

Strengthening Integrated Delivery of HIV/AIDS Service (SIDHAS)

SIDHAS QUARTERLY REPORT January - March, 2016

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



Strengthening Integrated Delivery of HIV/AIDS Services



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NIGERIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

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

Activity Summary

Implementing Partner: Family Health International (FHI 360)

Activity Name: Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)

Activity Objective:

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

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

USAID’s Assistance Objective 3 (AO 3): A sustained, effective Nigerian-led HIV/AIDS and TB response

Life of Activity (start and end dates): Sept 12, 2011 – Sept 11, 2016

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Acronyms and Abbreviation

ACPN	Association of Community Pharmacists
ADRs	Adverse Drug Reactions
AHNI	Achieving Health Nigeria Initiative
ANSUTH	Anambra State University Teaching Hospital
APIN	AIDS Prevention Initiative in Nigeria
ARFH	Association for Reproductive and Family Health
ART	Anti-Retroviral Therapy
BMSH	Braithwaite Memorial Specialist Hospital
cART	Community Antiretroviral Therapy
CBOS	Community Based Organizations
COP	Chief of Party
CQI	Continuous Quality Improvement
CRRIRF	Combined Report Requisition Issue and Receipt Form
CSOs	Civil Society Organizations
DCA	Development Credit Authority
DLHMH	Doctor Lawrence Henshaw Memorial Hospital
DoD	Department of Defense
DOTS	Direct Observation Therapy Short Course
DPRS	Department of Planning Research and Statistics
DSVRT	Domestic Violence Response Team
DVV	Data Validation and Verification
EDL	Essential Drug List
EID	Early Infant Diagnosis
EMR	Electronic Medical Records
EQA	External Quality Assurance
FBOs	Faith Based Organizations
FMC	Federal Medical Center
FMoH/NAHSS	Federal Ministry of Health National Alliance for Health System Strengthening
FMWASD	Federal Ministry of Women Affairs and Social Development
GARPR	Global AIDS Response Progress Report

GLI	Global Lab Initiative
GLRA	German Leprosy and TB Relief Association
GoN	Government of Nigeria
HES	Household Economic Strengthening
HIV RTQTI	HIV Rapid Testing Quality Improvement Initiative HIV
HMB	Hospitals Management Board
HSC	Health Service Commission
HSDF	Health Services Delivery Foundation
HTS	HIV Testing Service
HUPACE	Howard University Pharmacists and Continuing Education Center
IDPs	Internally Displaced Persons
IHDMT	Integrated Health Data Management Team
IHVN	Institute of Human Virology of Nigeria
INH	Isoniazid Hydrazide
IPs	Implementing Partners
KNCV	Koninklijke Nederlandse Chemische Vereniging
LAMIS	Lafiya Management Information System
LGAs	Local Government Areas
LGC	Local Government Council
MER	Monitoring, Evaluation and Reporting
MWASD	Ministry of Women Affairs and Social Development
NACA	National Agency for the Control of AIDS
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NGEX	NigQual Data Exchange version 2.7
NIMR	National Institute for Medical Research
NQITT	National Quality Improvement Task Team
NTBLCP	National Tuberculosis and Leprosy Control Program
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Center
PHCMB	Primary Health Care Management Board

PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
PSN	Pharmaceutical Society of Nigeria
QA/QI	Quality Assurance/Quality Improvement
Q-MAP	Continuous Quality and Accountability Program
QMS	Quality Management System
SACA	State Agency for the Control of AIDS
SASCP	State AIDS and STI Control Program
SCMS	Supply Chain Management System
SIDHAS	Strengthening Integrated Delivery of HIV/AIDS Services
SIMS	Site Improvement through Monitoring Systems
SMoH	State Ministry of Health
STEER	Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families
TBLS	Tuberculosis and Leprosy Supervisor
TWG	Technical Working Group
UBTH	University of Benin Teaching Hospital
UCTH	University of Calabar Teaching Hospital
UNAIDS	Joint United Nations Programme on HIV/AIDS
UPTH	University of Port-Harcourt Teaching Hospital
USAID	United State Agency for International Development
USG	United States Government
UUTH	University of Uyo Teaching Hospital
VL	Viral Load
WHO	World Health Organization
WISN	Workload Indicator Staffing Needs

Executive Summary

This quarterly report highlights accomplishments of the second quarter of the SIDHAS project for the financial year 2016. The project witnessed changes in its key personnel during the reporting period; the Deputy Chief of Party (Technical), Dr. Kwasi Torpey, resigned his position. His replacement, Dr. Hadiza Khamofu, resumed within the quarter. In addition, the Deputy Chief of Party (Management), Ms. Olayinka Ogunnusi, resumed within the quarter.

The SIDHAS team, in collaboration with state government personnel at different levels, worked at consolidating ongoing efforts geared towards achieving epidemic control in the 14 scale up local government areas (LGAs). Similarly, routine activities across the sustained response states and LGAs continued as scheduled through supportive supervisory visits aimed at ensuring provision of quality HIV/AIDS services.

The Deputy Mission Director, Aler Grubbs, together with a team from USAID Nigeria and SIDHAS, paid an advocacy visit to the Lagos state government this quarter. The aim was to solicit continued commitment of the government in increasing financial investments to the state HIV/AIDS response. Such commitment and political will would provide the enabling environment for sustainability of donor funded programs in the state. As part of activities for the visit, the Deputy Mission Director, accompanied by her team and state government officials, visited a SIDHAS-supported facility—Sango Primary Health Center (PHC). The objective was to observe service flow and standards of comprehensive ART service provision at the facility. The Deputy Mission Director expressed satisfaction at the quality of services provided, and encouraged the Agege Local Government Council (LGC) and PHC board to increase investments in healthcare.

SIDHAS teams, across the 13 states and country office, collaborated with the Government of Nigeria (GoN) to commemorate the 2016 World TB Day celebration. The event was themed ‘Unite to end TB’ and was anchored by the National and State Tuberculosis and Leprosy Control Programs. Some of the activities conducted to mark the day were press briefings by the government, awareness creation campaigns, and community outreaches.

Quality Mentoring and Accountability Program (QMAP) teams of SIDHAS carried out supportive supervisory visits across supported facilities during the quarter. In Rivers and Borno States, the Commissioners of Health led some of the visits, while the Bauchi State Acting Permanent Secretary also led a visit. The multidisciplinary teams provided technical assistance to healthcare providers across different technical areas—pharmacy, laboratory services, TB/HIV, ART and PMTCT, and M&E. Emphasis was laid on systems strengthening and process improvements, quality assurance, and client retention in care. In addition, Continuous Quality Improvement (CQI) assessments, led by facility staff, were carried out to review quality of services and other related issues, with resultant action plans developed to address identified gaps.

Engagement of private sector institutions for expanded support to the HIV/AIDS response continued this quarter. Efforts aimed at getting buy-in of the Pharmaceutical Society of Nigeria

(PSN), yielded results this quarter. The PSN President pledged support to ensure involvement of pharmacists at all levels in the HIV/AIDS response. This commitment will contribute to improved and sustainable outcomes of program interventions. Furthermore, SIDHAS collaborated with the USAID-funded SHOPS project to train select private health facilities in Rivers State on managing and financing business. This is expected to provide the platform which qualifies these private health facilities to access Development Credit Authority (DCA) loans backed by USAID.

In efforts to follow through with expectations of the new PEPFAR 3 strategic direction, SIDHAS staff trained relevant facility staff (doctors, nurses, lab staff, M&E officers) on viral load testing and monitoring this quarter. These trainings, which took place in Lagos, Cross River, and Edo states, aimed to improve capacity of healthcare workers with a view to optimizing available PCR laboratories and equipment. Participants were drawn from the scale up LGAs and states where these laboratories are located. Similarly, SIDHAS conducted a financial management training for state and LGA officials from the 14 scale up LGAs this quarter. The beneficiaries included executive members of the scale up LGAs, State Agencies for the Control of AIDS (SACA), and State AIDS and STI Control Programs (SASCP).

Implementation of the HIV Rapid Testing Quality Improvement Initiative (RTQII) continued during the quarter. Preparatory to startup of the initiative, SIDHAS conducted a one-day stakeholders' engagement meeting in the 14 scale up LGAs. This led to a one-day sensitization meeting held in conjunction with the State Management Team (SMT). The meeting with the SMT constituted a State HIV Quality Improvement Initiative Team (SQIIT) with the responsibility of ensuring standards in laboratory testing.

SIDHAS provided orientation to supported Community Based Organizations (CBOs) this quarter on care and support activities. These included Household Economic Strengthening (HES), money management, and savings group formation. The objective was to capacitate the CBOs with the aim of better supporting caregivers. This will serve the long term PEPFAR objective of household graduation from project interventions.

Efforts towards mainstreaming gender into program interventions continued this quarter. SIDHAS collaborated with the Bayelsa and Rivers States Ministries of Women Affairs to constitute and inaugurate Gender Based Violence (GBV) response committees. These committees, with oversight from the relevant State Ministries, have been tasked to address GBV cases. The Lagos State Ministry of Health was also supported in the development of a 'Rape Kit' for use by the state domestic violence response team.

Soliciting the commitment of respective state governments towards sustainability of the SIDHAS project continued this quarter. As a result, support was provided towards enhancing pharmacy and laboratory services, as well as the community ART (cART) initiative of the SIDHAS project. Some facilities were provided additional pharmacy personnel (Borno and Bayelsa); others were supported with power generating sets for PCR laboratories (Akwa Ibom and Cross River). In Kano state, a government directive was issued for the inclusion of internship in the curriculum of nursing

schools to address human resource gaps. Jigawa State Government engaged a laboratory equipment maintenance engineer, while Bayelsa State Government procured CD4 machines.

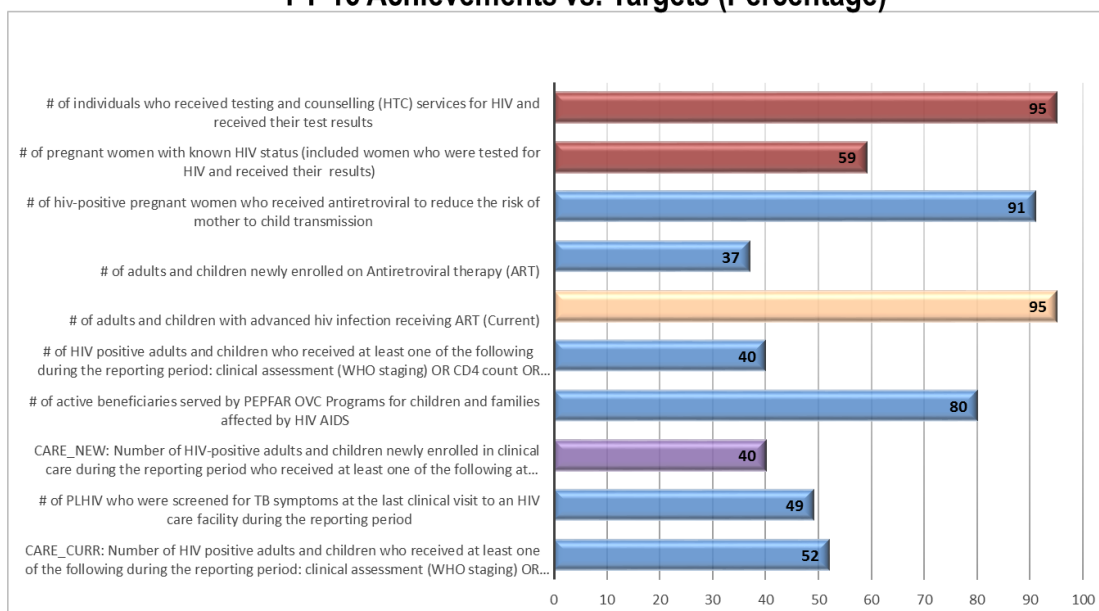
The SIDHAS team lost the Jigawa State Program Manager this reporting period on March 30, 2016. This sad event occurred following a brief illness. He has since been buried according to Muslim rites. In order to ensure no vacuum was created during the period of transition, the CO office program management backstop team is providing ongoing TDY program support to the state pending the recruitment of a new SPM.

Implementation challenges this quarter included Kidnappings and killings in Rivers and Bayelsa; Sea piracy in Bayelsa, armed robbery attacks in Rivers and Cross River; civil disturbances by rival cult groups, assassinations, and political unrest in Rivers. Although SIDHAS staff were not directly affected, the unstable security situation hampered project activities. SIDHAS also experienced shortages of Rapid Test Kits (RTKs) across the priority LGAs, especially in Akwa Ibom state.

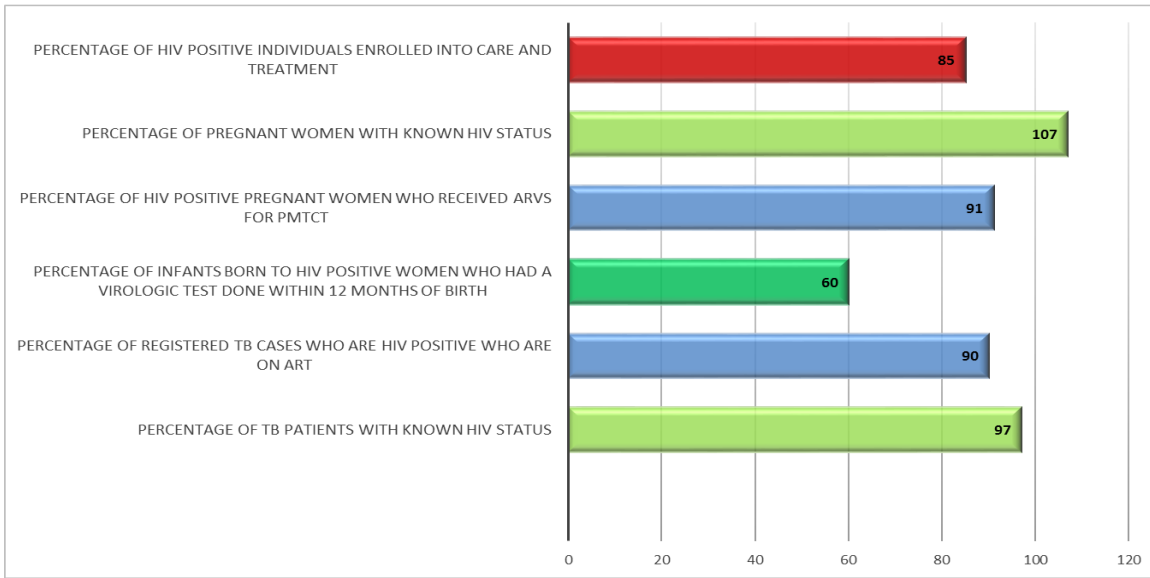
As a result of technical assistance provided by SIDHAS and their government counterparts to all the sites, the following was achieved this quarter:

- **166,475** pregnant with known HIV status
- **3,697** HIV positive pregnant women were initiated on ARVs for PMTCT services
- **966,257** individuals from the general population (**M=485,513**; **F=480,744**) were reached with HIV testing and counseling (HTC) and received their test results
- **177,055** adults and children with advanced HIV infection are currently on ART

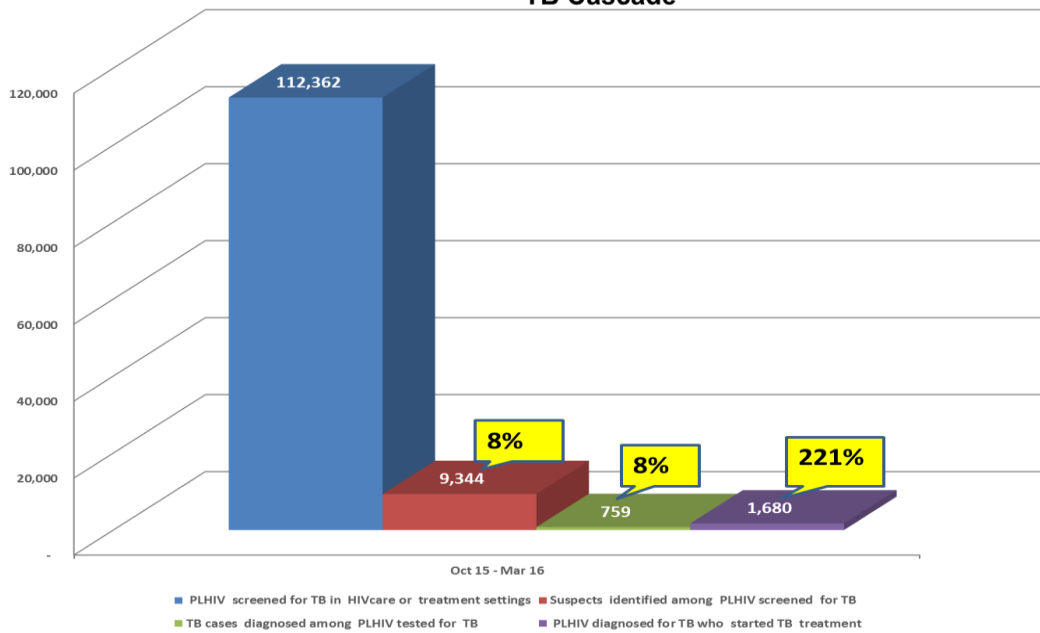
FY'16 Achievements vs. Targets (Percentage)



Quality indicators



TB Cascade



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.

During the quarter, FHI 360 implemented the project in collaboration with four core partners—Deloitte Consulting, LLP—organizational development; Association for Reproductive and Family Health (ARFH)—community-based services; Achieving Health Nigeria Initiative (AHNi)—integrated services; and Howard University Pharmacists and Continuing Education Center (HU-PACE) – pharmacy. In addition to the core partners, SIDHAS procured technical assistance from the German Leprosy and TB Relief Association (GLRA) for TB/HIV integration. The scopes of work of the remaining two technical assistance partners, Population Council (community PMTCT operations research) and University of Nigeria (health economics operations research), were completed at the end of FY14 and the sub agreements closed out. This is in addition to the termination of the sub agreement with The Axios Foundation in September 2014, the core partner on logistics and supply chain management, to avoid duplicity of roles with the USAID funded Supply Chain Management System (SCMS).

SIDHAS continued to provide support to 13 state governments, 1,096 public health facilities, 368 private for-profit health facilities, and 73 private non-profit health facilities or faith-based organizations (FBOs), to enhance facility-based integrated HIV/AIDS responses. In addition, SIDHAS supported 31 local civil society organizations (CSOs) to provide integrated community-based prevention and care services including care and support for orphans and vulnerable children (OVC).

In order to strengthen government systems and optimize ownership at federal, state and local government levels, SIDHAS continued to collaborate with the GoN to align activities, strategies, and plans. SIDHAS support to GoN aimed to ensure the delivery of quality comprehensive HIV/AIDS services in approximately 1,537 public and private sector tertiary, secondary and primary level health facilities, as well as in all communities contiguous to the supported health facilities.

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

1. Increasing access to services that enhance PMTCT
2. Provision of quality HTC, including Provider Initiated Testing and Counseling (PITC) and community based counseling and testing in priority LGAs; couples' counseling and testing; Quality Assurance/Quality Improvement (QA/QI); and referrals and linkages
3. Provision of quality ART services, including:

- a. Logistics management support to forestall stock-outs,
 - b. Promotion of pharmacy best practices to optimize adherence to therapy; and
 - c. Access to high quality laboratory services to monitor disease progression and response to treatment
4. Pediatric care and treatment for comprehensive care that includes prevention, early detection, and treatment through clinical and psychosocial support services
5. Provision of high quality care and support services, including care and support for PLHIV and OVC
6. Promotion of collaboration between TB and HIV/AIDS services to reduce TB/HIV associated morbidity and mortality
7. Medical transmission prevention to ensure safe medical injections, phlebotomies and related medical procedures, universal precautions, blood safety as well as related waste management
8. Health systems strengthening to ensure that the advancement in science and health technologies deliver better, sustainable, and equitable health outcomes

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

Progress across Key Result Areas

Standard Indicators	Baseline FY 15	Annual Target	Q1 FY16	Q2 FY16	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
HTC_TST (DSD): 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)	1,547,349 ¹	692,713 (M= 343,256; F= 349,457)	966,257 (M= 485,513; F=480,744)	107%	Y
PMTCT_STAT (Num): Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	708,134	552,177 ¹	159,253	166,475	59%	Y
PMTCT_ARV (Num): Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	15,414	15,895 ¹	3,254	3,697	44%	N
PMTCT_ARV: Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	97%	90%	90%	92%	91%	Y
TX_NEW: Number of adults and children newly enrolled on Antiretroviral therapy (ART)	45,796 (M= 14,965; F= 30,831)	67,136 [*]	11,700 (M=4,117; F=7,583)	12,819 (M=4,442; F=8,377)	37%	N
TX_CURR: Number of adults and children receiving antiretroviral therapy (ART) (Current)	160,717 (M=55,200; F=105,517) Including 8,328 children)	187,046 [*]	171,998 (M=55,785; F=116,213) Including 8,944 children < 15	177,055 (M=57,368; F=119,687) Including 8,220 children < 15	95%	Y
TB_ART (Num): Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	2,476	2,343	741	797	66%	Y
TB_SCREEN (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	227,957 ²	78,502	33,860	49%	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	233,804 ¹	84,305 (M=25,886; F=58,419)	37,411 (M=11,629; F=25,782)	52%	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)	91,809 ²	38,600 (M= 20,544; F=18,064)	34,932 (M= 18,017; F=16,915)	80%	Y

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

¹= Final FY 16 targets from USAID

²= Targets from SIDHAS PMP

Quality and Access

This quarter, SIDHAS teams continued to roll out strategies towards achieving epidemic control across the 14 scale up Local Government Areas (LGAs), as well as increasing access to HIV/AIDS care and treatment services in the same locations. The teams conducted in-house epidemic control meetings to review progress, and refine strategies towards achieving epidemic control in the LGAs. Discussions at the meetings focused on testing yield analysis, current operational strategies including LGA household coverage, Provider Initiated Testing and Counseling (PITC), and population coverage.

Orientations on viral load monitoring and testing were conducted this quarter in Lagos, Cross River, and Edo states for select facility staff (doctors, nurses, lab staff, M&E officers) as well as SIDHAS technical teams. The aim was to discuss the PEPFAR strategic direction on viral load monitoring vis-a-vis CD4 testing, and to enhance capacity of the facility staff in this area. The orientation which drew participants from the scale up LGAs, also focused on states with PCR hubs. This orientation is expected to facilitate optimization of PCR machines across SIDHAS-supported states.

A total of 20 units of solar refrigerators with freezers were procured and distributed to supported sites in Akwa Ibom (5), Cross River (4), Lagos (4), Rivers (4), Anambra (2) and Kano states (1). This is intended for storage of viral load samples and aimed at increasing viral load optimization. As a result, drug and therapeutic committees (DTC) were also expanded in supported sites to manage patient level virology outcomes. These efforts saw an increase in the number of viral load sites from 21 in the first quarter, to 52 in this quarter. Analysis of viral load samples also increased from 1,411 in the previous quarter to 2,537 this quarter.

This quarter, SIDHAS engaged and trained 14 LGA and 48 facility-based TB/HIV coordinators drawn from the scale up LGAs. This is part of efforts to strengthen referral services between TB/HIV service points. The coordinators are also expected to facilitate timely diagnostic evaluation for TB among PLHIV, through sputum referral, for GeneXpert diagnosis. They will also facilitate immediate treatment initiation for confirmed TB cases, client follow up, and documentation of treatment outcomes.

Continuous Quality Improvement (CQI) for pharmacy services was sustained this quarter across the 13 SIDHAS-supported states. Pharmacy focal persons at supported facilities were supported to take the lead on CQI initiatives as a way of capacity building and institutionalization of the process. The focal persons also developed capacity building plans alongside other technical teams; these plans were domiciled at each of the service delivery points for implementation. SIDHAS pharmacy teams used the platform to address gaps identified at the pharmacy units through provision of temperature charts, and display of job aids and RUNS charts. The pharmacy teams also mentored facility focal persons on accurate and complete documentation using the pharmacy tools, as well as timely submission of quality reports.

During the period under review, PMTCT services to pregnant women continued across all supported PMTCT sites. SIDHAS teams focused on cohort analysis and client folder audits at the

facilities. The cohort analysis reviewed data on HIV Exposed Infants (HEI) registered in the months of October 2013 – March 2014 with the aim of determining the final outcome of these infants at 18 months. Furthermore, activities towards improving access to HIV services at the community level continued across the 14 priority LGAs. This was done through routine visits to community structures where pregnant women access care for identification and linkages to health care.

SIDHAS continued to support community blood drive efforts of the National Blood Transfusion Services (NBTS). Continued support to the NBTS is aimed at contributing to the national goal of increasing access to safe blood in Nigeria. In addition, infection prevention and control practices at the facility level, including blood and injection safety, were supported during supportive supervisory visits. SIDHAS Quality Monitoring and Accountability Program (QMAP) teams also mentored supported health facilities and community based organizations (CBOs) on effective implementation of integrated infection prevention and control activities. The opportunity was used to promote the newly harmonized national blood safety data collection tools.

Care and support activities continued this quarter with an orientation on Household Economic Strengthening (HES), money management, and savings group formation. Participants included program staff of CBOs and SIDHAS staff across the 13 supported states. CBO peer review meetings were held in Anambra, Bayelsa and Lagos to appraise progress on OVC care and related community services. CBO activities were reviewed with focus on performance against targets, reporting on community services indicators, conduct of household vulnerability assessments, use of household care plans, SIMS tool application, and service delivery. The meeting identified strategies to address gaps, and developed action plans to guide implementation.

Routine support to the Government of Nigeria (GoN) continued this quarter for data collection and transmission from all supported health facilities (public and private) and Community Based Organizations (CBOs). Assistance is provided to facilities and CBOs for data analysis and use for informed programmatic decision making. Functionality and up-to-date Electronic Medical Records (EMR), were also ensured during supportive supervisory visits to nine states this quarter. The Lafiya Management Information System (LAMIS) software was also upgraded to version 2.4, with capability to exchange data with the NigQUAL database.

SIDHAS teams participated in a training on Workload Indicator Staffing Needs (WISN) this quarter in Lagos state. The training was organized by the Strengthening HIV/AIDS Service delivery through Human Resources for Health Systems in Nigeria project. It was preparatory to the roll out of WISN in SIDHAS supported health facilities across the 14 priority LGAs. The project teams also discussed and agreed on modalities for seamless collaboration.

Integration

During the reporting period, efforts aimed at improving pharmacy services and systems at the facility and community levels were sustained. SIDHAS teams provided targeted mentoring to pharmacy personnel on their systems towards improving quality of pharmaceutical care services

to clients. SIDHAS teams also worked with supported health facilities across the 13 states to facilitate functionality of statutory DTCs in supported secondary and tertiary facilities this quarter. The revitalized committees aided in monitoring migration of positive pre-ART clients to ART and client retention on therapy, as well as treatment failure and ARV regimen switches. The committees also reviewed adverse drug events and management of drug and health commodities inventory.

This quarter, SIDHAS collaborated with Bayelsa and Rivers States Ministries of Women Affairs to constitute and inaugurate Gender Based Violence (GBV) response committees. The committees were tasked to ensure appropriate and timely address of all reported GBV cases. Membership comprises representatives from the Nigeria Police Force, Department of State Services, Nigeria Prison Service, Civil Defense Corps, Social Welfare, Medical Women Association of Nigeria, National Agency for the Prohibition of Trafficking in Persons (NAPTIP), and Federation of Female Lawyers.

Integration of TB/HIV services continued in this quarter across 311 comprehensive sites, 413 DOTS facilities with 194 AFB including 189 that are stand-alone, and 50 facilities with GeneXpert diagnostic machines in the supported 13 states. TB patients were provided HIV Testing Services (HTS) and all HIV positive clients were referred for ART services. SIDHAS teams also conducted onsite mentoring visits to supported sites in Anambra, Akwa Ibom, Cross River, Lagos, and Rivers states. Hands-on support and mentorship were provided on TB and TB/HIV collaborative activities, screening at the triage stations, completed referrals for presumptive TB/HIV co-infected clients to AFB and DOTS clinics, and linkage for sputum transport to GeneXpert sites.

Stewardship

During the review period, SIDHAS trained LGA officers and other state level stakeholders on financial management, budgeting, and costing of HIV/AIDS services. Participants were drawn from the 14 scale up LGAs and included the State Agencies for the Control of AIDS (AKSACA), State AIDS and STI Control Programs (SASCP), and executive members of the scale up LGAs. A total of 63 (46M, 17F) participants attended the training.

SIDHAS continued to provide support to the GoN through participation and provision of technical assistance at task team and national level meetings. This quarter, SIDHAS participated in the National Quality Improvement Task Team (NQITT) meeting convened by the Federal Ministry of Health-led National Alliance for Health Systems Strengthening (FMoH/NAHSS). The meeting, held on January 19, 2016 in Abuja, discussed NigeriaQual (NigQual) Round 3 findings and plans for the Round 4 data collection exercise. As a follow on to this, SIDHAS facilitated a meeting with NAHSS/Bitsage to discuss data exchange between the LAMIS and NigQual software. A key output from the meeting was the need to review criteria for selecting ART, Pediatric and PMTCT client evaluation, the need for Bitsage to make NigQual a multi-user platform, and a retest of NigQual data exchange version 2.7.

SIDHAS teams also participated in a meeting of Implementing Partners (IPs) organized by USAID

for all its supported OVC partners on February 26, 2016 in Abuja. At this meeting, new developments in OVC programming were discussed to aid FY17 planning. Other participants at the meeting were MSH, ARFH—Local OVC Partners Initiative in Nigeria (LOPIN) project, WEWE, HIFASS, Save the Children—STEER project, and Catholic Relief Services—SMILE project. The SIDHAS team also participated in meetings at Federal Ministry of Women Affairs and Social Development (FMWASD) to discuss data issues and the need for more holistic reporting from all states. Similarly, SIDHAS participated at a two-day technical meeting of experts on girl child development and capacity building towards ending child marriage in Nigeria. The meeting took place at the Bayelsa House in Abuja from March 10 – 11, 2016.

SIDHAS actively participated in and contributed to the National TB program planning activities towards commemoration of the 2016 World TB day. This year's event was themed 'Unite to End TB' and held on March 24, 2016. The team also participated at zonal TB and TB/HIV review meetings, national TB/HIV working group meetings, and the international assessment of TB laboratories.

As part of efforts towards engagement of public and private organizations to support project implementation, SIDHAS received drug donations in support of the community ART initiative being implemented across the 14 scale up LGAs. Organizations and individuals contributing included the outgoing Chair of the Association of Community Pharmacists (ACPN), Edo State; Biofem Pharmaceuticals, Abuja; CHANMed Pharmaceutical Company Limited, Jos; ASAD Pharmaceuticals, Kano; Akwa Ibom State government through the SMOH; Pharmaceutical Society of Nigeria (PSN), Akwa Ibom State Chapter; and VIXA Pharmaceuticals, Akwa Ibom State.

SIDHAS also engaged with the PSN president at a strategic meeting involving other pharmacists this quarter, with an aim to get buy-in of the umbrella body towards the involvement of pharmacists in HIV/AIDS service delivery for more sustainable outcomes. The meeting had in attendance 20 pharmacists (10M, 10F) drawn from hospital, community, industry and academic technical groups of the PSN. The PSN president appreciated USAID support through the SIDHAS project, and expressed continued commitment of the association in contributing to improved health of Nigerians.



Country Director HUPACE with PSN President at the meeting

A meeting of the essential drugs committee considered the inclusion of ARV drugs in the essential drug list (EDL) for secondary and tertiary health facilities. Efforts are still ongoing to advocate for the inclusion of PMTCT drugs in EDL for PHCs in Nigeria through a formal application by NACA. Advocacy visits to Directors of Pharmacy services at SMoH and Hospitals Management Board to improve on pharmacy human resources and pharmacy systems finally yielded results with more

states such as Adamawa, Akwa Ibom, Kano and Rivers gradually taking over the funding and leadership of performance review meetings.

SIDHAS participated in the international lab monitoring mission sponsored by USAID-Washington and the Global Lab Initiative (GLI) of the WHO-Geneva from March 14 – 18, 2016. It was a TB-focused laboratory assessment mission to Nigeria which took place across six SIDHAS supported sites—University College Teaching Hospital (UCTH) Calabar, Dr. Lawrence Henshaw Memorial Hospital (DLHMH) Calabar, Nigeria Institute of Management Research (NIMR) Lagos, General Hospital (GH) Lagos, University of Port Harcourt Teaching Hospital (UPTH) Port Harcourt, and PHC Rumuigbo Port Harcourt. The goal was to identify bottlenecks in TB case finding in Nigeria despite the huge investment by GoN and partners. At the end of the assessment, the team debriefed the Minister of Health and other stakeholders on the outcome of the visit. Findings from the assessment are expected to shape the roadmap for future funding by USG on TB program in Nigeria.

State Level Progress

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

Priority States

Akwa Ibom

Indicator	Baseline Data		FY 2016	Annual Cumulative Actual	Quarterly Status – FY 20[16]		Annual Performance Achieved to Date (in %)
	Year	Value	Annual Cumulative Planned target		Q1	Q2	
HTC_TST (DSD)	FY15	396,014	304,572	441,942	171,668	270,274	145%
TX_CURR	FY15	22,823	34,158	24,803	25,873	24,803	73%
TX_NEW	FY15	12,873	18,657	6,660	3,116	3,544	36%
PMTCT_STAT (Num)	FY15	64,831	50,270	29,887	14,126	15,761	59%
OVC_SERV	FY15	21,344	10,000	11,729	4,464	7,265	117%

The Akwa Ibom State team continued to sustain access to comprehensive HIV/AIDS services in the five scale up LGAs (Ikot Ekpene, Okobo, Oron, Uruan, and Uyo) through the delivery of free community health services and ART outreaches. This was facilitated through house-to-house HTS activities which reached 66,705 households. The Nigeria Police Area Command in Ikot Ekpene was one of the HTS beneficiaries, including 230 police officers and patrons of the ‘mammy market’. The state government and PSN also supported the outreaches with over-the-counter



Police Command receiving SIDHAS cART Team

drugs. These efforts contributed to increased access to essential health services in the priority LGAs.

SIDHAS teams carried out quality improvement initiatives during the reporting quarter at supported facilities with focus on client retention. The teams carried out HIV cohort analyses and client folder audits to investigate factors responsible for poor retention at the different stages of services in the ART program. Folder audits were conducted for clients in the cohort initiated on ART within October – December 2014, whose final status at the end of a 12-month treatment period was either dead, stopped treatment or lost to follow up. Folders of 94 clients (34M, 60F) were reviewed across Ewang PHC, University of Uyo Medical Centre, University of Uyo Teaching Hospital, and the Infectious Disease Hospital, Akwa Ibom State. At General Hospital Ikono, one pre-ART client was initiated on ART while six clients, whose CD4 showed consistent decrease in value, were listed for re-evaluation for possible immunologic failure. Findings across board are expected to inform improvement strategies in HIV treatment programming.

The SIDHAS team facilitated dialogue sessions for community leaders in the scale up LGAs to address HIV services for vulnerable children. The community dialogues played a key role in buy-in of the communities to care and support programs for PLHIV and vulnerable children. Other key activities that took place during the dialogue sessions included community mapping for OVC enrollment and referrals for health services, provision of shelter, food and nutrition, educational materials, and birth registrations to identified OVC. Community volunteers were identified by community leaders to support CBO led activities at the grassroots level.

Community volunteers, supported by SIDHAS CBOs—SHERO and WOCLIF, conducted household vulnerability assessments to identify the most vulnerable households. Following the assessments, 11 caregivers were selected and trained in line with their preferred skill areas. Three of the caregivers were given startup materials for soap making; two others received a grinding machine each, one of which was a PLHIV blinded as a side effect of ART. Four caregivers received 80 bunches of palm fruits for oil processing; another one received a bag of crayfish as start up for trading, and one more caregiver received a bag of rice and two bags of cassava flour (*garri*) as startup for food stuff trading.



A caregiver displaying her start up materials

The SIDHAS team carried out a series of capacity building events for healthcare workers and government officials as part of efforts to sustain quality of service delivery and improved outcomes. Sixty-seven (29M, 38F) laboratory scientists across 57 comprehensive health facilities participated in a quality improvement meeting focused on ensuring laboratory best practices. The laboratory focal persons committed to ensure efficient and functional systems for sample referrals, CD4 sample analyses, results dispatch, and 100% commodity documentation and reporting rate.

Select healthcare workers and CBOs also benefitted from an orientation this quarter. The orientation focused on strategies for strengthening referral and client tracking systems between facilities and communities. The exercise is expected to improve the generation of defaulters' list and home visits by the facilities and CBOs respectively. This is expected to contribute to the long term outcome of improved client retention in care.

The SIDHAS team intensified efforts towards the improvement of TB/HIV collaboration across supported facilities and communities. To this end, 30 (17M, 13F) community pharmacists were trained on determination of Isoniazid hydrazide (INH) eligibility, screening, initiation, and documentation for accurate kitting of INH.

This quarter also, SIDHAS collaborated with the state government to facilitate the Integrated Health Data Management (IHDMT) meeting as well as the second semester 2015 review of health and non-health data. The data review forum was useful in providing stakeholders the opportunity to validate state-wide program data, and to disseminate information on current state level data for policy decision making processes. The validated data was presented at the national zonal data review meeting and was included into the National database for improved country level decision making. It is expected to feed into the 2015 Global AIDS Response Progress Report (GARPR).

Similarly, SIDHAS in conjunction with the state government and KNCV, the USAID lead partner for TB program, facilitated a joint TB outreach program to commemorate the 2016 World TB Day. The event, which took place on March 24, 2016 in Ikot Ekpene LGA, had the theme "Find TB, Treat TB, Work together to end TB". The event provided the opportunity for awareness creation on TB among the general population, and to collect sputum samples for analyses. Health talks, road walks, and media sensitizations were other activities featured during the day.

The state team also collaborated with SASCP and the Health Finance and Governance (HFG) project to reactivate moribund TWGs (ART/Treatment, resource mobilization, and pharmacy and logistics) in the state. This is a demonstration of the state government's commitment to sustain donor supported HIV/AIDS programs. SIDHAS supported the TWG members in reviewing the terms of reference and assigning responsibilities. The members were also sensitized on the WHO guidelines for monitoring clients and improving retention in care in the state.



SAPC Addressing Stakeholders at the ART TWG

The State Government also demonstrated commitment to sustainability of the SIDHAS project by funding the printing of 7,000 inventory control cards and 3,000 bin cards to aid effective inventory management. The Pharmacy and Logistics TWG took full responsibility of the process and presented the finalized documents to relevant stakeholders for immediate use.

Furthermore, the Chief Medical Director of the University of Uyo Teaching Hospital (UUTH) facilitated the procurement and installation of a 165KVA generator for the facility PCR laboratory. This will address the challenge of service disruption at the laboratory which result from epileptic power supply.



New generator purchased by facility management to support the PCR lab

Challenges

- Poor release of budgeted funds for HIV/AIDS activities by the state government continue to impact the delivery of quality services. The SIDHAS team will continue to engage with key stakeholders to address this challenge

Cross River

Indicator	Baseline Data		FY 2016	Annual Cumulative Actual	Quarterly Status – FY 20[16]		Annual Performance Achieved to Date (in %)
	Year	Value	Annual Cumulative Planned target		Q1	Q2	
HTC_TST (DSD)	FY15	304,839	227,071	245,359	108,691	136,668	108%
TX_CURR	FY15	17,815	23,782	18,147	18,592	18,147	76%
TX_NEW	FY15	6,175	9,289	2,838	1,392	1446	31%
PMTCT_STAT (Num)	FY15	60,956	34,468	25,726	11,512	14,214	75%
OVC_SERV	FY15	10,539	5,000	4,998	4,984	14	100%

This quarter, the SIDHAS team continued to intensify efforts at increasing access to quality prevention and care services at supported facilities across the two scale up LGAs—Calabar South and Calabar Municipal. This was achieved through implementation of the community ART (cART) strategy for client identification and linkages to supported health facilities. The team also supported health care workers with active monitoring of viral load suppression among ART clients. In addition, 51 (23M, 28F) health service providers from the priority LGAs were provided orientation on effective HIV/AIDS management. The objective was to capacitate the service providers on minimizing errors and occupational risks associated with managing HIV/AIDS clients.

Care and support activities continued during the quarter to improve and sustain the wellbeing of vulnerable children, caregivers, and PLHIV. A step-down training on household economic strengthening was conducted for 124 (59M, 65F) persons made up of community volunteers, support group members, and CBOs from Calabar, Ugep and Ikom respectively. The training provided participants with financial management skills and capacity to initiate the establishment of savings groups in the communities.

TB/HIV integration services were also supported this reporting period at the facility level. The SIDHAS team facilitated an inaugural meeting of TB/HIV partners which took place at Dr. Lawrence Henshaw Memorial Hospital (DLHMH), Calabar. The meeting had in attendance 15

(9M, 6F) participants from the State Government, media, and other IPs in the state. The forum is expected to foster partnerships for a strengthened TB/HIV response in the state.

The SIDHAS team provided technical support to the pharmacy units to strengthen DTCs at GH Ogoja, Dr Lawrence Henshaw Memorial Hospital Calabar, and Sacred Heart Catholic Hospital (SHCH), Obudu. The meetings were attended by multidisciplinary team members from the various service delivery points involved in clinical services in the facilities. Following the meetings, the committees identified and reviewed Adverse Drug Reaction (ADR) cases as well as potential cases of treatment failures. These served as guides towards improving therapeutic services at the facilities.



Drug & Therapeutic committee meeting at GH Ogoja

A Quality Management System (QMS) training was conducted for 10 (1M, 9F) laboratory staff this quarter. The participants were drawn from 10 supported facilities in the scale up LGAs. Participants were trained on guidelines for provision of quality laboratory and are expected to stepdown onsite. This training is expected to contribute towards maintaining an optimal operational standard for supported laboratories in the state.

The SIDHAS team facilitated a one-day collaborative meeting with key stakeholders in the private health sector this quarter. The meeting aimed to facilitate an effective public-private sector engagement as a way of integrating the private sector into the state HIV/AIDS response. Participants also discussed modalities for improving pharmacy and comprehensive health service delivery in private health facilities in the state. A total of 19 health care workers (11M, 8F) from private sector facilities across Ogoja and Ikom LGA clusters attended the meeting.



Cross section of participants during the meeting

A one day stakeholders' engagement meeting was facilitated by the SIDHAS team preparatory to startup of the HIV Rapid Testing Quality Improvement Initiative (RTQII) in the scale up LGAs. The RTQII is targeted at contributing towards the country's capacity in the quality of HIV testing. A total of 30 persons (13M, 17F), comprising stakeholders from the state government and other United States Government (USG) funded IPs participated in the meeting. A key outcome of the meeting was the inauguration of the state HIV RTQII team and development of a terms of reference to guide its operations.

In Commemoration of the 2016 World TB Day, the SIDHAS team supported the State Tuberculosis and Leprosy Control Program during media campaigns on TB prevention, case detection, and client care. Press briefings and rallies organized by officials of the State Ministry

of Health (SMoH) contributed to increased awareness and knowledge of the general public on the signs and symptoms of TB. The general public was also provided information on sites where TB services can be accessed in the state.

As Lead IP in Cross River, the SIDHAS team coordinated two monthly meetings of USG funded IPs in the state as a platform for effective collaboration on the state HIV/AIDS response. The meeting serves as a platform for identifying areas of synergy, defining opportunities for knowledge exchange and experience sharing within the context of HIV/AIDS service provision. Participating IPs included Pathfinder International, Heartland Alliance, Society for Family Health, TB Challenge, John Snow International, Health Finance and Governance project, and Intra Health.

SIDHAS provided support in reactivating the State Management Team (SMT) within the quarter. The meeting was attended by the Honorable Commissioner of Health (CoH), SACA Director General, and other IPs in the state. The DG SACA used the opportunity to present the sustainability roadmap document to the State Governor through the Commissioner of Health. Leaders of various TWGs also participated in the meeting and shared updates on prevention, gender, M&E, procurement, and supply chain management processes in the state. The Commissioner, on behalf of the State Governor, committed to ensure functionality of the SMT and implementation of the sustainability roadmap.



SACA DG handing over the sustainability Roadmap to CoH



Laboratory staff receiving the generator from the Medical Superintendent of the hospital

Advocacy visits of the state team have continued to yield positive results. This quarter, the Medical Superintendent of GH, *Okpoma*, procured a generator to aid laboratory services. This will address challenges occasioned by incessant power supply.

During the period under review, SIDHAS Chief of Party (COP) and Acting Deputy Chief of Party, Management, paid an advocacy visit to the CoH. The COP solicited

the state government's commitment towards ownership and sustainability of intervention outcomes of the SIDHAS project. The Commissioner assured of government's readiness to support success of the SIDHAS project in the state. The CoH informed of plans by the state government to absorb three laboratory staff and one engineer, currently serving at DLHMH, into the state civil service. This will be done when the civil service commission is inaugurated by the Governor.



The Hon CoH, COP and Ag. DCOP (M) during the advocacy visit

Lagos

Indicator	Baseline Data		FY 2016	Annual Cumulative Actual	Quarterly Status – FY 20[16]		Annual Performance Achieved to Date (in %)
	Year	Value	Annual Cumulative Planned target		Q1	Q2	
HTC_TST (DSD)	FY15	182,944	495,976	397,138	165,479	231,659	80%
TX_CURR	FY15	14,632	31,541	16,421	15,906	16,421	52%
TX_NEW	FY15	3,523	16,223	2,743	1,132	1,611	17%
PMTCT_STAT (Num)	FY15	63,786	100,779	32,885	14,593	18,292	33%
OVC_SERV	FY15	5,375	8,923	3,541	2,409	1132	40%

This reporting quarter, the SIDHAS team held a two-day in-house meeting to appraise current efforts towards achieving epidemic control in the four scale up LGAs: *Agege, Ajeromi-Ifelodun, Apapa, and Surulere*. The meeting reviewed approaches and fine-tuned strategies for improving health outcomes of clients. Situational analyses, based on individual drivers of the epidemic, as well as action plans for each of the scale up LGAs were presented and agreed upon. Among other things, the action plans emphasized facility based PITC with focus on key populations.

A two-day training on effective handling of the BD FACS Count analyzer, was conducted in conjunction with BD Bio-sciences Nigeria on January 27 and 28, 2016. Participants comprised laboratory personnel from three PHCs and six private health facilities which had been earlier upgraded to ART sites and equipped with BD FACS Count CD4 analyzers to provide comprehensive ART services in November 2015. The SIDHAS country office laboratory team conducted an External Quality Assurance (EQA) training for the state SIDHAS technical officers, including cART team members, on January 22, 2016. The objective was to build the capacity of participants on modalities of proficiency testing and quality service provision.

SIDHAS conducted a training on procurement and workforce management for 37 (18M, 19F) scale up LGA staff from the Departments of Finance, Administration, and Internal Audit. The goal was to facilitate prioritization and allocation of more resources towards HIV/AIDS mitigation at the grassroots level, particularly in the scale up LGAs. A follow on workshop on data use was held to enhance the organizational capacity of the scale up LGAs. The aim was to improve use of data for decision making, quality improvement, and advocacy. The 12 (6M, 6F) participants at the workshop included LACA managers, LACA accountants, and Medical Officers of Health.

The Lagos SIDHAS team, in collaboration with KNCV TB-Challenge and Lagos State TB Control Program, marked the 2016 World Tuberculosis day. Highlights of activities for the day included awareness creation, distribution of TB related IEC materials, and a 7km walk that terminated at the Lagos State Ministry of Health, Alausa.

SIDHAS, during the quarter, commenced the development of a “Rape Kit” in response to a request by the Lagos State Ministry of Health (SMoH). The “Rape Kit” is to be used by the Lagos State

Domestic Violence Response Team (DSVRT). SIDHAS was nominated by the SMOH to steer activities of the committee charged with the responsibility of developing the kit.

A sensitization meeting to discuss the RTQII with state level stakeholders was held during the quarter. The forum was used to explore various implementation strategies for the RTQII, inaugurate the State RTQII Team, and constitute an implementation team. The implementation team comprises representatives of the PHCB, HSC, LSACA, SASCP and LSQAT.

Other meetings the team participated in during the reporting quarter include: the LSACA driven State HIV/AIDS resource mobilization plan dissemination meeting and the planning cell meeting and international assessment of TB laboratories supported by SIDHAS in the state. At the former, the current funding status for HIV/AIDS in the state was analyzed, with the goal to identify new funding sources for the state HIV/AIDS response. The Advocacy, Gender and Resource Mobilization TWG was mandated to drive the resource mobilization process. At the latter, facilities visited were GH Lagos, GH Mainland, and National Institute for Medical Research (NIMR). The assessment team comprised of World Health Organization (WHO), Center for Disease Control (CDC), National Agency for AIDS Control (NACA), Department of Defense (DoD), APIN, and IHVN.

As part of efforts to improve synergies with other USAID-funded projects, SIDHAS collaborated with the SHOPS project to train supported private health facilities in the state. The trainings focused on managing and financing healthy businesses. A total of 24 (10M, 14F) persons, drawn from select SIDHAS-supported private health facilities, were trained. The training is expected to contribute towards improved quality of services and documentation at the facilities. Participating facilities are also expected to use the opportunity to access USAID-supported Development Credit Authority (DCA) backed loans.

The Lagos State government hosted the USAID Deputy Mission Director, Aler Grubbs, and her team during the quarter. The Deputy Mission Director, who visited Sango PHC, was satisfied at the level of service provision in the facility. She enjoined the Agege local government council and PHC board, represented during the visit, not to relent in their efforts at increasing investments to ensure the continued provision of quality healthcare.

Rivers

Indicator	Baseline Data		FY 2016	Annual Cumulative Actual	Quarterly Status – FY 20[16]		Annual Performance Achieved to Date (in %)
	Year	Value	Annual Cumulative Planned target		Q1	Q2	
HTC_TST (DSD)	FY15	152,782	167,401	264,051	91,339	172,712	158%
TX_CURR	FY15	16,033	16,366	18,965	17,908	18,965	116%
TX_NEW	FY15	5,137	7,185	3,959	1,904	2,055	55%
PMTCT_STAT (Num)	FY15	43,245	71,071	25,547	11,809	13,738	36%
OVC_SERV	FY15	13,502	13,097	12,105	397	11,708	92%

SIDHAS continued to collaborate with the State Government to implement strategies aimed at improving access and cross-sectional integration of comprehensive HIV/AIDS services across supported health facilities. Emphasis was placed on the three scale up LGAs—Eleme, Obio/Akpor, and Port Harcourt. SIDHAS obtained ethical clearance and approval from the Rivers State Health Research Ethics Committee to pilot the “Test and Treat” strategy in the scale up LGAs. The cART was expanded in the three scale up LGAs with emphasis on improved service flow for HTS, and accelerated drive towards improved Isoniazid Preventive Therapy (IPT) initiation among PLHIV newly enrolled into care. Other activities carried out included the activation of MPHIC Onne, Eleme LGA, to deliver comprehensive HIV services. The facility will also serve as a hub for the cART drive in the LGA. Other activities included targeted HTS, and mentoring and supervision.

Quality improvement initiatives were also carried out by the SIDHAS team during the quarter. These included the deployment of nine CD4 point of care (PIMA) testing machines. These machines are expected to facilitate baseline immunological assessment of clients to determine ART eligibility. In addition, three Partec Cyflow machines were installed as back up at Pope John Paul II Clinic Eeken, CH Obio, and GH Terabor. The team also conducted CQI assessments across 23 HCC, 3CBOs, and 128 PMTCT sites during the reporting quarter. Following the assessments, capacity building plans were developed in collaboration with facility staff to address identified gaps.

SIDHAS facilitated a one-day sensitization meeting on RTQII held in conjunction with the SMT. The meeting constituted a State HIV Quality Improvement Initiative Team (SQIIT). The SQIIT is comprised of a representative from the Health Management Board, SACA (prevention focal person), SIDHAS (lab representative), and PHCMB. The team is responsible for evaluating accuracy of HIV testing in supported sites using a standardized checklist, identifying HIV rapid testing gaps, and carrying out appropriate remedial actions to address such gaps.

Two SIDHAS supported facilities - University of Port Harcourt Teaching Hospital (UPTH) and PHC Rumuigbo, Port Harcourt, were assessed by the international Lab Monitoring Mission, sponsored by USAID-Washington and the Global Lab Initiative (GLI) from WHO, Geneva. The visit aimed to identify bottlenecks in TB case finding in Nigeria despite the huge effort of government and partners. The outcome is expected to influence future support by the USG for TB programming in Nigeria.



International Assessors at one of the sites

As part of efforts to improve defaulter tracking by supported facilities, SIDHAS worked with the facility pharmacists on documentation review. The teams reviewed the use of pharmacy appointment diaries across supported ART and PMTCT sites during monitoring visits. Findings showed improvement in use of the diaries in the generation of defaulter lists for client tracking. All

the visited sites had the diaries in place; 81% had updated records while 78% of the facilities visited actively utilize the appointment diaries, compared to 56% from the previous quarter.

This quarter, SIDHAS engaged 12 TB referral coordinators across the 12 supported sites in the scale up LGAs for TB/HIV collaboration activities. These referral coordinators are expected to support intensive TB case finding, and to strengthen sputum referrals for presumptive TB cases. The referral coordinators supported the respective facilities to conduct CMEs for IPT initiation, deployment of M&E tools, chronic care register update, and reconciliation of presumptive register with chronic care register for data quality assurance.



Mentoring of facility staff on use of chronic care screening and documentation

USAID SIMs visits were carried out to select sites in the three scale up LGAs in the state during the quarter. The team assessed structures, processes, linkages (intra and inter-facility), and documentation along the thematic domains. A key gap noted for action was the need to improve the PMTCT-pediatric collaborations at Braithwaite Memorial Specialist Hospital (BMSH) and UPTH. This will be followed up by the SIDHAS team.

As part of the 2016 World TB day celebrations, SIDHAS collaborated with the state government to provide HTS services in one of the scale up LGAs. SIDHAS used the opportunity to showcase the cART initiative stakeholders as a strategy for achieving epidemic control. The event was also supported by MTN, and had in attendance the Hon. Commissioner of Health, the Permanent Secretary for SMOH, senior government officials, traditional rulers, and other IPs in the state.

The Rivers State Government continued to demonstrate commitment to ownership of the SIDHAS project in the state. The CoH visited one of the cART teams in Port Harcourt LGA where he pledged the state government's commitment and support to the community HIV interventions. He also visited BMSH and assessed the ongoing renovations of the PCR lab space by the Hospitals Management Board (HMB). He expressed his appreciation to USAID through the SIDHAS project in its efforts to scale up EID and VL services in the state. The SMOH also supplied cartons of male condoms, malaria test kits, Oral Rehydration Solutions (ORS), mosquito nets, and OTCs, to the cART teams in support of the community HIV initiative.



Visit by the CoH at the renovated space for PCR equipment installation for EID and VL services at BMSH

During the period under review, the Director of Pharmaceutical Services provided support in ensuring that SIDHAS-supported sites were not affected by the HMB routine transfer of trained pharmacists. The SMOH, through SASCP and HSDF, also convened a meeting to address issues related to EID and pediatric ART. EID focal persons from seven supported comprehensive sites were in attendance. The meeting identified strategies to improve EID uptake in the state. Some

of the strategies included improved engagement of and collaboration with Traditional Birth Attendants (TBAs), maternity homes, churches and ultrasound centers, to ensure referral of positive pregnant women to hospitals for delivery and ART services. Subsidization of ANC fees by the state government to improve service uptake was also identified as a strategy at the meeting.

The SIDHAS team, in collaboration with other IPs in the state, supported SACA, SASCP, DPRS and PHCMB to hold monthly M&E meetings. A total of 114 (49M, 65F) persons attended the three meetings. Focus was on effective data collection and validation, documentation, and timely reporting. Participants at the meetings reviewed and validated monthly summary forms for various thematic areas.

Challenges

- Security challenges in the state occasioned by fighting among rival cult groups, kidnappings, unexplained assassinations, armed robbery attacks and political unrest has made project implementation very difficult, as movement to most parts of the state is under restriction.

Sustained Response States

Anambra

The SIDHAS team continued to support provision of quality HIV/AIDS services through the QMAP approach. The teams partnered with healthcare workers in efforts geared towards achieving the second 90 in the 90:90:90 goal. As part of initiatives to ensure this, client escort services were supported treatment supporters in some facilities to facilitate passive enrolment of clients on ART.

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achiev.	FY16 Cumm. Achiev.%
HTC_TST	92,122	38,472	37,399	75,871	82%
PMTCT_ARV	927	374	464	838	90%
TX_CURR	17,849	19,169	20,461	20,461	115%
TB_ART	191	57	67	124	65%

This quarter, 23 ADR cases were identified across supported facilities and two others within community pharmacies. This came on the heels of an onsite orientation on pharmacovigilance to promote ADR prevention, education, screening, detection, intervention and active reporting. A total of 144 medication errors were documented in the pharmaceutical care register, and corrective measures provided to affected patients.

Three SIDHAS-supported CBOs continued to provide OVC services this quarter. In line with the SIDHAS graduation model, 11 (4M, 7F) older OVC were enrolled for training into various skills of their choice. CBOs tracked 563 (180M, 383F) treatment defaulters through home visits to ensure adherence, prevent treatment complications, and improve quality of life.

During the period under review, the WHO-AFRO Accreditation Preparatory audit was conducted for the NAUTH ART and PCR laboratories. The laboratory was awarded a 2-star rating. The HMB supported GH Amanuke laboratory with shelves, a workbench, laboratory stools, and tables to improve service flow. Anambra ANSACA also supplied HTS commodities (50 packs of Determine, 20 packs of Unigold, and five packs of Stat-Pak) to SIDHAS-supported facilities.

Local Government Implementation Team (LIT) members in nine LGAs organized three data validation and collection meetings this quarter. Participation was drawn from PHCs across the respective LGAs. These meetings served as data collation points for the various LGAs.

Bayelsa

SIDHAS-supported health facilities in the state continued to facilitate client satisfaction through quality service provision by facility staff. This was achieved through supportive supervisory visits and onsite mentoring sessions in the areas of client tracking and retention, drug adherence improvement, and promotion of facility-community linkages. These efforts are expected to enhance project performance.

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achievt.	FY16 Cumm. Achievt.%
HTC_TST	16,785	6,722	5,985	12,707	76%
PMTCT_ARV	257	62	93	155	60%
TX_CURR	2,444	3,093	3,261	3,261	133%
TB_ART	122	31	52	83	68%

In addition, CBOs were supported to provide psychosocial, legal, and health services to OVC. These services were provided through home visits, caregivers' forum, kids' clubs, support groups and at community dialogue meetings.

As part of strategies to support Gender Based Violence (GBV) interventions, the SIDHAS team supported the institutionalization of a GBV response network in the state. The network serves as a platform for harmonizing efforts of the State Ministry of Women Affairs, uniformed officers (including the Nigeria Police), legal actors, social workers, and healthcare workers, in furthering gender equality and women empowerment. The network is expected to purvey instruments that will assure freedom from violence, and increased participation of women in decision making processes in the state.

The Niger Delta University Teaching Hospital (NDUTH) attained full integration status during the quarter. An assessment of the facility showed that all of its HIV related laboratory services (Hematology, Chemistry and CD4) have been integrated into the general laboratory services. In addition, the management of the facility has taken ownership of procurement of reagents, and preventive maintenance of hematology analyzers.



Inaugural meeting of NDUTH Drug and Therapeutic committee meeting

During the quarter, two high volume sites - FMC Yenagoa and NDUTH Okolobiri—inaugurated their drug and therapeutic committees (DTC). These committees, which are fully functional, have been established with the primary objective of promoting rational drug use among PLHIV.

As a positive step towards the sustenance of the state HIV/AIDS response, the Bayelsa state government, through the SACA, procured three PIMA CD4 machines and PIMA CD4 test cartridges to mitigate challenges associated with sample transfer from health facilities in riverine LGAs. The CD4 machines were allocated to three hard-to-reach riverine facilities (Cottage Hospital Sangana, Brass LGA, Comprehensive Health Center Ekeremor, Ekeremor LGA and Comprehensive Health Center Ogboinbiri), across three LGAs. The state government provided logistics for the installation of the machines and training of facility staff, while the SIDHAS project facilitated the installation process as well as training of facility laboratory personnel.

In response to a series of advocacy visits to the state government, the human resource gap at the pharmacy unit of some supported facilities was addressed this quarter. Five qualified National Youth Service Corps (NYSC) pharmacists were posted to TBL Igbogene, FSP Clinic Yenagoa, Cottage Hospital Otuasega, General Hospital Odi and Cottage Hospital Tien Biseni, to support service delivery. The pharmacists have been trained onsite by the SIDHAS team to assure quality service delivery.

As the lead partner in Bayelsa state, SIDHAS organized and facilitated the bi-monthly meetings of USAID-supported IPs that took place in the quarter. The meeting was held between SIDHAS and the Supply Chain Management System (SCMS) project, the only two USAID implementing partners in the state. The last meeting reported improvement in LMIS reporting rate; timely sharing of proof of delivery (POD); and a remarkable achievement in the 2016 waste drive. Also, within the quarter, SIDHAS supported the state procurement and supply TWG to develop its 2016 workplan. The state procurement and supply chain management is the highest body in the state that plays an advisory role to the government on medical commodity procurement and supply.

Challenges

- Non-payment of staff salaries by the state government has affected morale and attitude of the staffs in the PMTCT sites.
- Poor attitude of healthcare workers to work, especially those in riverine facilities. SIDHAS will continue advocate to the HMB for improved supervision and support to the facilities

Edo

As part of efforts to improve TB case detection, NACA in conjunction with KNCV, installed two new GeneXpert MDR TB/RIF machines at Irua Specialist Hospital and GH Igbanke. The installation was followed by a one-day orientation on sample

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achievt.	FY16 Cumm. Achievt.%
HTC_TST	29,214	14,500	13,006	27,506	94%
PMTCT_ARV	740	210	218	428	58%
TX_CURR	8,941	11,778	12,469	12,469	139%
TB_ART	134	44	37	81	60%

management procedures, client flow, and determining eligibility for GeneXpert diagnosis. Participants included clinicians, medical laboratory scientists, DOTS providers, and LGA Tuberculosis and Leprosy Supervisor (TBLS). Seven (4M, 3F) medical laboratory scientists were also trained on the use and maintenance of the equipment at Irua Specialist Hospital.

Series of capacity building activities were carried out this reporting quarter to improve skills of healthcare providers for quality service provision. A 3-day non-residential training on logistics management of health commodities, inventory control, and service data reporting was held in Benin. The training was conducted by SIDHAS in collaboration with SCMS, with participation of 13 (8M, 5F) service providers (laboratory and pharmacy personnel) from ART sites in Benin cluster. The training aimed at supporting the implementation of integrated logistics systems.

A CQI exercise was conducted across supported sites in the state. Assessment of 23 PMTCT sites, three CBOs, SASCP, and 17 ART sites was carried out during joint supportive supervisory and QMAP visits by the SIDHAS team in collaboration with members of the SMT. Capacity building plans were developed to address identified gaps.

In order to sustain quality of HIV/AIDS care provided in the state, the CoH inaugurated a state laboratory quality assurance team during the reporting quarter. The team’s mandate is to assure optimal quality of HIV testing and prompt follow on care for identified positives. The six-member team comprises HMB personnel and one SIDHAS staff.

Following series of advocacies to the HMB Permanent Secretary (PS) on the need to address poor attitude of some government staff to work, the PS pledged the Board’s commitment to discipline errant staff. This commitment by the PS resulted in improvements in the attitude of healthcare workers, especially pharmacy personnel. The PS HMB also approved funding for the pharmacist’s peer review meeting held during the quarter. In addition, the state carried out repairs on three faulty Selectra Pro S Chemistry machines at CH Auchu, CH Uromi, and Irua Specialist Hospital to ensure uninterrupted flow of services in the facilities.

Kano

This quarter, the SIDHAS team partnered with the state government to address gaps in the CD4 platforms within supported facilities in the state. Of the 29 comprehensive ART sites across the 22 LGAs supported by SIDHAS in the state, only 15 have

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achiev.	FY16 Cumm. Achiev.%
HTC_TST	58,057	13,697	11,473	25,170	43%
PMTCT_ARV	126	106	101	207	164%
TX_CURR	8,718	11,925	11,726	11,726	135%
TB_ART	114	20	33	53	46%

CD4 test platforms, representing 52% coverage. The state government, through SACA, has committed to the provision of CD4 machines to the remaining 14 SIDHAS supported sites to address the existing gaps. This commitment has been factored into the current state work plan.

Runs charts were deployed by the SIDHAS team to 18 of the 29 ART sites being supported to showcase performance against targets across the different facilities. It is envisaged that the readily available data would be used to improve decision making, and to steer political will of stakeholders in the facilities. The SIDHAS team is working with facility management teams to institute the use of runs charts as a way of improving data management.

During the period under review, the SIDHAS team collaborated with relevant government entities to address human resource challenges at the facility level. These gaps were created as a result of incessant transfer of staff trained by the project for provision of quality HIV/AIDS services to clients. Through the support of the State Primary Health Care Management Board (SPHCMB) and Hospital Management Board (HMB), the state government has given a directive for the inclusion of a three-month internship program into the school of nursing curriculum in the state. This internship program will allow for the deployment of students, by the state government, to primary and secondary health facilities thereby addressing the existing HR gaps.

Efforts to facilitate functionality of the SMT yielded results in the state this quarter. The state government organized and funded a monthly SMT meeting and a quarterly TB review meeting. The TB meeting created the avenue for all IPs supporting HIV/AIDS and TB programs in the state, as well as stakeholders from other health related agencies and ministries, to share information about their respective programs. These meetings have also created opportunity for effective collaboration among the different partners.

Furthermore, the state government supported and funded monthly prevention, M&E, and logistics technical working group (TWG) review meetings. These platforms provided the opportunity to review and identify challenges preventing the successful implementation of HIV and TB programs. Solutions were also proffered to challenges identified.

Challenges

- Inadequate supply of CD4 test reagents and Control by SCMS to some supported facilities.
- Long lead time in distribution of RTKs and ARVs during the reporting period.

Jigawa

The SIDHAS team lost the State Program Manager (SPM) this reporting period on March 30, 2016, following a brief illness. He has since been buried according to Muslim rites. In order to ensure no vacuum was created during the period of transition, the country office program management backstop team is providing direct onsite support to the state office pending the recruitment of a new SPM.

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achievt.	FY16 Cumm. Achievt.%
HTC_TST	36,441	21,081	17,700	38,781	106%
PMTCT_ARV	163	100	86	186	114%
TX_CURR	4,308	4,273	4,427	4,427	103%
TB_ART	81	43	20	63	78%

During the quarter under review SIDHAS QMAP teams conducted follow up visits and folder audits at ART sites and PHCs. These visits enabled the facilities to update contact tracking registers and adequately follow up with clients. These visits are routine exercises aimed at institutionalizing CQI processes at supported facilities.

As part of the state government’s efforts to expand PMTCT services, a select number of healthcare workers were trained on delivery of quality PMTCT and pediatric services. A total of 32 healthcare workers (24M, 8F), drawn from eight PHCs, participated in the training. Similarly, a one-day onsite training was provided for 43 healthcare workers (25M, 18F) on improving quality of pediatric ART services. The participants were drawn from Rasheed Shekoni Specialist Hospital (RSSH) Dutse and General Hospital (GH) Kazaure.

This quarter, laboratory services integration assessment was conducted in all SIDHAS supported health facilities. RSSH Dutse, FMC Birnin Kudu, GH Dutse, GH Jahun and GH Hadejia were found to have begun integration of HIV services into routine laboratory services. SIDHAS will continue to support the health facilities towards attaining full service integration. In addition, a total of 50 HCWs (38M, 12F) from six ART sites were trained on laboratory reagents inventory management and laboratory services. This will enable the facilities to properly manage laboratory inventory and forecast.

As part of the steps towards consolidating the Jigawa State sustainability roadmap, the management of GH Dutse signed a MoU with a laboratory equipment maintenance company in the state for planned preventive maintenance of Sysmex KX21N.

North East States

Adamawa

During the quarter under review, some SIDHAS-supported facilities witnessed an increase in visits from Internally Displaced Persons (IDP) seeking enrolment into ART care and treatment services. One of the facilities, General Hospital Mubi,

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achievt.	FY16 Cumm. Achievt.%
HTC_TST	43,103	12,156	15,442	27,598	64%
PMTCT_ARV	692	185	233	418	60%
TX_CURR	17,178	21,048	22,124	22,124	123%
TB_ART	275	57	47	104	38%

was provided technical support by the SIDHAS team on strengthening its system for client records appointment scheduling. This has improved the facility performance to effectively meet up with the increasing demand for ART services. The SIDHAS team also conducted supportive supervisory visits to seven facilities in the northern axis of Hong, Gombi, Mubi and Michika, following clearance by the Nigerian military and the FHI 360 Security team. These visits are expected to continue in order to support continuous provision of quality services to clients.

In collaboration with the State Primary Health Care Development Agency (PHCDA) technical support on provision of Maternal, Newborn and Child Health (MNCH) services was provided to

15 facility focal persons drawn from 21 facilities across the state. These efforts are expected to improve the PMTCT cascade through a strengthened tracking and chronic care system in the benefitting facilities.

Efforts aimed at improving child health services through EID were sustained this quarter. The SIDHAS team supported relevant facility staff to adopt a real time submission and collection model with a view to improving the turn-around-time for EID sample transfer. This model is expected to facilitate timely clinical evaluation, prophylaxis for opportunistic infections, and antiretroviral therapy (ART) for HIV-exposed infants.

Onsite sensitization of staff from supported facilities on provision of Isoniazid Preventive Therapy (IPT) to PLHIV also continued this quarter. As a result, IPT services began at the Federal Medical Centre (FMC) Yola. The team also embarked on waste drive of expired ARVs in a few facilities that recorded expiries for onwards transmission to SCMS.

The Adamawa State Government upgraded Gadish Chanrai Memorial Hospital (GDCM) Ngurore from a PMTCT site to an ART site. Following this, the SIDHAS team provided onsite mentorship to eight facility staff to ensure delivery of quality ART services to PLHIV. As a result of sustained advocacy to the FMC Yola Medical Director, the facility commenced procurement of hematology and chemistry reagents to run tests.

Bauchi

Efforts to improve client retention in care were intensified at facility level this quarter. The Bauchi state team supported health facilities in the areas of triaging, adherence, client tracking and referral systems. The aim was to increase uptake of care and treatment services especially nutritional support, IPT and TB screening.

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achiev.	FY16 Cumm. Achievt.%
HTC_TST	41,172	33,441	27,022	60,463	147%
PMTCT_ARV	507	133	145	278	55%
TX_CURR	10,244	10,559	10,959	10,959	107%
TB_ART	131	35	36	71	54%

The SIDHAS team, in collaboration with other IPs, supported the State Ministry of Health (SMoH) to develop the Health Sector Development Strategic Plan (2016 - 2020). This document is expected to provide strategic direction for the State HIV/AIDS response as well as other health related conditions.

To improve quality of care, SIDHAS teams trained 28 healthcare workers (9M, 19F) on nurse-led ART initiation and refills. Participants were drawn from State Specialist Hospital, GH Toro, IDH Bayara, and Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH). The training served as an avenue to review facility service flow, emphasize on appropriate documentation and use of SOPs/guidelines in service provision.

Continuous targeted mentoring and coaching of clinicians, pharmacists, and ART nurses on IPT has facilitated the utilization of these services across three high volume ART sites in the state, namely: Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), FMC Azare, and Infectious Diseases Hospital (IDH) Bayara. The central TB treatment and presumptive TB registers of Urban Maternity, ATBUTH, GH Dass, and GH Tafawa Balewa, were reviewed to identify and fill documentation gaps like failure to capture ART and Cotrimoxazole start dates and HIV status of TB cases.

The SIDHAS team, in collaboration with Supply Chain Management Systems (SCMS), facilitated a meeting aimed at improving facility level quantification. The meeting, which also included the state logistics management unit, as well as facility pharmacy and ART focal persons, reviewed the use of the Combined Report Requisition Issue and Receipt Form (CRRIRF) for quantification for resupply. Following this, the state committed to ensure validation of reports and timely submissions.

This quarter, the SMT meeting was fully funded by the state government. A key outcome of the meeting was the design and pilot of a state-led model for transportation of DBS samples through the engagement of the state owned Yankari Transport Company at no-cost to the program. As a result of this initiative, a batch of DBS samples was dispatched to the PCR laboratory in Federal University Teaching Hospital (FUTH) Gombe, with a two-week turnaround time for results collection by the transport company. It is expected that if sustained, these efforts will enhance EID services within the state.

In a similar vein, the Director Medical Service HMB, who is also the Acting Permanent Secretary, led a QMAP visit to General Hospitals Azare, Jama'are, Misau and Tafawa Balewa. Based on the findings, onsite mentoring sessions were conducted with relevant facility staff. In addition, posting and reorganisation of staff was carried out to strengthen service integration at the different points of service across the visited facilities.

Borno

The state team conducted an orientation on tracking of adverse drug reaction (ADR) through pharmacovigilance for clients on ART in supported sites in Borno state. Thirty-one (8M, 23F) healthcare workers from Mohammed Shuwa Memorial Hospital benefited from the orientation. As a result of the orientation, a Drug and Therapeutic Committee (DTC) has been set up at the facility for tracking and reporting of ADR incidences.

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achievt.	FY16 Cumm. Achievt.%
HTC_TST	19,648	5,328	9,103	14,431	73%
PMTCT_ARV	4,004	62	165	227	6%
TX_CURR	9,035	8,274	9,536	9,536	106%
TB_ART	125	0	27	27	22%

The State team participated in a joint supervisory visit by the Honorable Commissioner of Health, with key staff from the State Ministry of Health, to the State Specialist Hospital (SSH) Maiduguri.

The visit was conducted to assess the standard of service provision at the facility. Some of the gaps identified included poor attitude of healthcare workers to work, inadequate shelves in the pharmacy store, and poor triage system. To address the gaps identified during the joint visit, the state team engaged with the management of State Specialist Hospital. This resulted in procurement of shelves for the pharmacy store, as well as recruitment of a nurse for triaging in the facility. The hospital management is also working towards addressing other gaps identified during the visit.

The SIDHAS team actively participated in and hosted various coordination meetings organized by Implementing Partners that are providing humanitarian services in Borno State. These include UN agencies such as UNICEF, UNHCR, UNFPA, WHO, UNOCHA, Save the Children UK, Medicine San Frontiers (MSF), and Action and Against Hunger. As a result of SIDHAS intervention in the state, the team also participated in Protection Sector Working Group (PSWG), Health Sector Working Group, SGBV sub-sector working group, and IPs/SEMA/NEMA coordination meetings. The SIDHAS team also supported the State Government in providing HIV Testing Services (HTS) and ART services to IDPs and host communities in the state.

Challenges

- Shortage of RTKs in supported sites

Yobe

During the quarter under review, the Yobe State SIDHAS team continued to support the provision of quality services across supported facilities. This was achieved using the QMAP approach. The teams conducted folder audits, orientation of healthcare workers on chronic care screening and ARV dispensing, ADR prevention, education, screening, detection, intervention and reporting. These efforts are aimed at continuous quality improvement in service provision.

INDICATORS	FY16 Target	FY16 Q1 Achievement	FY16 Q2 Achievement	FY16 Cumm. Achiev.	FY16 Cumm. Achievt.%
HTC_TST	15,787	10,139	17,814	27,953	177%
PMTCT_ARV	348	77	79	156	45%
TX_CURR	2,482	3,600	3,756	3,756	151%
TB_ART	25	2	9	11	44%

Yobe state team continued to engage with key stakeholders on critical HIV/AIDS sustainability milestones in the state through advocacy visits, joint facility supportive supervision visits, and provision of regular monthly updates. These efforts resulted in the provision of test kits (1000 determine, 350 unigold and 200 stat pack) by the state government for HTS services at supported facilities. In collaboration with NACA, the Yobe State Agency for the Control of AIDS (YOSACA) engaged local engineers to maintain laboratory equipment in two SIDHAS-supported facilities. YOSACA also supplied chemistry, hematology and other laboratory reagents to the facilities.

In addition, sustained advocacy visits to the management of FMC Nguru on implementation of IPT yielded results. The facility had previously rejected IPT service provision to PLHIV. This service commenced during the quarter and is expected to continue.

Overall Program Challenges

- Security incidences such as kidnappings, assassinations, armed robbery attacks, and political unrest continue to impact project implementation due to restriction of staff movement
- Shortages of RTKs across priority states, especially in Akwa Ibom state, continued to slow down community level HTS. The project team continues to engage with the SCMS and USAID to address this challenge

Highlights of Plans for the Next Quarter

- Continue activities towards the pilot of 'Test and Treat' as well as implementation of Option B+ in the priority LGAs
- Continue cART activities in the priority LGAs while strengthening facility optimization
- Strengthen M&E systems to respond to the requisite PEPFAR data needs especially in the priority LGAs
- Provide support to the Akwa Ibom AIDS Indicator Survey project (AKAIS)
- Continue implementation of the HIV Testing Quality Improvement Initiative in 14 priority LGAs
- Support selected sites for National and International accreditation by the Medical Laboratory Sciences Council of Nigeria (MLSCN)
- Continue mentoring and monitoring of health facilities and IAs to ensure provision of high quality services
- Provide continuous TA support and mentoring visits to supported HFs in the state on commodity logistics management

Success Story

Delivering HIV/AIDS Services to Internally Displaced Persons (IDPs): Fati's Story

Insecurity has severely hindered the delivery of health care services in the north eastern part of Nigeria, particularly for chronic diseases such as HIV that require on-going medical treatment and care. Fati Mohammed, a 45-year-old widow and mother of three children tested HIV positive in October 2014 at Dikwa General Hospital (GH), a health facility providing comprehensive HIV/AIDS services in Dikwa, Borno State. Through the support of the USAID funded and FHI 360 led Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project, Fati was assessed as eligible and immediately enrolled into the antiretroviral treatment (ART) program in the facility. She was committed to adhering to the treatment regimen and improving her health, especially considering the fact that she witnessed her husband, who was also HIV positive, die from complications arising from AIDS.



Fati, overjoyed after restarting ART

In March 2015, not long after Fati commenced ART, insurgents attacked and overran Dikwa town, forcing the residents to flee for safety and resulting in the shutdown of all activities in the town, including hospital services. Fati was one of the few people who managed to escape to the city of Maiduguri, located about 56km away from Dikwa for safety. Prior to the attacks, her health was gradually improving because of her strict adherence to the ART regimen in Dikwa GH. With her displacement after the insurgents' attack however, Fati not only lost access to the vital ART medication, but her wellbeing and that of her dependents was also threatened.

Fati took shelter in the Sanda Kyarimi internally displaced persons (IDP) camp in Maiduguri, where she struggled to cope with the new environment. As a result of her inability to reestablish her regular life pattern, particularly her ART medication, Fati's health began to deteriorate. She grew hopeless and desperate to regain her strength and health in order to better care for her children. Unknown to her, providence had better plans for her wellbeing and Fati's path was about to intersect once again with that of the SIDHAS project.

In early October 2015, Fati along with other residents of Sanda Kyarimi IDP camp were informed by the volunteer community mobilizers working in the camp that ART services had begun for IDPs through mobile on-site ART clinics established by SIDHAS. These mobile clinics were established by the project to ensure that persons displaced as a result of insecurity could still have access to HIV/AIDS services such as testing and provision of antiretroviral (ARV) drugs for those on treatment. When Fati learned that these services were available in her camp, she was filled with joy and immediately went to the mobile clinic, narrated her history and was promptly enrolled for ART.

During her six months clinical evaluation visit in April 2016, in which her clinical progress was reviewed, Fati showed great improvement since recommencing her ART regimen. According to

Fati, "Praise be to Allah, I am much healthier now and I am grateful to the SIDHAS project for bringing help to me and others in the camp. May God bless FHI 360."

With support from USAID, the SIDHAS project provides lifesaving HIV/AIDS services including HIV testing services (HTS), ART and tuberculosis directly observed treatment, short course (TB-DOTs) services to IDPs in 15 camps in Borno State. To date, over 8,800 IDPs have been tested for HIV and 302 HIV positive IDPs enrolled into the ART program.

Appendices

SIDHAS M&E Datasheet for USAID Quarterly Report: January – March, 2016

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

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services									
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status – FY 2016		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									
HTC_TST (DSD): Number of individuals who received Testing and Counseling (HTC) services for HIV and received their test results (DSD)	DHIS (routine service data)	FY15	1,671,164 (M=782,266; F=888,898)	1,547,349 ¹	1,658,970 (M=828,769; F= 830,201)	692,713 (M= 343,256; F= 349,457)	966,257 (M= 485,513; F=480,744)	107%	
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)	FY15	NA	NA	0	0	0	NA	
Number of MARPs counselled, tested and received their test result	DHIS (routine service data)	FY15	3,509 (M= 1,378; F= 2,131)	52,962 ²	NA	0	0	NA	
Percent of HIV positive individuals who are enrolled into care and treatment	DHIS (routine service data)	FY15	78%	90% ²	85%	86%	85%	85%	
PMTCT_STAT (Num): Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	DHIS (routine service data)	FY15	708,134	552,177 ¹	325,728	159,253	166,475	59%	
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)	FY15	109%	90% ¹	107%	104%	111%	107%	
PMTCT_ARV (Num): Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	DHIS (routine service data)	FY15	15,414	15,895 ¹	6,951	3,254	3,697	44%	
PMTCT_ARV: Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	DHIS (routine service data)	FY15	97%	90% ¹	91%	90%	92%	91%	
Number of HIV exposed infants provided with ARV prophylaxis	DHIS (routine service data)	FY15	6,857 (M=3,397;	19,860 ²	3,485 (M=1,688;	1,713 (M=843;	1,772 (M=845;	18%	

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 2016		Quarterly Status – FY 2016		Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2		
			F=3,463		F=1,797)	F=870)	F=927)		
PMTCT_EID (Num): Number of infants tested for Early Infant Diagnosis (EID)	DHIS (routine service data)	FY15	7,656	15,895 ¹	4,550	2,425	2,125	29%	
PMTCT_EID: Percentage of infants born to HIV-positive women who had a virologic test done test within 12 months of birth. ³	DHIS (routine service data)	FY15	48%	80% ²	60%	67%	53%	60%	
TX_NEW: Number of adults and children newly enrolled on Antiretroviral therapy (ART)	DHIS (routine service data)	FY15	45,796 (M=14,965; F=30,831)	67,136 ¹	24,457 (M=8,519; F=15,938) Including 1251 children <15	11,700 (M=4,117; F=7,583) Including 538 children <15	12,819 (M=4,442; F=8,377) Including 713 children <15	37%	
CARE_NEW: Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrolment: clinical assessment (WHO staging) OR CD4 count OR Viral load	DHIS (routine service data)	NA	49,397 (M=15,875; F=33,522) Including 2,318 children < 15	83,920 ¹	33,512 (M= 11,273; F= 22,239) Including 1 children < 15	16,050 (M= 5,444; F= 10,606) Including 865 children < 15)	17,462 (M= 5,829; F= 11,633) Including 896 children < 15	40%	
TX_CURR: Number of adults and children receiving antiretroviral therapy (ART) (Current)	DHIS (routine service data)	FY15	160,717 (M=55,200; F=105,517) Including 8,328 children < 15	187,046 ¹	177,055 (M=57,368; F=119,687) Including 8,220 children < 15	171,998 (M=55,785; F=116,213) Including 8,944 children < 15	177,055 (M=57,368; F=119,687) Including 8,220 children < 15	95%	
CARE_CURR: Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR Viral load	DHIS (routine service data)	FY15	147,993 (M=45731; F=102262)	233,804 ¹	121,716 (M=37,515; F=84,201)	84,305 (M=25,886; F=58,419)	37,411 (M=11,629; F=25,782)	52%	
Number of HIV-positive persons receiving Cotrimoxazole (CTX) prophylaxis.	DHIS (routine service data)	FY15	40,589 (M=15,825; F=25,764)	47,446 ²	23,172 (M=7,986; F=15,186)	10,754 (M=3,787; F=6,967)	12,418 (M=4,199; F=8,219)	49%	
SITE_SUPP: Number of PEPFAR-supported Direct Service Delivery (DSD) and Technical Assistance only (TA-only) sites	Facility List	FY15	314 ART 2,593 PMTCT	TBD	311 ART 1,484 PMTCT	309 ART 1,486 PMTCT	311 ART 1,484 PMTCT	311 ART 1,484 PMTCT	

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

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services									
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status – FY 2016		Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2		
Number of TB management units supported by SIDHAS with microscopy for AFB	Facility List	FY15	241	NA	205	194	205	NA	
KP_PREV: Number of Key Populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	DHIS (routine service data)	FY15	868 (F=868)	NA	0	0	0	NA	
Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	DHIS (routine service data)	FY15	140,703 (M=39,988; F=100,715)	35,955 ²	112,362 (M=34,416; F=77,946)	75,630 (M=23,014; F=52,616)	33,118 (M=10,201; F=22,917)	100%	
OVC_SERV: Number of active beneficiaries served by PEPFAR OVC Programs for children and families affected by HIV/AIDS	NOMIS (routine service data)	FY15	116,981 (M=61,782; F=55,199)	91,809 ¹	73,532 (M= 38,571; F=34,961)	38,600 (M= 20,554; F=18,046)	34,932 (M= 18,017; F=16,915)	80%	
Number of sites implementing PEP services that meet national guidelines	Facility List	FY15	2,605	215 ²	1,499	1,499	1,499	100%	
Number of persons provided with post-exposure prophylaxis (PEP)	DHIS (routine service data)	FY15	1,262	835 ²	801	383	418	96%	
Number of service outlets carrying out injection safety activities	Facility List		2,605	1,236 ²	1,497	1,499	1,497	100%	
Percent of PMTCT sites linked to the national EID network	Facility List	FY15	100%	85% ²	100%	100%	100%	100%	
Key Result 2: Improved cross sectional integration of high quality HIV/AIDS and TB services.									
TB_ART (Num): Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	DHIS (routine service data)	FY15	2,470	2,476 ¹	1,538	741	797	67%	
TB_ART: Proportion of registered TB cases who are HIV-positive who are on ART	DHIS (routine service data)	FY15	81%	90% ²	90%	88%	92%	90%	
TB_SCREEN (Num): 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)	FY15	147,993	227,957 ¹	112,362 (M=34,416; F=77,946)	78,502 (M=23,932; F=54,570)	33,860 (M=10,484; F=23,376)	49%	

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 2016		Quarterly Status – FY 2016		Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2		
Percentage of registered new and relapsed TB cases with documented HIV status	DHIS	FY15	98%	95% ²	97%	97%	97%	97%	
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	FY15	5	WHO/AFRO=19 National=40 ²	6	6	6	NA	
Number of Blood units screened for 4TTIs (HBV, HIV, HCV, Syphilis)	DHIS (routine service data)	FY15	8,829	7,883 ²	4,194	1,910	2,284	53%	
GEND_GBV: Number of people receiving post GBV care	DHIS (routine service data)	FY15	164	2,808 ¹	570 (M=42; F=528)	282 (M=17; F=265)	288 (M=25; F=263)	20%	
Number individuals receiving HIV counselling, testing and their results in TB setting	DHIS (routine service data)	FY15	48,453	24,929 ²	17,515 (M=9,278; F=8,237)	8,062 (M=4,260; F=3,802)	9,453 (M=5,018; F=4,435)	70%	
FN_THER (Num): Number of clinically undernourished PLHIV who received therapeutic or supplementary food	DHIS (routine service data)	FY15	2,848 (M=878; F=1970)	4,638 ¹	4,766 (M=1,572; F=3,194)	1,748 (M=587; F=1,161)	3,018 (M=985; F=2,033)	103%	
FN_THER: Proportion of clinically undernourished people living with HIV (PLHIV) who received therapeutic or supplementary food	DHIS (routine service data)	FY15	25%	100% ¹	46%	51%	44%	46%	
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	256 (M=96; F=160): PMTCT- 0; ART - 12; HTC - 71;TB/HIV -0;SI - 40, OVC -0; Others -122)	245 (M=87; F=158): PMTCT- 0; ART -12; HTC - 71;TB/HIV -0;SI -40, OVC -0; Others -122)	11 (M=9; F=2); PMTCT- 0; ART -0; HTC - 0;TB/HIV -0;SI - 0, OVC -0; Others -11)	N/A	
Number of service providers trained in screening and counselling of GBV survivors	TRAINING REGISTER	FY15	133 (M=46; F=87)	TBD	0	0	0	N/A	

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 2016		Quarterly Status – FY 2016		Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2		
Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services									
Percent of entities submitting completed and timely Sub-Recipients Financial Reports ⁴	SIDHAS Financial Review Report	FY15	100%	FBOs-90% CBOs-80% GSITs-70%	FBOs-90% CBOs-80% GSITs-70%	FBOs-90% CBOs-80% GSITs-70%	FBOs-90% CBOs-80% GSITs-70%	FBOs-90% CBOs-80% GSITs-70%	
Percent of entities whose capacity was built on Institutional - domain related topics that address gaps in the Capacity Building Plan [*]	CQI Database; Routine Assessment	FY15	22%	46 ²	0	0	0	0	
Number of entities whose capacity was built on Financial -domain related topics that address gaps in the Capacity Building Plan [*]	CQI Database; Routine Assessment	FY15	17%	46 ²	0	0	0	0	
Percent of health facilities that experienced stock-outs of ARV in the last three months [*]	DHIS (routine service data)	NA	NA	5% ²	0	0	0	100%	
Number of States with PPM system in place to maintain Information Technology (IT) equipment [*]	CQI Database; Routine Assessment	NA	NA	TBD ²	2	2	2	NA	
Number of sites with PPM system in place to maintain medical and laboratory equipment [*]	CQI Database; Routine Assessment	NA	NA	TBD ²	0	0	0	NA	
Percent of entities with CQI process established [*]	CQI Database; Routine Assessment	NA	NA	SACP= 90% CBOs=90% HCCs=90%	SACP-100% CBOs-100% HCCs-92%	SACP-100% CBOs-100% HCCs-88%	SACP-100% CBOs-100% HCCs-92%	SACP-100% CBOs-100% HCCs-92%	

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 2016		Quarterly Status – FY 2016		Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2		
Percent of entities meeting CQI scores (80%) in each of the 3 domains (Financial, Institutional and Technical)*	CQI Database; Routine Assessment	NA	NA	Financial Domain SACPs= 50% CBOs=70% HCCs=70% Institutional Domain SACPs= 60% CBOs=60% HCCs=60% Technical Domain SACPs= 70% CBOs=70% HCCs=90%	Financial Domain SACPs 15% CBOs=43 HCCs=39% Institutional Domain SACPs= 15% CBOs=37% HCCs=26% Technical Domain SACPs= 46% CBOs=67% HCCs=23%	NA	Financial Domain SACPs 15% CBOs=43 HCCs=39% Institutional Domain SACPs= 15% CBOs=37% HCCs=26% Technical Domain SACPs= 46% CBOs=67% HCCs=23%	Financial Domain SACP=15% CBOs=43% HCCs=39% Institutional Domain SACP=15% CBOs=37% HCCs=26% Technical Domain SACP= 46% CBOs=67% HCCs=23%	
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	80% ²	31%	NA	31%	31%	
Percent of supported States with strengthened Procurement Supply Chain Management Systems (PSCMS) for managing large HIV and AIDS Program*	CQI Database; Routine Assessment	NA	NA	80% ²	NA	NA	NA	NA	
Percent of supported States with strengthened Health commodities Logistics Management Information Systems (CLMIS) for managing large HIV and AIDS Program*	CQI Database; Routine Assessment	NA	NA	80% ²	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% ²	33%	33%	33%	33%	
Percent of HIV comprehensive sites transmitting data electronically (using DHIS)	DHIS Program Report	NA	39%	90% ²	26%	39%	26%	26%	

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 2016		Quarterly Status – FY 2016		Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2		
Number of SIDHAS-supported States with a functional referral network	Quarterly CQI and supportive supervision reports	NA	NA	15 ²	NA	NA	NA	NA	

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

¹ = Final FY 16 targets from USAID

² = Targets from SIDHAS PMP

SIDHAS Q2 FY16 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 16 Target	43,103	304,572	92,122	41,172	19,648	16,785	227,071	29,214	36,441	58,057	495,976	167,401	15,787	1,547,349
		Q1 Achievement	12,156	171,668	38,472	33,441	5,328	6,722	108,691	14,500	21,081	13,697	165,479	91,339	10,139	692,713
		Q2 Achievement	15,442	270,274	37,399	27,022	9,103	5,985	136,668	13,006	17,700	11,473	231,659	172,712	17,814	966,257
		FY 16 Achievement	27,598	441,942	75,871	60,463	14,431	12,707	245,359	27,506	38,781	25,170	397,138	264,051	27,953	1,658,970
2	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	FY 16 Target	41,463	50,270	45,240	56,830	17,269	15,863	34,468	27,055	40,406	32,195	100,779	71,071	19,268	552,177
		Q1 Achievement	9,822	14,126	11,407	11,910	5,802	1,874	11,512	5,268	19,739	36,722	14,593	11,809	4,669	159,253
		Q2 Achievement	11,092	15,761	12,296	11,709	7,865	2,249	14,214	5,869	18,203	30,865	18,292	13,738	4,322	166,475
		FY 16 Achievement	20,914	29,887	23,703	23,619	13,667	4,123	25,726	11,137	37,942	67,587	32,885	25,547	8,991	325,728
3	Number of HIV-positive pregnant women who received antiretroviral to reduce risk of MTCT	FY 16 Target	692	2,812	927	507	4,004	257	852	740	163	126	1,309	3,158	348	15,895
		Q1 Achievement	185	901	374	133	62	62	371	210	100	106	286	387	77	3,254
		Q2 Achievement	233	977	464	145	165	93	341	218	86	101	391	404	79	3,697
		FY 16 Achievement	418	1,878	838	278	227	155	712	428	186	207	677	791	156	6,951
4	Number of adults & children with advanced HIV infection newly enrolled on ART	FY 16 Target	3,199	18,657	3,477	1,975	1,661	610	9,289	1,893	840	1,489	16,223	7,185	638	67,136
		Q1 Achievement	744	3116	715	430	501	223	1392	583	264	549	1132	1904	147	11,700
		Q2 Achievement	841	3544	771	390	411	237	1446	605	246	486	1611	2055	176	12,819
		FY 16 Achievement	1,585	6,660	1,486	820	912	460	2,838	1,188	510	1,035	2,743	3,959	323	24,519
5	Number of adults & children with advanced HIV infection receiving ART (Current)	FY 16 Target	17,178	34,158	17,849	10,244	9,035	2,444	23,782	8,941	4,308	8,718	31,541	16,366	2,482	187,046
		Q1 Achievement	21,048	25,873	19,169	10,559	8,274	3,093	18,592	11,778	4,273	11,925	15,906	17,908	3,600	171,998
		Q2 Achievement	22,124	24,803	20,461	10,959	9,536	3,261	18,147	12,469	4,427	11,726	16,421	18,965	3,756	177,055
		FY 16 Achievement	22,124	24,803	20,461	10,959	9,536	3,261	18,147	12,469	4,427	11,726	16,421	18,965	3,756	177,055
6	CARE_NEW Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	FY 16 Target	3,999	23,322	4,346	2,468	2,075	763	11,610	2,364	1,053	1,863	20,281	8,979	797	83,920
		Q1 Achievement	871	4,607	950	591	564	270	1,823	696	367	743	1,852	2,557	159	16,050
		Q2 Achievement	1,095	4,954	1,112	530	384	331	1,713	730	392	731	2,283	2,945	262	17,462
		FY 16 Achievement	1,966	9,561	2,062	1,121	948	601	3,536	1,426	759	1,474	4,135	5,502	421	33,512
7	CARE_CURRENT 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	FY 16 Target	21,474	42,696	22,312	12,804	11,291	3,057	29,726	11,176	5,386	10,897	39,425	20,458	3,102	233,804
		Q1 Achievement	3,735	13,671	13,734	3,091	564	1,962	11,728	9,388	2,665	6,464	11,098	5,974	231	84,305
		Q2 Achievement	4,457	7,365	2,630	3,832	424	678	4,582	1,524	956	1,272	4,475	4,954	262	37,411
		FY 16 Achievement	8,192	21,036	16,364	6,923	988	2,640	16,310	10,912	3,621	7,736	15,573	10,928	493	121,716
8	Number of OVC currently served	FY 16 Target	7,020	10,000	3,999	16,147	700	6,837	5,000	11,198	4,632	1,594	8,923	13,097	2,662	91,809
		Q1 Achievement	2499	4464	6893	3280	177	3138	4984	2305	3180	4874	2409	397	0	38,600
		Q2 Achievement	1482	7265	3361	1084	440	1034	14	3693	1667	2052	1132	11708	0	34,932
		FY 16 Achievement	3,981	11,729	10,254	4,364	617	4,172	4,998	5,998	4,847	6,926	3,541	12,105	0	73,532
9	TB_STAT Number of registered new and relapsed TB cases with documented HIV status	FY 16 Target	1,712	1,019	1,180	813	772	753	1,780	837	507	704	2,579	922	157	13,735
		Q1 Achievement	196	321	206	212	0	130	254	196	176	244	613	326	119	2,993
		Q2 Achievement	301	405	219	314	15	172	247	198	162	341	689	280	96	3,439
		FY 16 Achievement	497	726	425	526	15	302	501	394	338	585	1,302	606	215	6,432
10	TB_ART Number of new and relapsed registered TB cases with documented HIV-positive status who are on ART	FY 16 Target	275	193	191	131	125	122	299	134	81	114	487	166	25	2,343
		Q1 Achievement	57	112	57	35	0	31	76	44	43	20	122	142	2	741
		Q2 Achievement	47	145	67	36	27	52	83	37	20	33	122	119	9	797
		FY 16 Achievement	104	257	124	71	27	83	159	81	63	53	244	261	11	1,538