample Transportation (IST) and Results Delivery Model. In attendance were key stakeholders from state including, SMOH, RSHMB, TBLCP, BMSH,

NEPWHAN, ASWHAN, CISHAN, RIVSACA as well as implementing partners (CHAI, FHI360, KNCV, HSDF). Samples to be covered in the IST model include CD4, VL, EID and sputum.

The Rivers State team also provided technical support to Rivers SACA and the entire SMOH team in the development of the State HIV/AIDS Strategic Plan for 2017 – 2021. Work plan narratives and risk management plans were also developed by the three scale up LGAs in the state during a 3–day Accountability Framework Component Development workshop organized by SIDHAS. The workshop had representatives of RIVSACA, SMOH, RSPHCMB, LACA team and Community Pharmacists in attendance. These three LGAs under the leadership of the Caretaker Chairmen assured their commitment to funding HIV interventions in their respective LGAs after the presentation of their costed 2017 -2018 work plan to the LGAs leadership.

Three scale up LGAs—Ikot Ekpene, Uruan and Okobo—in Akwa Ibom State had their capacity improved on conducting regular meetings and integrated supportive supervision to improve the local government HIV/AIDS response. In addition, the four supported FBOs in the state were trained on strategies for resource mobilization and efficient management of available resources. The FBOs were also supported to develop their resource mobilization maps.

## Challenges

- Shortages of test kits and CD4 reagents were experienced in Lagos State with resultant impact on service provision. However, the impact was mitigated through redistribution of commodities to high volume facilities by the state team
- Stock out of Dry Blood Samples (DBS) collection kits occurred in some supported facilities in Cross River State. This was redressed through the redistribution of DBS kits among facilities as a short-term measure. Stakeholders, developed a communiqué on health commodities security to strengthen distribution of commodities in the coming quarter
- There was shortage of viral load reagents at the University of Calabar Teaching Hospital (UCTH) and BMSH, Rivers State, as well as equipment breakdown at the DLHMH PCR. Samples were transferred and analyzed at Anambra State University Teaching Hospital (ASUTH) as a stop gap measure
- In Rivers State, security challenges continue to impede visits and supervision to some of the facilities and communities in Eleme, Ahoada and Onelga LGAs
- Stock out of HIV test kits in some facilities in Rivers State due to delayed supply of laboratory reagents and RTK's by Chemonics to supported sites
- Erratic supply of drugs and laboratory consumables by GHSC-PSM to facilities in Akwa Ibom

## Highlights from Sustained Response States

### Access

During the reporting quarter, activities aimed at maintaining quality of HIV/AIDS services across the continuum of care were sustained across the nine supported states of Adamawa, Anambra, Bayelsa, Bauchi, Borno, Edo, Jigawa, Kano, and Yobe.

In line with the goal of increasing TB case detection and treatment, the states intensified efforts in respect of TB screening. In Jigawa states, 832 clients were screened for TB using the chronic

care model by triage nurses. As a result, 20 HIV positive clients from two supported ART sites (Rasheed Shekoni Specialist Hospital (RSSH): 7 and GH Dutse: 13) were sent for GeneXpert test. All the results returned negative for MDR-TB. In addition, 23 PLHIV were placed on IPT at RSSH and FMC Birnin Kudu. Similarly, a GeneXpert machine for Myco-bacterium Tuberculosis (MTB) detection was installed at General Hospital, Ekwulobia, Anambra State by the state government. This brings the number of supported sites with GeneXpert machines in Anambra state to six, resulting in increased TB case detection from 45% to 60% in the state.



*Facility staff preparing TB/ DOTS Screening area at St. Charles Borromeo Hospital, Onitsha*



*Facility backstop reviewing Presumptive TB Register after the day's activities at Iyi Enu Hospital, Ogidi*

This year's world TB day was celebrated in conjunction with the respective state governments on March 24, 2017. The theme, "Unite to End TB", was marked with different events including rallies, press conferences, and active TB case finding across states. In Adamawa state, SIDHAS collaborated with the State Tuberculosis and Leprosy Coordinator (STBLC) to conduct a TB sensitization in the Internally Displaced Persons (IDP) camp in Fufore LGA of the state. The sensitization focused on TB identification, testing, and counselling of patients with presumptive and diagnosed TB. ART for PLHIV co-infected with TB also formed part of discussions with the IDPs. This activity resulted in the identification of 300 presumptive TB cases among the IDPs. Sputum samples were collected for TB diagnosis and linked for GeneXpert services. HIV tests were also carried out at the camp. At supported sites, 200 TB samples were also collected as part of World TB Day activities and linked to GeneXpert services. The state team successfully supported initiation of 210 new clients on Isoniazid Preventive Therapy (IPT) during the reporting period.



Activities to commemorate the World TB Day in Anambra state spanned the course of March 20 – 24, 2017 across 13 selected facilities. Activities included outdoor campaigns, active case finding within facility outpatient departments (OPD) and clinics through screening by facility triage nurses, movement to TB/DOTs unit for sputum collection and transport to lab for AFB or GeneXpert,

including documentation. Findings showed that of the 645 persons screened, 143 presumptive cases were identified, with 55 TB positive individuals diagnosed using the GeneXpert technology. This output surpassed the average number of clients per week screened and diagnosed. Efforts are ongoing by the state team to ensure all TB positive clients are started on DOTS. The SIDHAS team in collaboration with the Anambra state government also created a TB awareness video for public dissemination. The commissioner of health, Dr. Joe Akabike, expressed his appreciation to the USAID funded project for the support in ramping up TB awareness across health institutions in the state.

As part of quality improvement and treatment adherence efforts, the Kano State team audited 21



*Sensitization and screening ongoing at the outpatient unit of the ANSUTH, Awka*

folders at the Murtala Mohammed Specialist Hospital (15) and Rijiyar Lemo Basic Health Centre (7). The objective was to generate a list of treatment defaulters for tracking and bridging the gap in seropositive pregnant mothers not currently on ARVs. A list of five clients was generated, one from Rijiyar Lemo BHC and 4 from MMSH. The three clients were successfully tracked and brought for ARVs.

In Yobe State, SIDHAS conducted a Continuous Quality Improvement (CQI) assessment, using the Site Improvement Monitoring System (SIMS) tool, as part of efforts to set bench marks for quality improvement in supported sites. A major gap identified during the assessment was poor documentation. Capacity development plans were developed together with the assessed facilities and are currently being implemented to guide the quality improvement activities. As a result of some of the implemented capacity development activities, Yobe state data quality has improved significantly as there were no data violations recorded against the supported sites in the state throughout the quarter.

In a similar vein, a joint supportive supervisory visit was conducted by the FMOH/NAHSS/SIT/SIDHAS team to UBTH, ISTH, CH Uromi, UBTH, SOH, Faith Mediplex, SH Ossiomo and GH Ubiaja, in Edo State. The focus was to review implementation of the national quality improvement plan developed by the facilities during the NIGQUAL learning meeting held in December 2016. A standard questionnaire was administered to assess quality of the improvement plan developed by the facilities. The visiting team was impressed with the high level commitment demonstrated by most facilities where the plan is being implemented.

## Integration

Routine supportive supervisory visits during the quarter focused on client folder audits to review viral load, TB screening and PMTCT. These exercises resulted in increased weekly identification, sample collection, and testing of eligible clients. In Anambra State, 329 eligible clients identified as a result of this exercise requested to have their viral load tests done. Results are still being expected.

Furthermore, backlog of viral load samples from Cross River and Jigawa states were received at the PCR laboratories located in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi and Anambra State University Teaching Hospital (ANSUTH). The samples were analyzed and results dispatched to the respective supported facilities. This effort is in line with routine viral load monitoring across board as well as attainment of the 3<sup>rd</sup> 90 in scale up LGAs.

Similarly, viral load sample analyses were conducted in four treatment facilities in Bayelsa State namely GHs Brass and Nembe, and Cottage Hospitals Otuasega and Okpoama. Samples of 330 ART clients were transferred for analysis to the Braithwaite Memorial Specialist Hospital (BMSH) PCR Laboratory, Port-Harcourt, Rivers state, while 233 results were dispatched to the respective facilities for necessary action by service providers.

The screening effort in the clinical management of 313 ART clients in IDP camps in Maiduguri, Borno State, resulted in the identification of 30 medication errors that were resolved along with 28 suspected cases of adverse drug reactions. Interventions were provided for the individual cases followed with the filling of 26 national pharmacovigilance forms for the ADR cases for delivery to NAFDAC. In Anambra, 67% of the HCC sites in the state documented and submitted pharmaceutical care services reports that track ADRs and interventions on medication errors, an improvement over the 32% for the last quarter.

SIDHAS continued to monitor integration of HIV/AIDS services through the conduct of quarterly assessment of HIV service integration in pharmacies using pharmacy service integration checklists/trackers. In Yobe State, partitioning of the renovated dispensing area in GH Gashua to improve audiovisual privacy and rotation of pharmacists at ART Pharmacy in FMC Nguru are some of the recommendations made to the facility management for programmatic integration and effective service delivery. It is expected that these would be achieved by the next quarter.

## Stewardship

As part of its commitment towards sustainability of the SIDHAS project interventions, the Bauchi state government procured 46,000 pieces of Rapid Test Kits (RTKs) this quarter. The aim was to ameliorate the shortage of RTKs in the state, and to sustain provision of HTS in facilities where PEPFAR support has been transitioned to the government. The government also restated its commitment to provide free haematology and chemistry examinations to all HIV clients in need by supplying reagents and maintaining the machines.

Bauchi State Drug and Medical Consumable Management Agency (DMMA) approved the use of Drug Revolving Fund (DRF) proceeds for minimal upgrades that would improve on audio visual privacy and storage areas in pharmacies at supported facilities. The SIDHAS team also supported the state government in developing Bauchi State HIV Strategic Plan as well as the annual implementation plan of the Save One Million Lives (SOML) Program.



In Borno State, SIDHAS participated in a courtesy call to the Executive Governor, His Excellency Governor Kashim Shettima. The visit was made in conjunction with the Nigeria International Non-Governmental Organization (INGO) forum. It provided the opportunity for INGOs to update the Governor on their activities in the state,



*Governor of Borno state with INGO partners*

present challenges being faced by INGOs in the delivery of services, and to make recommendations on how to jointly address the challenges. The Governor appreciated the support of the INGOs and informed the forum of plans by the state government to close IDP camps in Maiduguri by the end of May 2017. He, however, emphasized that IDPs would not be compelled to return to their homes as this has been a lingering concern to the humanitarian community. The governor also committed to holding the meeting on a monthly basis.

## Challenges

- Human resource gaps across supported facilities adversely affects quality of service provision. SIDHAS teams have sustained advocacies to the government to solicit for HR deployment

## SIDHAS Intervention in the North East

FHI 360 has been operating in North East Nigeria (NE) for the past 15 years, maintaining offices in Adamawa, Borno, Bauchi and Yobe states before, during and after the insurgency to date. Of the 600 members of FHI 360 staff in Nigeria, nearly 150 with about 50 in Borno alone, the epicenter of the insurgency in the NE. The SIDHAS project has made significant gains amidst security challenges in the NE. As a result, donor funded interventions implemented by FHI 360 have grown from the USAID funded SIDHAS project to eight others funded by OFDA, UNHCR, SHELL Nigeria Exploration and Production Company Ltd (SNEPCo), The Global Fund and UNFPA across the states. As the lead USAID implementing partner in the North east, FHI 360 provides comprehensive HIV/AIDS services in 15 IDP camps in Maiduguri metropolis, as well as in health facilities in Borno, Yobe, Adamawa and Bauchi states. The project is reassessing the

state of reopened facilities in Borno, Yobe and Adamawa for the purpose of restarting HIV services in these previously shut-down facilities.

This section summarizes SIDHAS interventions in the NE with emphasis on Borno state.

### **SIDHAS Intervention in Adamawa State**

The insurgency activities which escalated to Adamawa in 2013 affected seven LGAs namely Madagali, Michika, Mubi North, Mubi South, Maiha, Hong and Gombi. This resulted in the displacement of an estimated 8,000 SIDHAS supported PLHIV from the LGAs and inaccessibility of supported sites in those LGAs. Following the displacement, the state office constituted a team with the responsibility of:

- Tracking all PLHIV clients enrolled from the affected LGAs
- Profiling of PLHIV living in IDP camps and host communities
- Strengthening HIV/AIDS referral systems enrolment or drug refills for tracked clients at SIDHAS supported facilities
- Monitoring drug adherence for clients in both host communities and IDP camps

Building on SIDHAS efforts, and considering the increasing demand for HIV/AIDS services from the IDPs, the state government upgraded six additional facilities across the three zones to provide HIV/AIDS services, and supplied tools and consumables to ensure seamless and quality services for all HIV clients. With the handover of PEPFAR supported chemistry and hematology platforms in 2014, the state government assumed responsibility of the supply of consumables for CD4, hematology and chemistry analysis for all clients.

The state government also assumed ownership of the SIDHAS HIV/AIDS sustainability roadmap developed collaboratively, ensuring its integration into the state health strategic plan for 2016 – 2020 which is being rolled out. These proactive efforts and effective collaboration with the state ensured that client retention in treatment, and access to SIDHAS supported HIV/AIDS care and treatment services. These efforts were sustained throughout the insurgency period and post recovery of the LGAs from the insurgents.

SIDHAS intervention, with effective collaboration with the state government, has resulted in the attainment of the results highlighted below.

Performance Indicators	SIDHAS Achievements (Inception – Feb 2017)
Number of individuals who received Testing and Counseling (HTC) services for HIV and received their test results	167,431
Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	122,939
Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	2,120
Number of facilities providing EID services	26
% EID coverage	100%
Number of Adult and children with Advanced HIV infection newly started on antiretroviral therapy	9,595

Number of Adults & Children with Advance HIV infection receiving antiretroviral therapy (ART Current)	21,700
Number of eligible adults and children provided with clinical care service	6,968
Number of OVC enrolled	11,222
Number of OVC served	11,218

### SIDHAS Intervention in Bauchi State

Bauchi State, located in North East Nigeria, is bordered by Yobe and Plateau states. These were epicenters of the Boko Haram insurgency and inter-ethnic conflicts respectively. Bauchi state communities have hosted displaced persons since the onset of the conflicts, resulting into overstretching of available resources including health care services.

The presence of SIDHAS project in the state has brought succor to the host state and displaced populace through the provision of quality HIV, TB and OVC services. The State's health system and community structures have been enhanced to provide quality care to people infected and affected by HIV. Since its inception in 2011, SIDHAS project has achieved, among others things, the following in the state:

- Upgrade of 10 laboratories with state-of-the art equipment and provision of consumables for CD4, hematology and chemistry analysis. The chemistry and hematology platforms are currently fully supported by the state government
- Built the capacity of community-based organizations to access resources and provide community care for PLHIV and OVC
- Activation of 17 ART and 42 PMTCT health facilities to provide comprehensive HIV/AIDS services
- Technical support to the state to develop health related policies and policy documents like HRH policy, task shifting policy, and strategic plans
- Enhanced the Routine Health Information System (RHIS) through the provision of infrastructure, electronic medical record system (LAMIS), and capacity development for M&E

These achievements have led to the attainment of results depicted in the table below:

Performance Indicators	SIDHAS Achievements (Inception – Feb 2017)
No. of individuals counseled and tested for HIV & received result	167,689
No. of individuals tested HIV positive	5,659
Positivity rate	3.4%
No. of individuals currently on ART	12,185
No. of pregnant women who were tested & counseled for HIV & received their results	73,410
No. of pregnant women on ARV prophylaxis to prevent MTCT	345
Positivity rate	0.3%
No. OVC currently enrolled	11,956

### **SIDHAS Intervention in Yobe State**

In Yobe state, the state SIDHAS team supports the government to deliver and take ownership of high quality integrated HIV/AIDS services—TB/HIV, RH, PMTCT and other chronic conditions—through technical, material and logistics support. The State office is co-located within the Ministry of Health complex in Damaturu. With 10 staff led by the State Program Manager, the SIDHAS team ensures that activities are implemented in a manner that involves strong participation of GON staff with emphasis on the project objectives.

There are three comprehensive sites in the state—GH Potiskum, GH Gashua, and FMC Nguru, and two PMTCT sites—GH Fika, and GH Damagun. The project also supports comprehensive HIV/AIDS services in the community through a CBO—Green Environmental Support and Development Initiative (GESDI), to provide a wide range of HIV and related services.

Capacity building support is also provided to State agencies like SACA, SASCP, Primary Healthcare Development Agency and Line Ministries to perform their respective roles in the provision of HIV/AIDS and related services in the State. Through active engagement with these key stakeholders, a sustainability roadmap was developed in 2016 and is currently being implemented. Although, the Yobe SIDHAS team is yet to commence provision of HIV/AIDS services in IDP camps, it supports the state HIV/AIDS agency, SACA, to provide testing and referral services to IDPs.

### **SIDHAS Intervention in Borno State**

The Borno State Government, with technical support from FHI360, has been implementing the PEPFAR/USAID funded SIDHAS project since October 2011. The state has been the most affected by activities of insurgents. Project objectives are being achieved through the provision of HIV/AIDS and TB services in 10 public hospitals in the state and 10 IDP camps in and around Maiduguri, the state capital.

Borno state has been affected by the Boko Haram insurgency since 2009, leading to the displacement of about 1.6 million persons from their homes. At the start of the Boko Haram insurgency, the USAID funded SIDHAS project, implemented by FHI360, was the only project with active presence in the state. Insurgent activities negatively affected all aspects of human development in the state—education, agriculture, communication, and most especially, health. Many public and private health facilities, including those supported by the SIDHAS project, have been partly or completely destroyed and rendered non-functional for years.

Being one of the states supported by the SIDHAS project, the team employed innovative strategies to ensure continuous access to lifesaving HIV/AIDS services to the people of Borno State, particularly those in security challenged locations. These strategies include:

- Virtual mentoring of health care workers in different locations
- Collaboration with government health care workers to convey antiretroviral, rapid test kits, reagents, M&E tools and other consumables from the warehouse in Gombe and or State office in Maiduguri to the health facilities
- Set up ART mobile teams to provide services in IDP camps in and around Maiduguri metropolis

Despite security challenges, project staff continued to facilitate the provision of these essential services while continuously relating with various security outfits to ensure safety of lives and project assets. Almost all implementing partners pulled out of the state during the peak of the insurgency (2011 - 2013). The SIDHAS project, however, remained committed to its mandate to all stakeholders with continuous service provision.

Prior to activities of insurgents, the SIDHAS project supported 21 health facilities in Borno state. All but four of these sites became non-functional following attacks and community displacements by the insurgents. These four were located within the state metropolis. In order not to lose clients currently on treatment, the team traced them to the camps of Internally Displaced Persons (IDP). While some were successfully traced, others had been lost as their whereabouts were unknown. Thus, the need to actively provide HIV/AIDS interventions in the camps arose, and an implementation roadmap developed for these locations.

The SIDHAS project team identified 15 IDP camps for intervention. In May 2015, the team conducted a rapid assessment in 14 of the 15 IDP camps that were accessible in Maiduguri, the state capital. The objective was to identify clients on ARVs who had been displaced from their communities, and to determine the availability and quality of various services in the camps. This became more imperative as FHI360 became the only treatment IP, since the last quarter of 2013, providing HIV/AIDS services in Borno state. Two mobile ART teams made up of a Doctor, Pharmacists, Laboratory Scientists, and two Nurses in each team were set up to support in light of the State Ministry of Health's limitations in the deployment of skilled health care workers.

In the course of implementation, some camps (most especially those on school premises) were closed to allow students' resumption at school in 2016. Thus, the SIDHAS project currently supports 10 camps with daily provision of onsite ART to IDPs who test HIV positive. Provision of mobile ART services started in August 2015 following training of five government health care workers in each of the 15 IDP camps on HIV testing services. The health care workers are provided with rapid test kits, M&E tools, and continuously mentored and supervised for quality assurance. To date, 22,350 IDPs and 15,246 pregnant IDPs have been screened for HIV in the camps. Currently, 562 HIV positive IDPs are on ARVs and 60 HIV positive pregnant women are on prophylaxis in the supported IDP camps.

The SIDHAS project has currently forged partnerships and is working in close collaboration with key stakeholders and other IPs and development partners in the State. With influx of more IPs and development partners into the State in 2014, the project made available its hall for coordination and technical working group meetings including the protection and health sectors, and humanitarian IP managers. The SIDHAS team has, over the years, worked closely with relevant state and local government agencies, including the State Ministry of Health (SMOH), Hospitals Management Board (HMB), Borno State Agency for the Control of AIDS (BOSACA), State AIDS & STIs Control program (SASCP), State Ministry of women Affairs (SMWA), and various Local Government Committees on the Control of AIDS (LACA).

The project team works with the State Implementation Team (SIT) and these relevant agencies to jointly plan, implement and supervise project activities. The project supported the State Government and the University of Maiduguri Teaching Hospital IAs to develop and implement sustainability roadmaps for the provision of HIV/AIDS services.

The SIDHAS project has also trained more than 500 health care workers and 250 volunteers, and provided economic empowerment opportunities to more than 100 OVC caregivers thereby supporting self-sustenance of families in the state from inception to date. The delivery of SIDHAS training packages have focused on comprehensive HIV/AIDS service delivery, care and support, as well as economic strengthening and vocational skills for OVC and their caregivers.

### Highlights of accomplishments

SIDHAS achievements in health facilities: October 2011 - February 2017	
No. of individuals counseled and tested for HIV & received result	102,856
No. of individuals tested HIV positive	9,038
HIV sero-prevalence (% of those tested for HIV)	8.9%
No. of individuals currently on ART	9,721
No. of pregnant women who were tested & counseled for HIV & received their results	90,065
No. of pregnant women on ARV prophylaxis to prevent MTCT	853
No. of individuals tested and counseled & received their results in a TB setting	878
No. of TB treatment patients tested for HIV	783

SIDHAS achievements in IDP camps: August 2015 – March 2017	
No. CTRR	22,350
No. Tested HIV+	703
No. ART start	428
No. Transfer-In	134
Total No. on ART	562

Pregnant IDPs screened for HIV in Camps, Dec 2015-March 2017	
No. CTRR	15,246
No. Tested HIV+	85
No. Commenced on ARV Prophylaxis	60

## Photo gallery



*Mansa Adamu, SPM (standing), addressing PLWHIV/AIDS on AD, 1st Dec. 2016 at BOSACA on HIV prevention*



*Products (liquid soap, hair cream, insecticide & body spray) produced by 30 participants (29F & 1M) at the vocational skills training workshop for care givers conducted on 15-18 Sept 2014 at Maiduguri*

## Overarching SIDHAS Project Challenges

- Achievements in the quarter were hampered by occasional localized stock outs of lab reagents and consumables as well as equipment failure in some PCR labs. SIDHAS technical teams worked round the clock to mitigate some of these bottlenecks by re-routing samples to functional labs, supporting state and facility staff to provide power backs ups and continuous mentoring and technical assistance to ensure continued service delivery
- Attrition of trained staff from supported facilities – of particular note this quarter was attrition of trained DOTS providers in some facilities
- Stock out of IPT kits for more than six months in Akwa Ibom State. This has been brought to the notice of the NTBLCP and Chemonics as they are urged to quickly remedy the situation
- Lingering human resource constraints in some supported facilities. SIDHAS continues to advocate to government at all levels to address this challenge

- Poor health worker attitude to routine service documentation sometimes owing to multiple reporting tools. SIDHAS teams have continued to improve capacity of facility staff, including use of electronic medical records. SIDHAS also provides routine ad hoc volunteers to support and strengthen M&E systems especially in the scale up LGAs

## Highlights of Plans for the Next Quarter

SIDHAS will focus on the following areas next quarter:

- Conclude field activities for the Akwa Ibom AIDS indicator survey
- Roll out test and start across sustained response states and LGAs
- Support HIV Testing Quality Improvement Initiative (HIV RTQII) in 14 priority LGAs
- Support roll out of new HIV/AIDS guidelines across all supported states
- Strengthen M&E systems to be able to effectively track and demonstrate epidemic control in the 14 scale-up LGAs
- Conduct advocacy visits with the SIDHAS Project Advisory Committee (PAC) to state executives including Governors



## Success Story

### Abandoned but not hopeless

Mr. Inu Shaka, a 49-year-old PLHIV, resides in Afobakharie, Warrake community, Edo state. He is a caregiver of four children. In June 2015, Mr. Shaka took ill and was diagnosed to be HIV positive in Auchi. Immediately the wife discovered his status, she abandoned him with the children. Some of his family members who discovered his HIV status also avoided him. As a result of his ill health, Mr. Shaka was unable to take care of himself and fend for his children. He also found that three of his children were HIV positive. His situation was even worse as he had used up his savings to seek medical attention. To alleviate the pressure on himself, Mr Shaka sent his first daughter, who is HIV negative, to stay with a relative so she could return back to school.

As he went through this ordeal, fate smiled upon him when his paths crossed with the USAID funded SIDHAS project. He became a member of a support group through activities of a community volunteer with Teens and Youth, Auchi, a SIDHAS funded CBO. On Thursday, May 19, 2016, with funding from USAID through SIDHAS project, Mr. Inu Shaka was provided with start-up materials—ten bags of cement and one trip of sand—worth N25, 000.00.

He used the proceed realised from the sale of the materials to buy a piece of land to set up a farming business. Today, through diligence and a good saving practice, Mr. Shaka boasts of a large farmland with local measurement of {20 by 20} x 6 which is about 6 acres. He plants yams, palm trees and Dika trees (also known as 'ogbono' tree or African wild mango tree). He is looking forward to making the first harvest of his palm fruits at the end of March 2017 for trade purposes.

Mr. Shaka is now able to cater for himself and household, and has sent for his daughter to return home. His three children who are HIV positive are also on treatment. With tears of joy in his eyes, Mr. Shaka said, “since the empowerment, my children have returned to school, I have now enrolled my third son in a vocational centre, my first daughter who was staying with someone due to lack of funds have returned home and attending school and now my family can feed three times a day. SIDHAS has moved me from grass to grace”.



*L: Mr. Inu Shaka provided with start-up materials*



*R: Mr. Shaka's present farmland (approx. 6 hectares)*

## Determination to Succeed

Household Economic Strengthening (HES) is a community based intervention aimed at improving quality of life for PLHIV. This intervention is carried out by the USAID funded SIDHAS project to improve and diversify income of People Living with HIV (PLHIV), and caregivers Orphans and Vulnerable Children (OVC). It is also a support system which promotes accumulation of assets. Many PLHIV and Caregivers of OVC have benefited from this program under the SIDHAS project. This is the story of Sarah Effiong Iniekung, a PLHIV.

Sarah Effiong Iniekung lived in Bakasi, a border town to Nigeria in the Cameroons. Life in Bakasi was unbearable for Sarah when she lost her husband to AIDS and she decided to return home. Sarah discovered that she was HIV positive in Bakassi after the death of her husband. She did not take the news very well and this led to her returning to Oron where she lived with her six children in isolation, depression, and self stigmatization.

In March 2014, Sarah became a member of Destiny Support Group in Oron LGA. The support group is one of many supported by the SIDHAS project in Akwa Ibom state. Finding support from other PLHIV soon brought relief, comfort, and hope to Sarah. Once again, she found renewed hope and reason to live positively.

Through economic empowerment activities of SIDHAS supported Community Based Organization (CBO) in the state, Sarah was one of twelve support group members who benefited Household Economic Strengthening (HES) materials. Following a training in September 2016, she was provided food items worth N25,000 as start up materials for her business of choice. Sarah invested wisely, committing time to ensure that difficult times were a thing of the past.

Today, Mrs. Sarah is a major garri and fufu producer in her community. In order to diversify her income, she bought a cassava milling machine from the proceeds from selling the food items she was empowered with.



*Dr. Daniel and Sarah with her new Cassava milling Machine*

Sarah's standard of living has greatly improved as she can now feed herself and her family members comfortably. She is also thankful that all her six children tested negative to HIV.

Sarah, in her own words, appreciated the project and had this to say, ***"I thank the SIDHAS people for believing in me"***.

## Appendices

### SIDHAS M&E Datasheet for USAID Quarterly Report: January – March, 2017

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	Q2		
<b>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</b>									
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 <sup>1</sup>	954,330 (M= 458,652; F= 495,678)	451,841 (M= 218,453; F= 233,388)	502,489 (M=240,199; F=262,290)	71%	
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	0	NA	
<b>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.</b>									
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	Q2		
<b>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</b>									
Number of MARPs counselled, tested and received their test result	DHIS (routine service data)	FY16	0	NA	NA	0	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% <sup>2</sup>	89%	88%	90%	89%	
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 <sup>1</sup>	212,943	100,645	112,298	35%	

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	Q2		
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% <sup>1</sup>	96%	100%	93%	96%	
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 <sup>1</sup>	5,395	2,445	2,950	33%	
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% <sup>1</sup>	97%	98%	97%	97%	
Number of HIV exposed infants provided with ARV prophylaxis	DHIS (routine service data)	FY16	7,245 (M=3,524;	15,3332	3,325 (M=1,645; F=1,680)	1,714 (M=864, F=850)	1,611 (M=781, F=830)	22%	
PMTCT_EID Number of infants tested for Early Infant Diagnosis (EID)	DHIS (routine service data)	FY16	10,123 (M=4,980; F=5,143)	15,9541	5,032 (M=2,559, F=2,473)	2,307 (M=1,152; F=1,155)	2,725 (M=1,407; F=1,318)	32%	
PMTCT_EID Percentage of infants born to HIV-positive women who had a virology test done test within 12 months of birth. <sup>3</sup>	DHIS (routine service data)	FY16	69%	95% <sup>1</sup>	91%	92%	90%	91%	
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)	15,3332	2,548 (M=1,240; F=1,308)	1,401 (M=700, F=701)	1,147 (M=540; F=607)	17%	
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% <sup>2</sup>	46%%	56%	38%	46%	
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) <sup>3</sup>	DHIS (routine service data)	FY16	100%	1002	100%	NA	100%	100%	

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	Q2		
<b>TX_NEW</b> 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)	49,0081	24,145 (Adult=22,970 Children=1,175)	12,032 (Adult=11,361; Children=671)	12,113 (Adult=11,609 Children=504)	49%	
<b>TX_CURR</b> : 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	257,2141	201,591 (Adult = 195,582; Children=6,009)	200,797 (Adults=191,546; Children=9,251)	201,591 (Adult = 195,582; Children=6,009)	78%	
<b>TX_RET</b> Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy <sup>3</sup>	EMR (LAMIS)	FY16	63%	85% <sup>1</sup>	65%	NA	65%	65%	
<b>TX_PVLS</b> Number of viral load tests from adult and Pediatric ART patients conducted in the past 12 months with a viral load <1,000 copies/ml	DHIS (routine service data)	FY16	12,969	231,5661	16,681		16,681	7%	
<b>TX_PVLS</b> Proportion of viral load tests with an undetectable viral load <1,000 copies/ml	DHIS (routine service data)	FY16	75%	90% <sup>1</sup>	73%		73%	71%	
<b>CARE_NEW</b> 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)	54,7272	27,183 (M=8,971, F=18,212)	13,389 (M=4,527, F=8,862)	13,794 (M=4,444; F=9,350)	50%	
<b>CARE_CURR</b> 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)	379,7272	132,785 (M=40,654; F=92,131)	103,099 (M=31,370, F=71,729)	132,785 (M=40,654; F=92,131)	62%	
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	123,794 (M=37,654; F=86,140)	97,369 (M=29,435, F=67,934)	123,794 (M=37,654; F=86,140)	65%	
<b>CARE_COMM</b> 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)	45,0002	8,646 (M=3,184; F=5,462)	8,840 (M=3,138, F=5,702)	8,646 (M=3,184; F=5,462)	39%	
Number of persons provided with post-exposure prophylaxis (PEP)	DHIS (routine service data)	FY16	1,692	1,0432	1,094	544	550	105%	

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	Q2		
Number of service outlets carrying out injection safety activities	Facility List	FY16	804	1,5032	806	793	806	54%	
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	Q2		
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									
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)	88,0321	64,279 (M=32,403; F=31,876)	23,985 (M=11,819; F=12,166)	47,246 (M=23,965; F=22,281)	73%	
OVC_HIVSTAT Number 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%	90%	NA	NA	90%	
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	338 ART 468 PMTCT	326 ART 467 PMTCT	338 ART 468 PMTCT	338 ART 468 PMTCT	
Number of sites implementing PEP services that meet national guidelines	Facility List	FY16	804	NA	806	793	806	100%	
Percent of PMTCT sites linked to the national EID network	Facility List	FY16	100%	85%2	100%	100%	100%	100%	

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	Q2		
<b>Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services</b>									
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)	12,0002	20,559 (M=9,205, F=11,354)	12,841 (M=5,918, F=6,923)	7,718 (M=3,287; F=4,431)	171%	
GEND_GBV Number of people receiving post GBV care	DHIS (routine service data)	FY16	2,633	2,8081	1,453 (M=372, F=1,081)	615 (M=138, F=477)	838 (M=234; F=604)	52%	
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)	24,1651	23,714 (M=12,452; F=11,262)	10,793 (M=5,713; F=5,080)	12,921 (M=6,739; F=6,182)	98%	
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 <sup>1</sup>	127,079 (M=38,929; F=88,150)	99,243 (M=30,267; F=68,976)	127,079 (M=38,929; F=88,150)	79%	
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 <sup>1</sup>	1,600	796	804	70%	
TB_ART Percentage of HIV-positive new and relapsed registered TB cases on ART during TB treatment	DHIS (routine service data)	FY16	89%	90% <sup>1</sup>	86%	85%	87%	86%	
<b>Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services</b>									
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 <sup>1</sup>	8,595	3,941	4,654	65%	
TB_STAT Percentage of registered new and relapse TB cases with documented HIV status	DHIS (routine service data)	FY16	92%	95% <sup>1</sup>	99%	98%	99%	99%	
TB_IPT	DHIS (routine service data)	FY16	9,014 (M=2,826; F=6,188)	TBD	5,170	2,578	2,592	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	Q2		
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.									
<b>TB_IPT</b> Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventative therapy (IPT)	DHIS (routine service data)	FY16	14%	50% <sup>1</sup>	19%	19%	19%	19%	
<b>TB_OUTCOME</b> Aggregated outcomes of TB treatment among registered new and relapsed TB cases who are HIV-positive in the treatment cohort3	DHIS (routine service data)	FY16	NA	TBD	NA	NA	NA	NA	
<b>FN_ASSESS</b> Number of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	FY16	152,237	TBD	122,241 (M=37,402; F=84,839)	95,945 (M =29,093; F= 66,852)	122,241 (M=37,402; F=84,839)	NA	
<b>Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services</b>									
<b>FN_ASSESS</b> Percentage of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	FY16	92%	90% <sup>2</sup>	93%	93%	92%	93%	
<b>FN_THER</b> 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	5,868 (M=1,797; F=4,071)	3,446 (M=1,047, F=2,339)	2,422 (M=750; F=1,672)	NA	
<b>FN_THER</b> Proportion of clinically undernourished people living with HIV (PLHIV) who received therapeutic or supplementary food	DHIS (routine service data)	FY16	36%	95% <sup>2</sup>	31%	48%	20%	30%	
<b>FPINT_SITE</b> Number of service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	DHIS (routine service data)	FY16	478	NA	504	503	504	NA	
<b>FPINT_SITE</b> 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% <sup>2</sup>	63%	63%	63%	63%	



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	Q2		
Number of sites with HIV3 services integrated into general hospital services delivery	Quarterly CQI visits	FY16	NA	170	NA	NA	NA	NA	
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	4,759 (M=1,557; F=3,202) HSS=226; M&E=2,019; OVC=522; GBV=82; HTS=625; ART=797; PROGRAMS=31, OTHERS=28; LAB=198; PHARM=231	1,187 (M=358; F=829) HSS = 226; M&E = 26; OVC = 488; GBV = 70; HTS = 207; ART = 160; PROGRAMS = 10	3,572 (M=1,199; F=2,373) M&E = 1,993; OTHERS = 28; LAB = 198; ART = 637; PHARM = 231; OVC = 34; HTS = 418; PROGRAMS = 21; GBV = 12	NA	
<b>Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services</b>									
LAB_CAP) Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	SIDHAS Facility List	FY16	208	1152	213	214	213	185%	
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/AFRO=19 National =402	8 WHO AFRO/ SLMTA	8 WHO AFRO/ SLMTA	8 WHO AFRO/ SLMTA	14%	
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% <sup>2</sup>	NHLS =78% OASYS = 73%	NHLS =78% OASYS = 73%	NA	NHLS =78% OASYS = 73%	
Proportion of laboratories with IQC system in place	Lab IQC report	FY16	96%	100% <sup>2</sup>	98%	99%	98%	98%	
<b>Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services</b>									

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	Q2		
Number of States with PPM system in place to maintain Information Technology (IT) equipment*	CQI Database; Routine Assessment	NA	NA	72	NA	NA	NA	NA	
Number of sites with PPM system in place to maintain medical and laboratory equipment*	CQI Database; Routine Assessment	NA	NA	652	NA	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	NA	
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%	462	NA	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	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% <sup>2</sup>	NA	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% <sup>2</sup>	NA	NA	NA	NA	
Percent of supported States with Centralized Health Management Information System (HMIS) and Data Quality Assurance process*	Routine Assessment	NA	NA	80% <sup>2</sup>	NA	NA	NA	NA	
Percent of HIV comprehensive sites transmitting data electronically (using DHIS)	DHIS Program Report	NA	NA	80% <sup>2</sup>	59%	53%	59%	59%	

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	Q2		
Number of states that meet SIDHAS graduation criteria <sup>1</sup>	Semi-annual CQI and SIDHAS Sustainability Dashboard	NA	NA	02	NA	NA	NA	NA	
Percentage of funding for HIV response related activities provided by the states <sup>2</sup>	SIDHAS Sustainability Dashboard	NA	NA	NA	NA	NA	NA	NA	
Number of states mobilizing additional resources for HIV services using innovative financing approaches <sup>3</sup>	SIDHAS Sustainability Dashboard	NA	NA	22	NA	NA	NA	NA	
Number of states supported to develop human resource plan and are implementing the plan <sup>3</sup>	SIDHAS Sustainability Dashboard	NA	NA	12	NA	NA	NA	NA	

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

<sup>1</sup> = Final FY 16 targets from USAID

<sup>2</sup> = Targets from SIDHAS PMP

<sup>3</sup> = Annual Indicator

## SIDHAS Q2 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	88,443	26,409	23,835	12,724	3,363	58,329	9,164	24,599	7,683	120,132	49,211	12,325	451,841
		Q2 Achievement	13,868	125,185	25,706	22,181	9,518	3,920	57,683	10,240	30,609	6,577	132,715	49,345	14,942	502,489
		Q3 Achievement														
		Q4 Achievement														
		FY 17 Achievement	29,492	213,628	52,115	46,016	22,242	7,283	116,012	19,404	55,208	14,260	252,847	98,556	27,267	954,330
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	10,180	5,790	8,213	9,145	838	5,438	3,699	10,736	14,244	13,575	7,050	3,744	100,645
		Q2 achievement	7,066	11,827	7,391	8,186	8,403	1,450	5,207	4,363	10,441	17,001	18,394	8,731	3,838	112,298
		Q3 achievement														0
		Q4 achievement														0
		FY 17 Achievement	15,059	22,007	13,181	16,399	17,548	2,288	10,645	8,062	21,177	31,245	31,969	15,781	7,582	212,943
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	181	728	264	114	85	47	232	158	71	65	235	246	19	2,445
		Q2 Achievement	164	864	379	95	110	73	257	200	53	87	300	321	47	2,950
		Q3 Achievement														0
		Q4 Achievement														0
		FY 17 Achievement	345	1,592	643	209	195	120	489	358	124	152	535	567	66	5,395
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	3246	684	387	435	163	1146	476	255	450	1920	1922	123	12,032
		Q2 Achievement	745	3210	724	464	648	178	1177	502	294	526	1679	1785	178	12,110
		Q3 Achievement														0
		Q4 Achievement														0
		FY 17 Achievement	1,570	6,456	1,408	851	1,083	341	2,323	978	549	976	3,599	3,707	301	24,142
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	24,313	30,272	21,739	12,066	10,835	3,475	20,166	13,583	4,866	12,445	21,780	20,831	4,599	200,970
		Q2 Achievement	25,190	31,338	21,610	12,185	9,125	3,586	19,977	13,738	5,072	12,453	22,069	21,501	3,737	201,581
		Q3 Achievement														
		Q4 Achievement														
		FY 17 Achievement	25,190	31,338	21,610	12,185	9,125	3,586	19,977	13,738	5,072	12,453	22,069	21,501	3,737	201,581
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	401	370	173	246	170	99	299	128	219	398	834	458	146	3,941
		Q2 Achievement	448	498	266	379	249	164	299	230	215	401	859	506	140	4,654
		Q3 Achievement														0
		Q4 Achievement														0
		FY 17 Achievement	849	868	439	625	419	263	598	358	434	799	1,693	964	286	8,595
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	69	139	70	24	12	20	78	20	31	11	143	173	6	796
		Q2 Achievement	73	158	68	39	0	17	74	45	12	22	137	159	0	804
		Q3 Achievement														0
		Q4 Achievement														0
		FY 17 Achievement	142	297	138	63	12	37	152	65	43	33	280	332	6	1,600