

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

## SIDHAS QUARTERLY REPORT April - June, 2016

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



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



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NIGERIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

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

**Activity Summary**

**Implementing Partner:** Family Health International (FHI 360)

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

**Activity Objective:**

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

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

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

**Life of Activity (start and end dates):** Sept 12, 2011 – Sept 11, 2018

**Report Resubmitted by:** Leila Abu-Gheida

**Resubmission Date:** August 30, 2016

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## Acronyms and Abbreviation

<b>ADR</b>	Adverse Drug Reaction
<b>AKSACA</b>	Akwa Ibom State Agency for the Control of AIDS
<b>ANSUTH</b>	Anambra State University Teaching Hospital
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral Drugs
<b>ATBUTH</b>	Abubakar Tafawa Balewa University Teaching Hospital
<b>BMSH</b>	Braithwaite Memorial Specialist Hospital
<b>BSG</b>	Bauchi State Government
<b>CBOs</b>	Community Based Organizations
<b>CQI</b>	Continuous Quality Improvement
<b>DHIS</b>	District Health Information System
<b>DHLGSC</b>	Director of Health, Local Government Service Commission
<b>DLHMH</b>	Doctor Lawrence Henshaw Memorial Hospital
<b>DRM</b>	Domestic Resource Mobilization
<b>DTC</b>	Drug Therapeutic committees
<b>EID</b>	Early Infant Diagnosis
<b>FMoH</b>	Federal Ministry of Health
<b>FMWASD</b>	Federal Ministry of Women Affairs and Social Development
<b>GBV</b>	Gender Based Violence
<b>HCC</b>	HIV Comprehensive Centers
<b>HCW</b>	Health Care Workers
<b>HEIs</b>	HIV exposed infants
<b>HIV RTQII</b>	HIV Rapid Testing Quality Improvement Initiative
<b>HR</b>	Human Resource
<b>HSWG</b>	Health Sector Working Group
<b>HTS</b>	HIV Testing Services
<b>IDH</b>	Infectious Disease Hospital
<b>IDP</b>	Internally Displaced Persons
<b>IHDMT</b>	Integrated Health Data Management Team
<b>IHVN</b>	Institute of Human Virology, Nigeria
<b>IP</b>	Implementing Partners
<b>IPT</b>	Isoniazid Preventive Therapy
<b>KNVC</b>	Koninklijke Nederlandse Chemische Vereniging
<b>LACA</b>	Local Government Agency for the Control of AIDS
<b>LAMIS</b>	Lafiya Management Information System
<b>LFTU</b>	Lost to Follow-Up
<b>LGAs</b>	Local Government Areas
<b>LIMS</b>	Laboratory Information Management System
<b>LMCU</b>	Logistics Management Coordination unit
<b>MARPs</b>	Most-at-Risk Populations
<b>MLSCN</b>	Medical Laboratory Science Council of Nigeria
<b>MOU</b>	Memorandum of Understanding

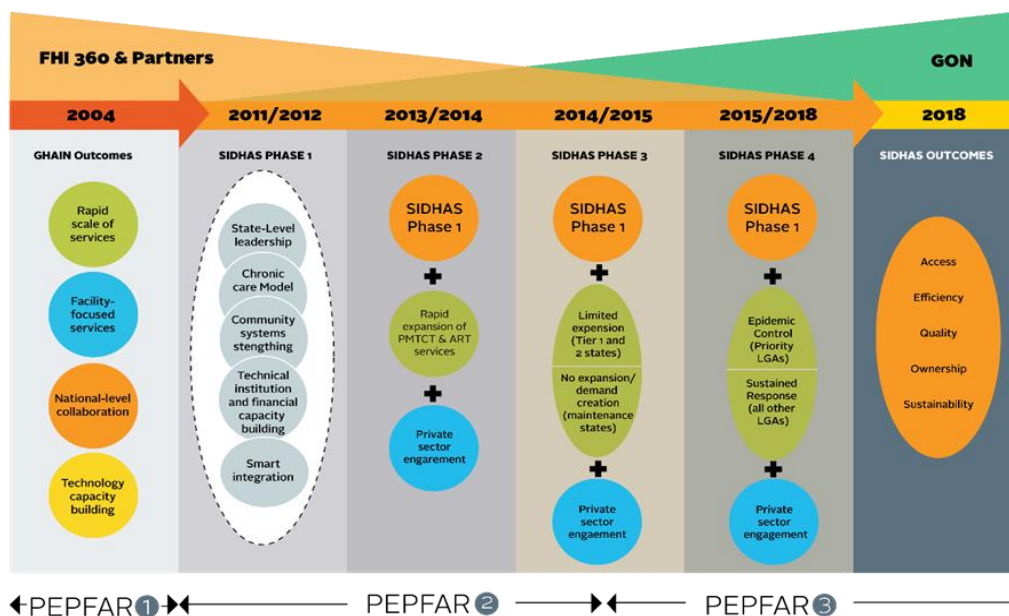
<b>MSF</b>	Medicine San Frontiers
<b>NACA</b>	National AIDS Control Agency
<b>NAFDAC</b>	National Agency for Food, Drug Administration and Control
<b>NAHSS</b>	Nigerian Alliance for Health Systems Strengthening
<b>NASCP</b>	National AIDS and STDs Control Programme
<b>NAUTH</b>	Nnamdi Azikiwe University Teaching Hospital
<b>NDR</b>	National Data Repository
<b>NDUTH</b>	Niger Delta University Teaching Hospital
<b>NEMA</b>	National Emergency Management Agency
<b>NIGQUAL</b>	National HIV Quality improvement initiative
<b>GoN</b>	Government of Nigeria
<b>OASYS</b>	One World Accuracy System
<b>OGF</b>	Oil and Gas Forum
<b>OPD</b>	Outpatient Department
<b>OSS</b>	One Stop Shop
<b>OVC</b>	Orphans and Vulnerable Children
<b>PCR</b>	Polymerase Chain Reaction
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>WHO</b>	World Health Organization
<b>PHB</b>	Primary Healthcare Board
<b>PHC</b>	Primary Health Centre
<b>PHCDA</b>	Primary Health Care Development Agency
<b>PITC</b>	Provider's Initiated Testing and Counselling
<b>PMTCT</b>	Prevention of Mother-To-Child Transmission
<b>PPM</b>	Planned Preventive Maintenance
<b>PSWG</b>	Protection Sector Working Group
<b>QMAP</b>	Quality Mentoring and Accountability Program
<b>RH/FP</b>	Reproductive Health and Family Planning
<b>RTKs</b>	Rapid Test Kits
<b>SACA</b>	State AIDS Control Agency
<b>SAPC</b>	State AIDS Program Coordinator
<b>SAPR</b>	Semi-Annual Progress Report
<b>SCMS</b>	Supply Chain Management System
<b>SEMA</b>	State Emergency Management Agency
<b>SFH</b>	Society for Family Health
<b>SIDHAS</b>	Strengthening Integrated Delivery of HIV/AIDS Services
<b>SIMS</b>	Site Improvement Monitoring Systems
<b>SIT</b>	Strategic Information Team
<b>SMoH</b>	State Ministry of Health
<b>SMT</b>	State Management Team
<b>SMWASD</b>	State Ministry of Women Affairs and Social Development
<b>SPI RT</b>	Stepwise Process Improvement in Rapid Testing
<b>STBLCP</b>	State Tuberculosis and Leprosy Control Program
<b>TAS</b>	Test and Start

<b>TAT</b>	Turnaround Time
<b>TBAs</b>	Traditional Birth Attendants
<b>TWG</b>	Technical Working Group
<b>UCTH</b>	University of Calabar Teaching Hospital
<b>UMTH</b>	University of Maiduguri Teaching Hospital
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>UNOCHA</b>	United Nations Office for Coordination of Humanitarian Affairs
<b>USAID</b>	United States Agency for International Development
<b>VL</b>	Viral Load
<b>WHO</b>	World Health Organization



## Executive Summary

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



SIDHAS Chief of Party, Phyllis Jones-Changa, resigned from the project this quarter. Following her resignation, the SIDHAS project has continued to receive high level management support provided by Leila Abu-Gheida, Director, Platform and Portfolio Management, FHI360 HQ, alongside the in-country Senior Management team. In the meantime, the leadership of FHI360 at its headquarters is engaged in active search for a substantive Chief of Party for the project.

USAID Nigeria Mission Director, Dr Mike Harvey, paid a visit to the Cross River State government this quarter. The visit was part of the Mission's support on engagement of the state government on stewardship and sustainability of the SIDHAS project. The Mission Director engaged with the State Governor, Prof. Ben Ayade, on key implementation issues requiring urgent government attention. He also used the opportunity to visit two SIDHAS project sites—Uwase Community and General Hospital Calabar, where he interacted with project beneficiaries and observed service process flow at the different points of service. The visit afforded state level stakeholders to seek clarification on PEPFAR's strategic direction and priorities for the HIV program in Nigeria.

SIDHAS achieved a milestone in strategic information this quarter. The team set the pace in successfully setting up data exchange capabilities between its electronic medical records system, the LAMIS, and the Government of Nigeria's (GoN) National Data Repository (NDR). This came following participation in the National HIV Quality improvement initiative (NIGQUAL) Round IV data collection exercise which aims to obtain up-to-date data to inform HIV program decisions. This feat was piloted with the exchange of client level data from 22 ART sites in the scale-up LGAs between LAMIS and the NDR. SIDHAS was also nominated by NACA as a member of the National HIV Data Quality Task Force. The inaugural meeting took place on June 2, 2016 with representatives from FMOH, NACA, and other HIV implementing partners in attendance.

The SIDHAS team conducted a leadership and governance training for members of its State Management Team (SMT) during the reporting period. The training aimed to enhance capacity of key stakeholders on leadership and governance in HIV/AIDS programming, and to design a sustainability roadmap for outcomes of the SIDHAS project. Participants included Honourable Commissioners for Health, Permanent Secretaries, SACA DG/Executive Secretary/Program Managers, and the SASCP Coordinators from the supported states. A communique seeking to increase government funding and ownership of the HIV programs in the supported states was developed for presentation to the respective state governors.

Activities towards transitioning of PEPFAR support in low yield sites (post SAPR) continued during the reporting period. The project team successfully transitioned PEPFAR support in facilities classified as low yield sites (666 stand alone PMTCT and 58 comprehensive ARTsites) to state governments across the 13 supported states. Clients in affected facilities were linked to other supported sites of their choice to ensure retention in care. Furthermore, 103 comprehensive ART facilities were identified as non-DATIM sites. Discussions are ongoing with the respective state governments to take up responsibility for most of the SIDHAS supported services through a phased approach. In a similar vein, graduation of older Orphans and Vulnerable Children (OVC) was successfully carried out by supported Community Based Organizations (CBOs) across the 13 states. The graduation was done following household economic strengthening activities for the beneficiaries.

SIDHAS rolled out the Test and Start (TAS) strategy across the 14 scale-up LGAs following approvals by Nigeria's Honorable Minister for Health, state level ethics committees and USAID for the pilot in the country. This strategy aligns with the Joint United Nations Program on HIV/AIDS' (UNAIDS) 90-90-90 goal of having 90 percent of people living with HIV diagnosed, 90 percent of those diagnosed on antiretroviral therapy (ART), and 90 percent of those on ART virally suppressed. SIDHAS teams conducted state and LGA level orientations for SIDHAS project staff, relevant state government and facility stakeholders for effective rollout of the strategy. Community pharmacists actively supported the rollout by providing ARV drugs at the pharmacy units for ART initiation within the communities, whilst also facilitating linkages of newly initiated clients to the health facilities for further management. In places where human resource gaps were observed, some of the community pharmacists were reassigned to the affected facility pharmacies to support ART drugs dispensing to cater for the increasing numbers of clients on ART.

The third 90 also received attention this quarter through coordinated efforts of the joint USG/PEPFAR Nigeria laboratory and treatment TWG. A quarterly meeting of the TWG held on



June 27, 2016 in Abuja where PEPFAR implementing partners (IPs) and critical stakeholders participated to review performance on Viral Load (VL) uptake in the priority LGAs, and share innovative strategies and plans for improving uptake of the service. The forum provided specific guidance and direction to IPs on short and medium term measures for expanding VL testing, as well as draft VL networking and sample referral systems for effective collaboration.

Efforts towards full rollout of the Akwa Ibom AIDS indicator survey (AKAIS) are in progress. The survey which is being implemented by FHI360 will be supported by consultants, temporary staff and field assistants. Procurements of relevant tools and laboratory commodities and consumables is ongoing, as well as processes for developing and translating media jingles into the local dialects.

In line with the PEPFAR partnership action agenda for the control of the epidemic, SIDHAS collaborated with the Akwa Ibom and Cross River State governments and the Society for Family Health (SFH) to activate one-stop-shops (OSS) for Most at Risk Populations (MARPs). This strategy underscores WHO recommended health sector priority interventions for MARPs, and addresses issues of stigma and discrimination. It will also ensure provision of a comprehensive HIV/AIDS services to key populations.

SIDHAS continued to mainstream gender into program interventions this quarter with targeted activities carried out in kids' clubs, as well as forums for caregivers and support groups in various communities across SIDHAS supported states. SIDHAS also collaborated with the Ministry of Women Affairs and Social Development (FMWASD) in Cross River and Edo States, to constitute and inaugurate Gender Based Violence (GBV) response committees. This brings the number of states that have constituted these committees to a total of five (Rivers, Bayelsa, Lagos, Cross River and Edo).

Also during this quarter, initiatives aimed at improving financial and institutional capacity were carried out at the 14 scaled-up LGAs. Capacity of LGA staff was built on the use of work plan as a tool for resource mobilization and stakeholders engagement. Participants also benefitted from sessions on advocacy for policy implementation of HIV/AIDS activities, CQI processes, and developing capacity building plans.

Mentoring and technical support was sustained by the SIDHAS TB/HIV team with technical support provided by the GLRA TB/HIV advisors. Through this support, improved knowledge of TB/HIV service delivery in clinical knowledge of TB/ HIV was gained by the facility staff. This knowledge is expected to translate to improved TB screening among HIV patients and HIV screening among TB patients as well as improvement in ART and CPT uptake among dually infected patients. Feedback from patients' exit interview on their perspectives of care was provided to the facility staff which contributed greatly to improve their attitude towards TB/HIV patients.

Various advocacy efforts conducted last quarter yielded positive results this quarter. In Randle General Hospital Lagos, a GeneXpert machine was installed following deployment of a laboratory staff by the hospital management. With the installation, TB services are currently ongoing in the hospital. Integrated data management at the supported facility level was strengthened especially on clinic-based information management systems and data analysis using the recording and

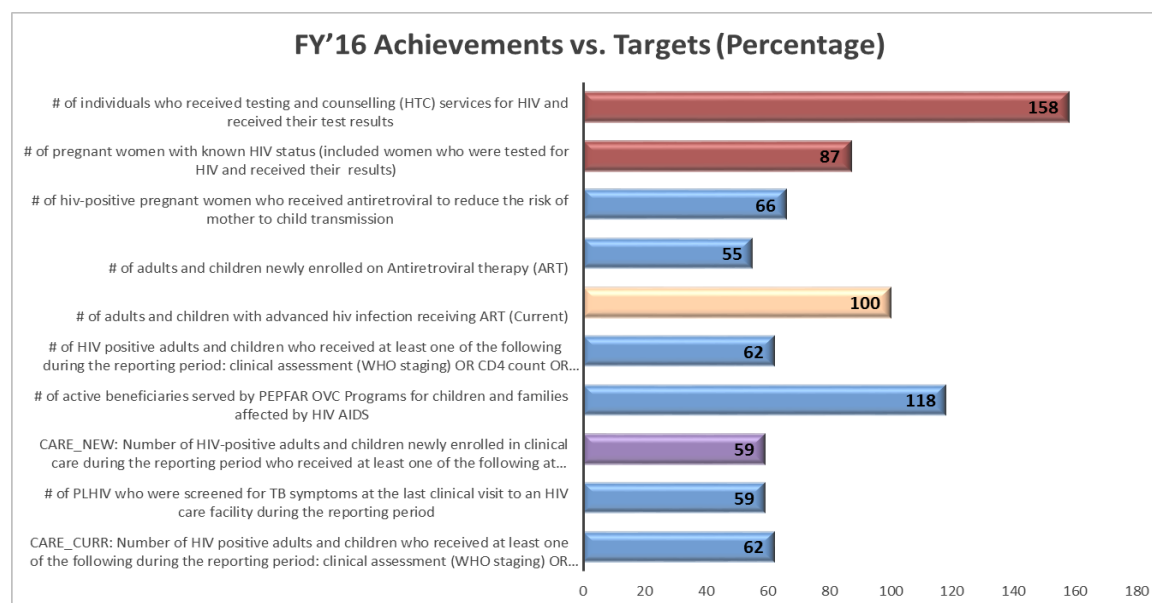
reporting format. This was achieved through the on-site mentoring and coaching provided by GLRA TB/HIV Advisors.

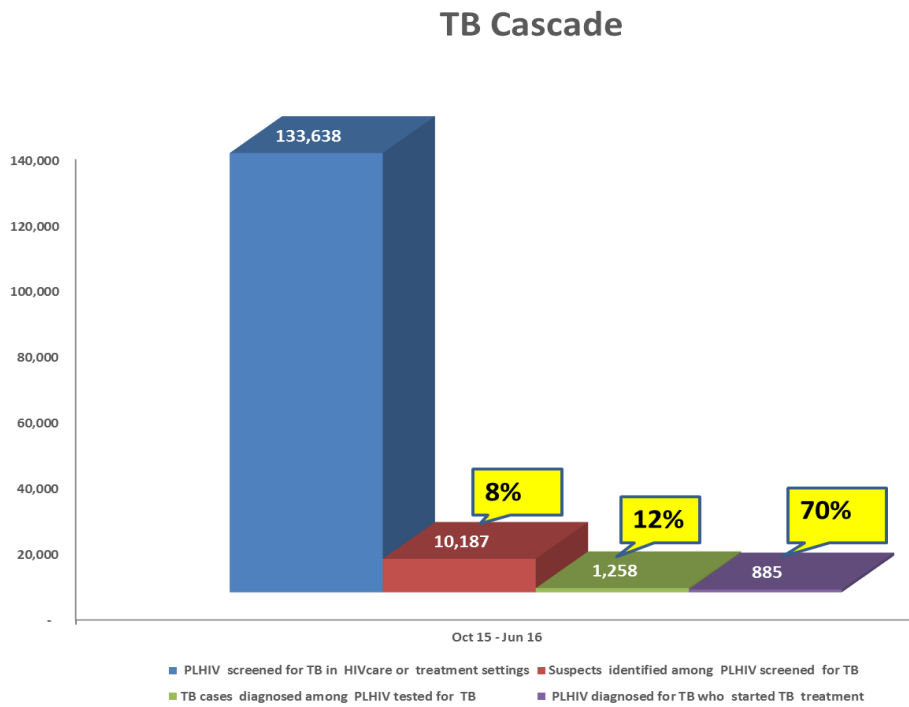
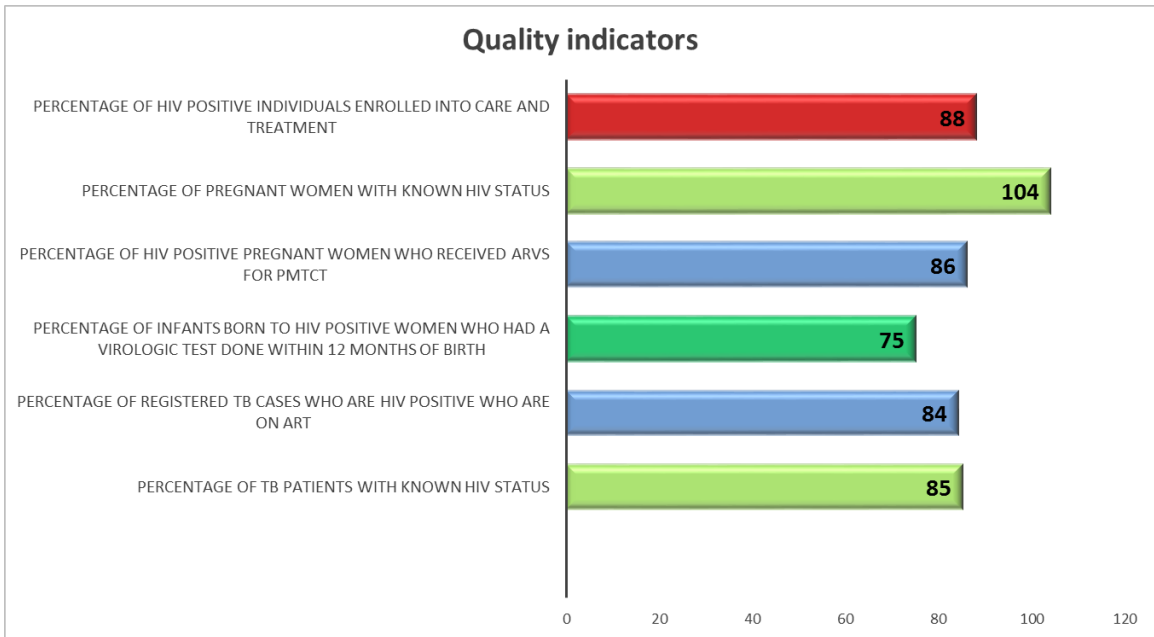
This quarter, SIDHAS conducted comprehensive need assessments for possible health interventions in Southern Borno. The assessments were conducted in two Internally Displaced Persons' (IDP) camps in Biu LGA of Borno State. Findings from the assessment are expected to inform the strategy development in achieving effective and efficient delivery of quality services within the region and camps. Support for ART services continued at the IDP camps within Maiduguri metropolis. Clients in the camps were provided with ARV drug refills and pharmaceutical care. Screening for medication errors and adverse drug reactions (ADRs) in the camps led to the detection of 39 cases of medication errors and 51 cases of suspected ADRs.

In Akwa Ibom State, the Uruan LGA Chairman procured a 2HP AC split unit in support of laboratory services in PHC Base Idu-Uruan. The Edo state government, as part of its commitment to sustainability of donor funded programs, has taken full responsibility for pharmacy peer review meetings. In Kano, the state government upgraded the laboratory at Infectious Disease Hospital (IDH). The Bauchi State Government recruited and posted pharmacists and record officers to some SIDHAS supported sites to close HR gaps. While in Jigawa, the state government concluded plans to procure and distribute Rapid Test Kits (RTKs) for facilities transitioned during the quarter.

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

- **153,350** pregnant with known HIV status
- **3,552** HIV positive pregnant women were initiated on ARVs for PMTCT services
- **788,204** individuals from the general population (**M=388,371**; **F=399,833**) were reached with HIV testing and counseling (HTC) and received their test results
- **186,712** adults and children with advanced HIV infection are currently on ART





## 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 SIDHAS project in collaboration with four core partners—Deloitte Consulting, LLP—organizational development; Association for Reproductive and Family Health (ARFH)—community-based services; Achieving Health Nigeria Initiative (AHNi)—integrated services; and Howard University Pharmacists and Continuing Education Center (HU-PACE) – pharmacy services. In addition to the core partners, SIDHAS 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, 511 public health facilities, 239 private for-profit health facilities, and 67 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 is aimed at ensuring the delivery of quality comprehensive HIV/AIDS services in approximately 817 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 April – June 2016 reporting quarter.

## Progress across Key Result Areas

Standard Indicators	Baseline FY 15	Annual Target	Q1 FY16	Q2 FY16	Q3 FY16	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
HTC_TST: Number of individuals who received Testing and Counseling (HTC) services for HIV and received their test results (DSD)	1,671,164 (M= 782,266; F= 888,898)	1,547,349 <sup>1</sup>	692,713 (M= 343,256; F= 349,457)	966,257 (M= 485,513; F=480,744)	788,204 (M=388,371; F=399,833)	158%	Y
PMTCT_STAT: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	708,134	552,177 <sup>1</sup>	159,253	166,475	153,350	87%	Y
PMTCT_STAT: Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	109%	100%	104%	111%	104%	106%	Y
PMTCT_ARV: Number of HIV-positive pregnant women who received antiretroviral (ARVs) to reduce risk of mother-to-child-transmission during pregnancy	15,414	15,895 <sup>1</sup>	3,254	3,697	3,552	66%	N
PMTCT_ARV: Percentage of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission (MTCT) during pregnancy and delivery	97%	90%	90%	92%	86%	89%	Y
TX_NEW: Number of adults and children newly enrolled on Antiretroviral therapy (ART)	45,796 (M= 14,965; F= 30,831)	67,136 <sup>1</sup>	11,700 (M=4,117; F=7,583)	12,819 (M=4,442; F=8,377)	12,566 (M=4,287; F=8,279)	55%	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 <sup>1</sup>	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	186,712 (M=59,774; F=126,938)  Including 8,711 children<15)	99%	Y

<b>TB_ART (Num):</b> Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	2,476	2,343 <sup>1</sup>	741	797	693	95%	Y
<b>TB_SCREEN (Num):</b> 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 <sup>2</sup>	78,502	33,860	21,2760	59%	N
<b>CARE_CURR:</b> Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR Viral load	NA	233,804 <sup>1</sup>	84,305 (M=25,886; F=58,419)	37,411 (M=11,629; F=25,782)	23,613 (M=7,141; F=15,872)	62%	N
<b>OVC_SERV:</b> 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 <sup>2</sup>	38,600 (M= 20,544 F=18,064)	34,932 (M= 18,017 F=16,915)	34,414 (M=17,797; F=16,617)	118%	Y

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

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

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



## Access and coverage

SIDHAS teams continued to increase access to HIV Testing Services (HTS) across supported facilities and intervention communities in the 14 scale-up Local Government Areas (LGAs) this reporting period. This is because of the importance of HTS as an entry point to accessing comprehensive HIV/AIDS services, and to achieving the first 90 in the epidemic control. At the community level, residents, Most at Risk Populations (MARPs), children and populations most-likely to be infected with HIV, were targeted through regular testing yield analysis and GIS mapping techniques. At the health facilities, provider-initiated testing and counseling (PITC) was promoted with routine testing offered to clients in the OPD, RH/FP, medical wards, TB clinics and under-five clinics. Pregnant women who attended ANC services were provided the opportunity to get tested for HIV and all infected pregnant women were linked to treatment. All PLHIV diagnosed are offered support for disclosure and sexual network testing with varying degrees of success in eliciting a positive response. This approach is continually being refined based on experience and current literature for better testing efficiency.

In the nine sustained response states, HTS services were provided for clients in TB settings, those who showed symptoms suggestive of HIV/AIDS and for walk-in clients who wanted to know their HIV status.

During the quarter, two one stop shops (OSS) were activated in Akwa-Ibom and Cross River states in partnership with the Society for Family Health (SFH), while continuing to support the three others managed by Heartland Alliance (HA). The goal was to expand access and coverage of HIV services to all eligible clients among key populations within communities.

The Test and Start (TAS) strategy was rolled out this quarter across the 14 scale-up LGAs in line with the new WHO recommendation. This came on the heels of approval by Nigeria's Honorable Minister for Health, state level ethics committees and PEPFAR. In preparation for the TAS rollout, SIDHAS teams conducted orientations for project staff and relevant state government and facility stakeholders for effective rollout of the strategy. These orientations took place at the state level and across the 14 scale-up LGAs. Community pharmacists actively supported the rollout by providing ARV drugs at the pharmacy units for ART initiation within the communities. The community pharmacists also facilitated linkages of newly initiated clients to the health facilities for further management. Where human resource gaps were observed, some of the community pharmacists were reassigned to the affected facility pharmacies to support ART drugs dispensing to cater for the increasing numbers of clients on ART.

PMTCT services to pregnant women continued in all supported PMTCT sites across the 13 SIDHAS states. Mentoring and supportive supervisory visits were carried out to review facility specific PMTCT/EID performance which led to the development of facility-specific quality improvement interventions to optimize ARV uptake among HIV infected pregnant women. The intervention also aimed at improving EID testing and documentation, and strengthening client tracking systems to ensure retention in care. This quarter, the PCR machine in University of Maiduguri Teaching Hospital (UMTH) was repaired for commencement of DBS sample analysis. This was done to address the long turnaround time for processing of DBS samples sent from Borno and Yobe states to the FMC Jalingo PCR Lab. Consequently, improvements are expected in the outcome of pediatric HIV care in the north eastern states.

SIDHAS participated in the review of a PMTCT training manual in line with the Option B+ and WHO 2016 guidelines. The technical review meeting was organized by the Federal Ministry of Health (FMoH) from May 16 – 20, 2016 in Enugu State. The SIDHAS team also participated in a Training of Trainers (TOT) on Option B+ organized by IHVN in conjunction with the FMoH. The training which took place in Lagos from June 27 to July 1, 2016 updated all IPs working in the 32 scale-up LGAs on the current WHO 2016 guidelines. The team also coordinated other meetings with stakeholders on demand creation for Option B+ in the 32 priority LGAs to advocate for increased uptake of services by all eligible pregnant women.

SIDHAS conducted comprehensive need assessments in two Internally Displaced Persons' (IDP) camps in Biu LGA of Borno State on May 11 – 19, 2016. The outcome will inform strategy development in achieving the most effective and efficient delivery of quality HIV/AIDS services in the region and camps. The pharmacy team continued to support the provision of ART services to IDPs camped within Maiduguri metropolis. A total of 428 clients in the camps were provided with ARV drug refills and pharmaceutical care. Screening for medication errors and adverse drug reactions (ADRs) in the camps led to the detection of 39 cases of medication errors and 51 cases of suspected ADRs.

Mentoring and supportive supervisory visits were carried out by the pharmacy team to all the 13 SIDHAS supported states with the aim of improving client retention in care. During these visits, facility focal pharmacists were mentored on use of the pharmacy appointment diary to generate defaulter lists for weekly client tracking. In addition, weekly data and stock review meetings were conducted with community pharmacists in scale-up LGAs with a view to improving quality of pharmaceutical care for the community ART initiative.

High quality ART laboratory services were sustained as part of efforts to increase and maintain access to HIV services. Prompt repairs of faulty CD4 machines and other equipment was ensured as well as planned preventive maintenance across supported facilities; this improved overall equipment functionality to 95.29%. Additional units of equipment were also deployed to various states to aid uninterrupted delivery of laboratory services. These included three new BD FACScout CD4 machines sent to Lagos and Cross River States; one unit of Partec Cyflow machine sent to Kano State, while Bauchi, Lagos and Edo States were provided a unit each of PIMA CD4 analyzers.

The SIDHAS strategic information team supported the Government of Nigeria (GoN) in collection, verification, collation, and transmission of high-quality health data from all supported health facilities (public and private) and Community Based Organizations (CBOs). This was to aid informed decision making for improved access and coverage of HIV and TB services through high quality data management.

### **Integration and quality improvement**

This quarter, SIDHAS supported the integration of quality HIV services through provision of mentoring services to all the 13 SIDHAS supported states. The four priority states were mentored on the new HTS guidelines on how to strategically scale-up testing among most at risk populations, hot spots, people most likely to get infected and their sexual partners/networks. Care and support activities continued through mentoring and supportive supervisory visits to

facilities, support groups, and communities. Adherence support for TAS, differentiated care and referral services were provided through support group activities in the scale-up LGAs. Supported sites in the sustained response LGAs across the 13 states were mentored to ensure quality services and client retention.

Mainstreaming gender into program interventions continued this quarter with targeted activities carried out in kids' clubs, as well as caregivers and support group forums in various communities across SIDHAS supported states. SIDHAS collaborated with the Ministry of Women Affairs and Social Development (FMWASD) in two states - Cross River and Edo - to constitute and inaugurate Gender Based Violence (GBV) response committees. This brings the number of states that have constituted these committees to five in total - Rivers, Bayelsa, Lagos, Cross River and Edo.

SIDHAS participated in the national joint monitoring and supportive visit to Kano state with the GON and SCMS, the supply chain partners from April 18 – 22, 2016. Four facilities were visited in Kano and a checklist was administered to assess stock status. Excess stock of Cotrimoxazole 480mg tablets identified in a facility was retrieved and redistributed by the Logistics Management Coordination Unit (LMCU). Identified expired items were also separated, quarantined, and labeled appropriately.

SIDHAS took part in a capacity building workshop on nutritional priorities for Federal and State child development officers and NGO nutrition desk officers. The meeting was convened by the FMWASD on April 19, 2016 at the National Center for Women Development, Abuja. The purpose was to build the capacity of GoN staff on the Nutrition and OVC program. A key outcome of the event was agreement to set up interventions aimed at improving the welfare of the girl child.

The SIDHAS team initiated the HIV Rapid Testing Quality Improvement Initiative (HIV RTQII) with the conduct of a 5-day state level training in Akwa Ibom and Lagos States. These trainings held from April 4 – 8, 2016 and May 16 – 20, 2016 respectively for 59 (M:30; F:29) participants. HIV RTQII is a quality improvement process which evaluates the quality of HIV rapid test results in supported facilities. The goal of the training was to increase HIV RTQII coverage and strengthen quality management systems for HIV rapid tests in readiness for the TAS rollout in scale-up LGAs. Participants were drawn from the state quality improvement teams and other IPs including SFH, APIN, CCFN and SIDHAS staff. The Medical Laboratory Science Council of Nigeria (MLSCN) also participated at the training as an observer.



*Practical session during HIV RTQII training in Akwa*

Isoniazid Preventive Therapy (IPT) was provided for eligible clients and the outcomes of the intervention monitored as appropriate. Through continued advocacy, facilities like FMC Nguru, which initially resisted the intervention, commenced IPT during the quarter. Low stock of Isoniazid in the country during the quarter, however, limited the expansion of IPT for eligible clients.

Two SIDHAS laboratory staff participated in a 4-day training organized by IHVN, in collaboration with the National External Quality Assurance Laboratory (NEQAL), on One World Accuracy System (OASYS) EQA program, a new Proficiency Testing (PT) platform for USG IPs in Nigeria.

The training took place from April 3 – 7, 2016 at Emerald Hotel, Kaduna with the aim of enhancing technical skills of participants on use of OASYS web based application and processes.

SIDHAS also participated actively in the National HIV Quality improvement initiative (NIGQUAL) Round IV data collection exercise. The team facilitated national efforts to obtain up-to-date data to inform HIV program decisions, by the exchange of client level data from 22 ART sites in the scale-up LGAs from LAMIS with the FMOH-owned National Data Repository (NDR). With this, SIDHAS has become the first lead IP to successfully achieve data exchange capabilities between its electronic medical records system and the NDR. SIDHAS was also nominated by NACA as a member of the National HIV Data Quality Task Force. The inaugural meeting took place on June 2, 2016 with representatives from FMOH, NACA, and other HIV implementing partners in attendance. Key factors affecting data quality in the HIV program, and ways of addressing them, were discussed.

This quarter, SIDHAS also carried out initiatives to improve financial and institutional capacity at the 14 scaled-up LGAs. The capacity of LGA staff was built on the use of work plan as a tool for resource mobilization and stakeholders engagement. Other aspects covered included advocacy for policy implementation of HIV/AIDS activities, CQI processes, and developing capacity building plans. The team also led the process of drafting HIV/AIDS situation analysis at the 14 LGAs as a component of the epidemic control program. SIDHAS supported Cross River and Rivers SACA to draft proposals in response to funding opportunities, while technical assistance was provided to Lagos SACA on improving effectiveness, efficiency and ethics at the workplace.

## Stewardship

This quarter, a two-year cost extension was approved by USAID for the SIDHAS project. This extends the project period of performance from September 12, 2011 through September 11, 2018, with total estimated funding of \$448,350,899. In line with this approval, the SIDHAS team commenced development of modifications for project sub awardees whose subcontracts were originally slated to terminate in June 2015 to align implementation timeframes and obligate additional funding for continued implementation of project activities through September 2018.

Hygeia Foundation, the contractor managing private for-profit facilities in Rivers State, notified SIDHAS management of its decision to opt out of the SIDHAS project effective June 30, 2015 due to strategic business decisions made by its Board of Directors. In addition, the Evidence to Action (E2A) project, implemented by Pathfinder International, transitioned private health facilities to SIDHAS in the scale-up LGAs as part of its closeout activities in accordance with the directives from USAID.

Two batches of training were conducted for State Management Teams (SMT) on leadership and governance this quarter. The primary objective of the Leadership and Governance Training was to enhance capacity of key stakeholders on leadership and governance in HIV/AIDS programming, and to design a sustainability roadmap for implementation of the SIDHAS project as it enters into its final phase. The first batch took place in Abuja from May 10 – 12, 2016 with participation from Kano, Jigawa, Borno, Bauchi, Adamawa, and Yobe States. The second batch held in Lagos from May 17 – 19, 2016 for stakeholders from Lagos, Edo, Akwa Ibom, Cross River, Bayelsa, Rivers and Anambra states A total of 78 participants comprised of the Honourable

Commissioners for Health, Permanent Secretaries, SACA DG/Executive Secretary/Program Managers, and the SASCP Coordinators from the supported states were in attendance. Communiqués seeking to increase government funding and ownership of the HIV programs in the supported states were developed from the meetings and signed by all the CoH for presentation to the respective state governors.

During the quarter, sustainability roadmap development meetings were held in 11 of the 13 supported tertiary hospitals. These facilities did not participate in previous state level sustainability roadmap meetings owing to their reporting structures. The roadmaps for the tertiary facilities, when finalized, are expected to be endorsed by the FMOH. Development of sustainability roadmap for the two outstanding facilities, University of Port Harcourt Teaching Hospital and Federal Medical Centre Yola, are scheduled to take place in the coming quarter.

SIDHAS continued to provide ongoing technical support to the GoN through participation in national technical committee meetings. One of such meetings was the national technical committee meeting on the review of the national HIV epidemiology and impact data convened by the National Agency for Control of AIDS (NACA). The meeting which took place on April 15, 2016, in Abuja, had in attendance representatives from NACA, FMOH, USG, other donors and implementing partners in the country. The purpose was to discuss the proposal by NACA to embark on a project to triangulate existing surveillance and program data in order to regularize the HIV prevalence at both national and sub-national levels. The meeting also sought to model the AIDS impact using SPECTRUM software to feed in the proposed new projections of the HIV prevalence.

As a follow on to the release of consolidated HIV guidelines, the SIDHAS team supported the FMOH during a 4-day National HIV tools review meeting. The aim was to review draft versions of the HIV Data Capture and Reporting Tools (DCRTs) and make amendments based on current thinking such as the TAS and Option B+ interventions. Draft DCRTs and user manuals for all relevant program areas were developed by stakeholders for finalization by the FMOH through coordinated efforts.

The SIDHAS team participated in the joint USG/PEPFAR Nigeria Laboratory and treatment TWG quarterly meeting that held on June 27, 2016 in Abuja. The meeting brought together PEPFAR implementing partners and critical stakeholders to review performance on Viral Load (VL) uptake in the priority LGAs, and share innovative strategies and plans for improving uptake of the service. The forum provided specific guidance and direction to IPs on short and medium term measures for expanding VL testing, as well as draft VL networking and sample referral systems for effective collaboration. These strategies have been deployed in all supported states.

SIDHAS participated in the first ART task team meeting for 2016 convened by the Hon. Minister for Health in Abuja on April 5 – 6, 2016. A key outcome of the meeting was the approval and inauguration of a reconstituted National ART Task Team for 2016-2018 by the Hon. Minister. A follow on preparatory meeting on the implementation of VL scale up plan was convened by the Care and Treatment Division of National HIV/AIDs (NASCP) of FMOH on April 7, 2016 at the Royalton Hotel, Abuja.

## State Level Progress

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

### Priority States

#### Akwa Ibom

##### Scale-up LGAs—Ikot Ekpene, Uruan, Okobo, Oron, Uyo

This quarter, the Akwa Ibom State team continued community level sensitization and outreach activities aimed at increasing access to available HIV/AIDS services in scale up LGAs. Innovative strategies were deployed as part of efforts towards achieving the first 90%. In Okobo and Ikot Ekpene LGAs, HIV testing was targeted at schedules of clients during weekends and late evenings in their homes. Identification and tracking of clients due for viral load testing in supported facilities, as well as strengthening of community-facility linkages for active follow-up and close monitoring of HIV exposed infants (HEIs) lost to follow-up (LTFU) were also done. CBOs were supported to initiate sexual network tracing and targeted population testing in prisons, brothels, drinking bars, and facilities of traditional birth attendants (TBA).

INDICATOR	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achiev. %
HTC_TST	304,572	171,668	270,274	224,767	219
PMTCT_STAT	50,270	14,126	15,761	15,317	90
TX_CURR	34,158	25,873	25,112	28,103	82
TB_ART	193	112	145	126	198

As part of efforts towards achieving the third 90 target for epidemic control, 27 facilities commenced viral load services this quarter. This increased the number of sites providing viral load services in the state from 8 to 35. The quarter also recorded improved turnaround time for the number of viral load specimens sent and results received from 18% in April to 87% in May. Facilities were supported to set up functional drug therapeutic committees (DTC) to review viral load results and take appropriate treatment actions in the management of clients. This resulted in the transition of three clients from 1st to 2nd line regimen within the review period in GH Etim Ekpo.

This quarter, the state team held a quarterly review meeting with stakeholders to review the project scorecard and sensitize them on the implementation of the test and start (TAS) policy in the scale-up LGAs. A key decision arrived at during the meeting, was to effectively manage the client load that will arise as a result of TAS implementation in supported facilities through differentiated care. To this end, four community pharmacy ARV refill centers were established in the state to manage expectations that will potentially arise from increased client load. The State AIDS Control Agency and State AIDS and STI Control Program representatives were in attendance in the meeting.

Four new community pharmacies (two each in Oron and Ikot Ekpene LGAs) were inaugurated as pilot sites for ARV refills this quarter. This brought to 30 the number of community pharmacies directly participating in the epidemic control drive in the state. These efforts created access to HIV



services to 49,975 households across the priority LGAs in the state. Emphasis on contact tracing and testing of partners of index clients resulted in provision of HIV Testing Services (HTS) to 45 of the 50 index clients' partners identified during the quarter. Furthermore, five health facilities in Okobo (Utine Nduong Primary Health Centre (PHC), Mbokpu Oduobo PHC, Odobo PHC, Eweme Model PHC and Ima Abasi Maternity) were designated as drug pick-up sites. These will be activated for service provision in the next quarter.

Strategies towards stigma reduction among PLHIV were mapped out during community dialogue sessions this quarter. The community interventions resulted in expansion of care and support services to vulnerable children. This was achieved through increased enrollment of OVC into care, and provision of services such as educational, nutritional, psychosocial, shelter, household economic empowerment and legal services to the identified OVC.



*OVC enrollment in progress*

Keying into PEPFAR's partnership action agenda for the control of the epidemic, the SIDHAS team collaborated with Akwa Ibom State Government and the Society for Family Health (SFH) to activate a one-stop-shop (OSS) for MARPS in Uyo. The OSS was activated in June 2016 and has provided HIV services to more than 30 clients. This strategy underscores WHO recommended health sector priority interventions for MARPs, and addresses issues of stigma and discrimination. It also ensures the provision of composite HIV/AIDS services that include HTS, ARV supply, referrals, and STI management to MARPs.



*M&E session at the OSS training*

This quarter, the Evidence to Action (E2A) project, implemented by Pathfinder International, transitioned seven PMTCT sites to the SIDHAS project as part of its closeout activities. The sites which are private for profit, are located in the four scale-up LGAs; (Oron (2), Eket (1), Ikot Ekpene, (1) and Uyo (3). The SIDHAS project signed a Memorandum of Understanding (MOU) with the inherited sites, and also gave an overview of the SIDHAS project to the inherited sites. A site transition checklist was also administered in specific service entities to track the status of commodities and inventory of equipment in each facility.

The SIDHAS project collaborated with the Nigerian Alliance for Health Systems Strengthening (NAHSS) to build the capacity of 39 (M:10, F:29) key stakeholders on NigQual with a view to further strengthen the State HIV/AIDS response. The training focused on capacitating service providers to evaluate and improve the quality of HIV/AIDS care and treatment programs in the five scale-up LGAs. Participants were also trained on the use and maintenance of the NigQual software. Participants included the State AIDS Program Coordinator (SAPC), the Director of Health, Local Government Service Commission (DHLGSC), PHC directors, amongst others. An immediate outcome of the training was the formal activation of NigQual in the State.

The HIV Rapid Test Quality Improvement Initiative (HIV RTQII) assessment was carried out in 80 health facilities within the reporting period. This process, which evaluates the quality of HIV rapid test results in supported facilities, was completed for 131 testing points. Key gaps highlighted



included rapid test kit quality control and documentation; corrective action plans were developed to address identified gaps.

A team from USAID conducted Site Improvement Monitoring Systems (SIMS) visits to 18 SIDHAS supported sites across the state. The assessment, which covered all PEPFAR supported activities at site and above site levels, is part of ongoing support provided to the project by the donor to improve and maintain quality of service provision. All the 18 sites assessed passed with less than 25% of assessed areas requiring remediation in the current assessment cycle. A formal notification has been provided to USAID on the proposed remedial actions.



*SIMS assessment in a facility in Akwa Ibom*

### **Sustained Response LGAs**

The SIDHAS state team supported key state government agencies in convening and coordination of strategic meetings aimed at strengthening government stewardship towards the HIV/AIDS program in the state. These included the Prevention Technical Working Group, TB/HIV TWG and the Domestic Resource Mobilization (DRM) TWG organized by the State Agency for the Control of AIDS (AKSACA) and State Ministry of Health (SMOH). A major outcome from the DRM TWG was the inauguration of an advocacy group to spearhead advocacy efforts to all relevant government HIV/AIDS line ministries and departments for the release of funds for HIV/AIDS activities in the state.



*Akwa Ibom SAPC presenting at the TB/HIV TWG meeting*

Following advocacy visits to the Director of PHC Base Idu-Uruan and Chairman Uruan Local Government on the need for installation of an AC unit in PHC Base laboratory, the LGA Chairman procured a 2 HP AC split unit which has since been installed. This will enhance optimal performance of the CD4 machine (BD Facscount), reduce equipment downtime and service interruption which had been attributed to poor temperature conditions.



*Newly installed 2 HP AC in the laboratory*

### **Challenges**

- Inadequate human resources, poor infrastructure and non-release of budgeted funds for HIV/AIDS programs continue to adversely impact the delivery of quality services in Akwa Ibom state. The SIDHAS team have sustained advocacy efforts to relevant key stakeholders in order to address this challenge.

## **Cross River**

### **Scale-up LGAs—Calabar South and Calabar Municipal**

The USAID Nigeria Mission Director, Dr Mike Harvey, visited Cross River State during the quarter.

The visit was part of the Mission’s support on engagement of the state government on stewardship and sustainability of the SIDHAS project.

INDICATORS	FY16 Target	Q1 FY16 Achievement	Q2 FY16 Achievement	Q3 FY16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	227,071	108,691	136,668	107,846	156
PMTCT_STAT	34,468	11,512	14,214	11,930	109
TX_CURR	23,782	18,592	18,147	18,503	78
TB_ART	299	76	83	78	79

The Mission Director held a high level

meeting with the State Governor, Prof. Ben Ayade, on key implementation issues requiring urgent government attention. These included the need for human resources for health, increased budgetary allocation for the HIV response, release of funds for procurement and maintenance of HIV/AIDS laboratory equipment, commodity procurement, and infrastructural upgrades. The State Governor assured the MD of the state’s commitment to support and sustain the efforts of USAID and other donors in the state. The Mission Director also visited two SIDHAS project sites—Uwanse Community and General Hospital Calabar, where he interacted with project beneficiaries and observed service process flow at the different points of service. His visit provided an avenue for the state stakeholders to seek clarification on PEPFAR’s strategic programmatic direction and priorities for the HIV program in Nigeria.



USAID Mission Director being briefed by the CoH Cross River State

The Test and Start (TAS) pilot was successfully rolled out in the scale-up LGAs this quarter. SIDHAS conducted a two-day orientation meeting for volunteers, health facility and SIDHAS staff on the effective implementation of TAS. A total of 137 (M:28, F:109) people participated at the orientation. Similarly, a refresher training was conducted for 205 (M:82, F:123) community testers in the two scale-up LGAs to improve the quality of counselling and testing, as the entry point to HIV care, and support at the community level. The state team also conducted a Provider Initiated Testing and Counselling (PITC) training for healthcare workers drawn from 14 private and 25 public ART facilities. Participants were taken through the implementation protocol needed to integrate HTS into routine medical care. A total of 133 (M:49, F:84) healthcare workers benefitted from the training. These capacity building efforts aim to ensure high quality of test results thus, contributing towards a greater yield of positives.

This quarter, the SIDHAS team initiated series of activities aimed at improving uptake of viral load services as part of efforts towards reaching the third 90 target of the epidemic control. Access to viral load services was expanded with the installation of a new Polymerase Chain Reaction (PCR) machine at the University of Calabar Teaching Hospital (UCTH), Calabar, to meet the demand for viral load assay and Early Infant Diagnosis (EID). Viral load testing also commenced at the Doctor Lawrence Henshaw Memorial Hospital (DLHMH) Calabar within the quarter. Optimal use of the PCR machines is expected to improve the health outcomes of HIV positive clients in the State. Quality improvement activities such as client folder audit and tracking of sample collection through the hub and spokes models, were also carried out to improve viral load monitoring of clients.

In a similar vein, the SIDHAS team collaborated with the Society for Family Health (SFH) on improving access to HIV services for Most at Risk Populations (MARPs) this quarter. This effort

led to the activation of a one-stop-shop in Calabar Municipal LGA. This site is expected to provide comprehensive HIV care for MARPs in the state. Similarly, SIDHAS met with the Guild of private laboratory owners in the State to consolidate on efforts for improved quality of HIV testing. The goal was to get the buy-in of the private health practitioners in sustaining the State HIV/AIDS response. This collaboration is also expected to result in improved provision of quality community ART services, and referrals and linkages for effective and efficient service delivery to clients.

The state SIDHAS team sustained the use of advocacy and mentoring platforms to underscore the benefits of PITC as a means for attaining epidemic control. These contributed to the set-up and integration of additional testing points at supported public and private facilities. An expected outcome is improvement in couple, partner, and sexual network testing.

### **Sustained Response LGAs**

Efforts to improve gender integration into the State HIV/AIDS response were sustained this quarter. A one-day orientation on effective management of post Gender Based Violence (GBV) cases was conducted for 41 (M:24, F:17) law enforcement agents to improve their understanding of the peculiarities surrounding HIV transmission and the legal provisions for equality. Areas of focus during the orientation included how to address challenges militating against gender equity; formation of a state GBV response committee; and capacity building for effective coordination and management of GBV in the State. Following the orientation, a State GBV Response Committee was constituted, and a communique to foster advocacy for government support and policy change developed. In attendance were representatives of the association of female lawyers, Ministry of Women Affairs, Ministry of Social Welfare, Police, Prisons, Immigration Service, and Civil Defense Corps.

The SIDHAS team rolled out the graduation plan for older OVC and their caregivers. A total of 203 OVC and 187 caregivers were trained on bead making, tiling, tailoring, and crop and poultry farming. The skills acquisition trainings are part of a coordinated series of interventions intended to enhance self-awareness in caregivers, and assist families towards sustainability post-graduation.

PEPFAR support to 175 low yield sites was transitioned to the state government. Clients in the affected facilities were actively transferred to other nearby SIDHAS supported comprehensive sites of their choice. The SIDHAS team is working closely with the state government to ensure processes for procurement of commodities, monitoring and evaluation tools, sample transfer, client tracking and referral in the transitioned sites are maintained.

### **Challenges**

- Recurrent stock out of Isoniazid (INH) prophylaxis in the state which is a national issue affecting all treatment programs in the country

## **Lagos**

### **Scale-up LGAs—Apapa, Ajeromi-Ifelodun, Agege, Surulere**

The state government's decision to adopt the TAS strategy for HIV treatment signified an important milestone towards achieving the 90-90-90 target of epidemic control in the state. Keying into this mandate, the SIDHAS team ramped up PITC optimization in eight supported facilities across the scale-up LGAs. In order to reduce the turn-around time for sample collection, four solar fridges and panels were delivered to four facilities (GHs Lagos, Apapa, Randle and Sango PHC) for viral load sample collection.

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	495,976	165,479	231,659	185,700	118
PMTCT_STAT	100,779	14,593	18,292	17,046	50
TX_CURR	31,541	15,906	17,247	17,901	57
TB_ART	487	122	122	103	71

In the quarter, the state SIDHAS team ensured uninterrupted service provision to clients transitioned to the SIDHAS project by the USAID funded E2A project implemented by Pathfinder International. Six private facilities namely Ilogbo Central Hospital (Ojo LGA), Deefab Hospital (Ojo LGA), Dunia Hospital (Agege LGA), Ifunaya Hospital (Ojo LGA), Mayfair Medical Center (Agege LGA), and St. Milla Hospital (Ajeromi-Ifelodun LGA), were successfully transitioned.

The state team conducted a three-day training on quality systems management (QSM) and biosafety for laboratory personnel from eight HIV comprehensive care private facilities. The goal was to build capacity of the laboratory staff on basic QSM implementation in order to institutionalize laboratory best practices in the supported facilities. A total of 11 (F:10, M:1) laboratory personnel attended the training.

The team conducted capacity building events on human and financial capacity development for the four scale-up LGAs secretariat management teams. Agege and Apapa LGA management teams were trained on preparation of financial statements using IPSAS, while Ajeromi-Ifelodun and Surulere LGA management staff were guided on how to develop HIV sustainability work plans as well as the conduct of CQI assessments at PHCs managed by their local governments. A total of 45 (F:23, M:22) participants were trained. One of the SIDHAS supported CBOs, HUFFPED, implementing the community component of the HIV services in Lagos, was also supported by the state team to review its strategic action plan document which is currently being finalized by the organization.

A team from USAID conducted periodic Site Improvement Monitoring Systems (SIMS) visits to select SIDHAS supported facilities as part of technical support by the mission towards ensuring quality of service provision to clients. Remedial plans, drawn to address identified gaps, have since been developed and communicated to the USAID team. The state team carried other quality improvement and coordination activities such as folder audits, TB/HIV meetings, Quality improvement meetings as well as ongoing technical assistance to facilities and implementing agencies during the quarter.

The SIDHAS team continued its role of strengthening the technical capacity of GoN staff and institutions by conducting series of capacity building events and support to the state government towards project sustainability and ownership. Furthermore, the SIDHAS team worked towards strengthening relationships with the states government, an effort that resulted in the execution of the subaward modification by the Honorable Commissioner of Health that had been outstanding for an extended period of time. This is thus considered a remarkable return on relationship and a

great achievement that resulted from targeted advocacy and cooperation of the relevant GoN staff.

### Sustained Response LGAs

SIDHAS held a mid-year review meeting during the quarter with key stakeholders. Consequent upon this meeting, Chief Medical Directors of supported facilities made a commitment to monitor and maximize proper utilization of laboratory equipment provided by USAID through SIDHAS, especially the GeneXpert machines. A total of 52 persons including the Director Disease Control (LSMoH), State AIDS Prevention Coordinator (LSMOH), Permanent Secretary PHC Board, Chief Medical Directors of comprehensive care facilities, ART coordinators, Ministry of Budget and Economic Planning, CBO representatives, Lagos State AIDS Control Agency, amongst others were in attendance.

## Rivers

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

The state team embarked on activities to increase access to quality HIV services in scale-up LGAs while maintaining quality of services in sustained response LGAs. An epidemic control forum was organized by the team to review performance strategies for addressing gaps in service delivery, and to discuss activities targeted at improving client retention rate at supported facilities. Step down trainings on epidemic control were also conducted in the three scale-up LGAs with emphasis on targeted testing (based on local epidemic, testing yield, and target population), facility optimization, and use of data for informed decision making at state and LGA levels.

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achiev. %
HTC_TST	167,401	91,339	172,712	130,312	236
PMTCT_STAT	71,071	11,809	13,738	10,157	50
TX_CURR	16,366	17,908	18,965	20,909	128
TB_ART	166	142	119	126	233

The team strengthened linkages to treatment centers for positive clients with the aid of traditional birth attendants (TBAs), as well as engagement of additional counsellor testers and adherence counsellors. This strategy is expected to result in an improvement along key service indicators such as the number of pregnant women tested and the client linkage/retention rates.

As part of efforts to improve treatment outcomes for clients, the state team instituted initiatives to improve turnaround time on specimen analysis. To this end, the PCR platform for analyzing EID and viral specimens was installed at the Braithwaite Memorial Specialist Hospital (BMSH). This was followed by an onsite training on viral load assay and EID for 10 (M:5, F:5) medical laboratory scientists from May 23 – 27, 2016.



This quarter, some community pharmacies were identified as sites for ART refill in the scale-up LGAs. The aim was to expand and decentralize ART service delivery within communities. Subsequently, relevant stakeholders received orientation on the community pharmacy ART refill program to ensure its success.

Full rollout of the TAS protocol in the state commenced this quarter. Following approvals from the National Government and the state ethical committee, the teams conducted folder audits of pre-ART clients across supported facilities in order to trace all eligible clients. This was followed by TAS orientations for the State Management Team (SMT), other stakeholders and facility staff, with emphasis on improved data application, and deployment of effective strategies for TAS in the State.



*SMT lead facilitating at the test and start*

In line with PEPFAR's strategy to eliminate new HIV infections and improve the accuracy of HIV testing, state level Rapid Testing Quality Improvement Initiative (RTQII) was carried out during the reporting period. Assessments were completed for all 143 testing points registered in the scale-up LGAs using the Stepwise Process Improvement in Rapid Testing (SPI RT) checklist. At the end of the assessment, follow on corrective actions were applied to address quality testing gaps and identified weaknesses in the system.



*Hands on training on newly installed PCR machine at BMSH*

During the reporting period, improvements were recorded in DHIS data reporting rates with 73.5% (25 of 34) of supported facilities reporting SAPR-RADET using the Lafia Management Information System (LAMIS), as compared to the 12% (4 of 34) utilization rate recorded in the previous quarter. This improvement was attributed to the increase in the number of laptops deployed for LAMIS, as well as intensified technical assistance and training provided to facilities and record staff. A total of 22 (M:11, F:10) medical record officers were trained on various aspects of data management during the quarter.

The State government demonstrated its commitment to stewardship and sustainability of the SIDHAS project, and its support to the TAS roll out by facilitating the TAS stakeholder engagement meeting which held on June 8, 2016. The meeting which was chaired by the Honorable Commissioner of Health, Dr. Theophilus Odagme, had in attendance other key health sector stakeholders in the state. The Commissioner approved implementation of TAS and pledged to address challenges regarding funding, human resources, and poor infrastructure. A follow on meeting was held by heads of facilities to increase awareness on TAS at the facility level. The meeting also provided an opportunity for review of the program implementation at supported facilities with emphasis on continuous quality improvement.

The SIDHAS team concluded a situation analysis of the scope and scale of the HIV/AIDS epidemic in Eleme and Port Harcourt LGAs. The analysis indicated a need for improvements in budgetary allocation for the HIV/AIDS response, human resources for health, and increased efforts to reduce the socio-economic impact of stigma and discrimination. Key areas prioritized by the LGAs for intervention included HIV/AIDS service upgrade in PHCs, domestic resource

mobilization opportunities, building partnerships, and utilization of some percentage of the internally generated revenue for HIV/AIDS response in the LGAs. The situation analysis for two other LGAs, Obio/Akpor is expected to be concluded in the next quarter.

Following capacity building of members of the LGA HIV/AIDS task team and Local Government Agency for the Control of AIDS (LACA) on workplan development, the scale-up LGAs have produced costed annual workplans. These plans will provide strategic program direction and a platform for the LGAs to measure performance and improve coordination of stakeholder contributions to the HIV/AIDS response. In the same vein, the Rivers State HIV/AIDS Domestic Resource Mobilization (DRM) Task Team was supported to engage with the Oil and Gas Forum (OGF) in a bid to develop a proposal and operational plan for increased collaboration on domestic funding for HIV.

USAID team carried out SIMS visits to some supported sites to assess structures, processes, linkages (inter-facility and community-facility) as well as documentation in each thematic area. Overall findings were favorable however, documentation, absence of transition/exit plans, and weak girl child education were noted as areas for improvement. Remedial plans to address the identified gaps were developed and are being implemented.

### Sustained Response LGAs

The state government further demonstrated stewardship and project ownership by participating in E2A Project closeout activities, which included a joint verification exercise to transition six Pathfinder sites to the SIDHAS project. The state government also participated in joint site transition exercises where PEPFAR support in 58 SIDHAS supported facilities was handed over to the state government. The state SIDHAS team collaborated with SACA to generate GoN DHIS right of access for SIDHAS supported health comprehensive centers sites. This is to ensure that these facilities have the requisite capacity to directly enter data into DHIS, are accountable for the data quality, and utilize data in decision making.

### Challenges

- Insecurity in communities hosting supported facilities

## Sustained Response States

### Anambra

Activities towards maintaining quality of services were sustained in the state this quarter through routine supportive supervisory visits. PMTCT focal persons and clinicians across supported sites were provided with job aids and the national integrated guidelines as reference tools to aid quality service provision. Pregnant women who were tested for HIV received their results with those testing positive duly commenced on triple therapy.

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	92,122	38,472	37,399	36,335	122
PMTCT_STAT	45,240	11,407	12,296	11,751	78
TX_CURR	17,849	19,169	20,461	21,305	119
TB_ART	191	57	67	49	91

Technical and logistics support was provided to the Anambra State University Teaching Hospital (ANSUTH) and Nnamdi Azikwe University Teaching Hospital (NAUTH) PCR laboratories to



ensure quality laboratory services. This increased the number of HEIs who received PCR testing during the quarter. In addition, the EID Laboratory Information Management System (LIMS) was installed at ANSUTH and NAUTH PCR laboratories.

As part of efforts to optimize ART services to identified co-infected clients, HTS was carried out at all DOTS points of service and documentation appropriately done. The team ensured provision of IPT to all co-infected clients. Stock out of Isoniazid was however witnessed during the quarter; this was attributed to disruptions in national supply chain mechanisms.

The team conducted onsite pharmacovigilance orientation in 18 comprehensive ART sites and four community pharmacies. Sixty-seven ADRs were identified and documented using the NAFDAC pharmacovigilance forms.

Care and support activities for OVC and their caregivers continued across 17 supported communities. A total 609 (M:308; F:301) OVC from seven communities were graduated by the SIDHAS supported CBOs. The OVC, through their caregivers, had been previously provided with economic strengthening opportunities such as enrollment in skill acquisition centers for older OVC, and community based savings and loan groups for caregivers.



OVC graduation ceremony

SIDHAS efforts at sustainability yielded positive results with commitment by the state government to have a harmonized/centralized health data base. This decision was reached during an Integrated Health Data Management Team (IHDMT) meeting supported by SIDHAS. In the same vein, the State Logistics Management Coordination unit (LMCU) concluded plans to commence the integration of report collection and validation for malaria and HIV/AIDS programs. This was an outcome from engagement of IPs with the unit on the need to integrate the process of report collection and validation for different disease areas.

This quarter, the state government demonstrated commitment to HIV services in the state during the leadership and governance training organized by SIDHAS in Lagos. The Hon Commissioner, Ministry of Economic Planning and Budgeting stated that the state sustainability roadmap developed with support from SIDHAS will inform the next budget cycle of the state. He further expressed willingness of the state to foster a stronger partnership with USAID for effective collaboration and service provision.

Similarly, the management of General Hospital, Ekwulobia and Trauma Center, Oba repaired faulty ACs in the laboratory to ensure optimal performance of laboratory equipment for efficiency in service provision. The management of NAUTH also developed a sustainability roadmap to guide service provision in the facility. Private sector engagement with the management of Our Lady of Lourdes Hospital, Ihiala, a faith based facility, resulted to the printing of 2,000 care cards for their ART clients by the hospital.

### Challenges

- Disruption in the supply of Isoniazid to facilities due to challenges with the National supply system

## Bayelsa

SIDHAS state team continued to support health facilities for improved quality of service provision during the quarter. The team conducted supportive supervisory visits and mentorship

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	16,785	6,722	5,985	4,335	102
PMTCT_STAT	15,863	1,874	2,249	1,592	36
TX_CURR	2,444	3,093	3,261	3,283	134
TB_ART	122	31	52	26	89

activities in supported facilities to review and address quality gaps. CBOs were also supported to continue providing services to OVC during home visits, caregivers' forum, kids club activities, support group meetings, and community dialogue meetings. The team, through the SIDHAS supported CBOs, and in collaboration with the State Ministry of Women Affairs and Social Development (SMWASD), provided skills acquisition training for identified older OVC and caregivers across 11 communities (Sampou, Sagbama, Ebedebiri, Angalabiri, Ofonibiri, Nedugo, Agbia, Kalaba, Ewoi, Ewoama, and Okpoma). A total of 686 OVC provided with skills acquisition trainings were graduated this quarter.

In continuation of efforts by the state team to improve quality of diagnostic HIV services, technical assistance was provided on the installation of the GeneXpert machine procured by National Agency for the Control of AIDS (NACA) at the Niger Delta University Teaching Hospital (NDUTH) Okolobiri. Considering that FMC Yenagoa had previously served as the only referral centre for TB diagnosis in the state, the availability of this machine is expected to reduce the turnaround time, improve on the quality of sample testing, and reduce the workload at FMC Yenagoa.

In line with the SIDHAS strategy to enhance Government of Nigeria (GoN) capacity to take ownership of M&E structures and systems, an M&E officer from the SASCP unit of the SMOH was seconded to SIDHAS state office to understudy M&E activities and processes. This initiative is expected to develop the human resources for health in the state for sustainability. At the end of three-month internship, the officer demonstrated skills and ability to provide technical support to the facilities by charting and interpreting results for key project performance indicators. The officer is also able to independently verify, validate and collate NHMIS M&E reports for the state.

The team continued to support health facilities to institutionalize reporting systems and reporting of client level data to USAID. Sixteen HIV comprehensive centers in the state were identified to have functional electronic medical records. Data from all supported facilities were uploaded into the LAMIS central server; this is expected to support the DHIS as a national platform for data collection, analysis, and management.

### Challenges

- Nonpayment of salary for several months by government to staff in some supported PMTCT sites has adversely affected health worker morale, attitudes to work and subsequently the quality of service provision to client in affected facilities

## Edo State

This quarter, SIDHAS provided technical assistance, mentoring and onsite orientation at supported facilities. The team focused on activities aimed at increasing retention in care through active client defaulter tracking, as well as improving PMTCT services through monitoring of 18 months' outcomes for babies. Viral load monitoring also continued.

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achiev. %
HTC_TST	29,214	14,500	13,006	12,817	138
PMTCT_STAT	27,055	5,268	5,869	5,689	62
TX_CURR	8,941	11,778	12,469	12,646	141
TB_ART	134	44	37	20	75

Quality Mentoring and Accountability Program (QMAP) visits were conducted to 41 supported facilities (23 PMTCT and 18 ART). The SMT and QMAP teams supported facilities to implement capacity building plans developed during the previous CQI exercise. This has ensured continued delivery of quality HIV services to clients. Improvements in quality of laboratory services was also supported with the installation of a new PIMA CD4 machine at GH Igbanke.

As part of efforts towards building government capacity to sustain quality HIV services in the state, the team conducted a program management training for 62 (M:41, F:21) principal officers drawn from HMB, SASCP and SACA. This is expected to improve capacity of the government to effectively plan, implement, and evaluate HIV programs in the state.

The SIDHAS team during the quarter, facilitated the state implementing partners' meeting. Following this, an advocacy visit was conducted to the Head of Service on improving staffing in facilities. In collaboration with SACA, SMOH and other partners, series of meetings such as LMCU, state referral meeting, PSM TWG, and health sector data validation meetings were organized. These meetings enabled stakeholders to better coordinate government efforts towards continuance of quality HIV services.

The state government, as part of its commitment to the sustainability of donor funded programs, has taken full responsibility for pharmacy peer review meetings. This was achieved through continuous advocacy by the SIDHAS team to the relevant stakeholders. Furthermore, PEPFAR support in facilities classified as low yield was transitioned to the state government this quarter. This was followed by active transfer of clients to facilities of their choice.

### Challenges

- Inadequate manpower, staff attrition has affected qualitative service provision in supported sites

## Kano State

As part of efforts in ensuring the provision of quality HIV services, the state team sustained supportive supervisory visits, mentorship and technical assistance across supported sites. Folder audits were

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achiev. %
HTC_TST	58,057	13,697	11,473	12,531	65
PMTCT_STAT	32,195	36,722	30,865	28,071	297
TX_CURR	8,718	11,925	11,726	12,060	138
TB_ART	114	20	33	18	62

carried out in three comprehensive ART sites (IDH, MMSH and GH Doguwa) in efforts to increase client retention rates.

The team supported onsite training on PMTCT/EID for 13 female healthcare workers at Sheik Mohammed Jidda General Hospital this quarter. The aim was to strengthen service integration and quality improvement. Training comprised DBS sample collection procedure, sample transfer and documentation. Following this, onsite validation and update of the child follow-up register was conducted. The team also sustained support to the EID/PCR laboratory on DBS collection, storage and shipment across supported facilities in the state. This support has resulted in reduced turnaround time.

Engagement with the state government and relevant state offices continued through participation in the OVC TWG. Supported CBOs also continued to provide psychosocial support, nutritional support, health education and referral services to OVC. SIDHAS collaborated with KNCV and its supported project, Riders for Health, to carry out sputum sample transfer from spoke sites to GeneXpert sites. This is expected to increase the number of clients with documented TB tests conducted. The team also witnessed an increase in the uptake of INH across facilities.

Advocacy efforts by the Kano SIDHAS team paid off with the upgrade of the laboratory at Infectious Disease Hospital (IDH), Kano by the State Government. The renovation covered the expansion and delineation of the lab to specific areas to accommodate various testing services. The Executive Governor of Kano State, Dr Abdullahi Umar Ganduje, officially commissioned the newly renovated laboratory on May 28, 2016.



*The Executive Governor listens as the CoH explains use of the new items in the renovated lab in IDH*

### Challenges

- Inadequate supply of CD4 test reagents and control by SCMS to some supported facilities
- Stock out of PIMA control count beads at two facilities (Rano GH and Fagwalawa CHC)
- Security challenges especially in the southern part of Kano State
- Inadequate manpower, staff attrition and transfer out of trained staff at facilities

### Jigawa State

In the quarter under review, the SIDHAS team through the QMAP approach strengthened appointment scheduling systems, and the use of appointment diaries for tracking of mother-infant pairs at supported health facilities.

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	36,441	21,081	17,700	18,305	157
PMTCT_STAT	40,406	19,739	18,203	17,957	138
TX_CURR	4,308	4,273	4,427	4,626	107
TB_ART	81	43	20	7	86

These approaches have enabled supported facilities to generate defaulters lists for mother-baby pairs aimed at improved tracking and provision of referrals for DBS collection.

As part of efforts to strengthen quality laboratory management systems in supported health facilities, technical assistance was provided to four ART sites on CD4 proficiency testing and external quality assurance. As a result, these sites (GH Hadejia, GH Kazaure, RSSH Dutse and FMC Birnin Kudu) were successfully registered online by One World Accuracy System for CD4 proficiency testing.

In collaboration with the Jigawa State chapter of National Agency for Food, Drug Administration and Control (NAFDAC), the SIDHAS team conducted orientation on ADR for 35 (M:23, F:12) health workers from SIDHAS supported facilities. This orientation is expected to increase the number of patients actively screened for ADRs and counseled on proper ADR management. Following this, NAFDAC Jigawa provided ADR reporting forms as well as Information Education and Communication (IEC) materials to the facilities for reporting of ADR cases.

During the quarter, the SIDHAS team conducted advocacy visits to the Honorable Commissioner for Health and the Executive Secretary Primary Health Care Development Agency (PHCDA) on sites to be transitioned within the state. Following the site transitions, the state government expressed commitment to sustain service provision in these sites by concluding plans to procure and distribute Rapid Test Kits (RTKs). The team is working closely with the Director, Pharmaceutical Services to revamp and facilitate the monthly pharmacists peer review meeting at the behest of the Honorable Commissioner for Health.



*Courtesy visit by SIDHAS team to CoH led by the SIT coordinator*

As part of stakeholder engagement activities in the state, the team participated in the TB/HIV TWG inaugural meeting convened by the State Tuberculosis and Leprosy Control Program (STBLCP). An outcome from the meeting was the TWG's intention to establish and monitor adequate IPT services in health facilities. The team also continued its monthly engagements with the LMCU of the state during the quarter; this resulted in a progressive development of Jigawa State aggregate logistics data template. SIDHAS supported the orientation of three LGAs where the tool will be piloted prior to full deployment.

### **Challenges**

- Lack of uniformity in reporting templates and timelines for logistics reports across vertical programs is placing constraints on integrated logistics data review by the LMCU.
- Shortfall in the supply of INH persisted through the quarter leading to some eligible clients not being served.



## North East States

### Adamawa State

In the quarter under review, the team supported the State Primary Health Care Development Agency (PHCDA) in a 5-day PMTCT training of healthcare workers drawn from

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	43,103	12,156	15,442	13,492	95
PMTCT_STAT	41,463	9,822	11,092	8,335	71
TX_CURR	17,178	21,048	22,124	22,831	133
TB_ART	275	57	145	126	53

25 PHCs in an effort to improve quality of PMTCT service within the state. The team also supported the integration of HTS in reproductive health and TB units across all supported facilities in the state through the sustained mentoring of the facilities. Supportive supervisory visits also revealed improved capacity of facility staff to correctly document and conduct couple counselling; this has aided in the increased enrolment of TB/HIV co-infected clients.

During the quarter, Adamawa State recorded improvements in service integration with 10 out of the 12 ART sites attaining integrated HIV service provision in their GOPD, storage of ARVs and other DRF drugs in the same location and under the same prescribed conditions. Efforts are being made to ensure the same in the outstanding two facilities.

The State Ministry of Health supported the pharmacy peer review meeting this quarter. This was a significant step towards sustaining quality HIV service provision in supported facilities. The state team also mentored newly engaged pharmacists onsite in some comprehensive sites. The mentorship was aimed at building the capacity of pharmacists in these facilities on reporting tools, documentation, and care and service provision to clients.



*Graduation ceremony of older OVC*

As part of the graduation plan for OVC, the SIDHAS team through a supported CBO, graduated older OVC this quarter. As a result of the team's advocacy efforts, a community leader in Yola South LGA committed to provide continuous support of older OVC graduated within the Angwan Rabeh community.

### Challenges

- The increased and continuous transfer of facility staff already trained by SIDHAS on ART client management.

## Bauchi State

In accordance with USAID directives and the facility transition plan, eight SIDHAS supported health facilities (one ART and seven PMTCT sites) were transitioned to the Bauchi

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	41,172	33,441	27,022	21,546	199
PMTCT_STAT	56,830	11,910	11,709	10,722	60
TX_CURR	10,244	10,559	10,959	11,427	116
TB_ART	131	35	36	43	87

State Government this quarter. Clients from the transited sites were transferred to other SIDHAS supported sites based on their preference. However, Al-Ameen clinic, a private-for-profit ART site, retained its clients on ART and continued to provide services at no cost to the client.

The SIDHAS team continued to support provision of quality HIV/AIDS services using the QMAP approach. The team supported healthcare workers with the conduct of folder audits and review of pre-ART registers in selected facilities (General Hospital (GH) Toro, IDH Bayara, State Specialist Hospital, Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Urban Maternity, and Pahlycon clinic. This activity resulted in identified and eligible positives being placed on ART.

This quarter, 23 ART clients were identified to have evidence of immunologic failure (GH Toro – 4, ATBUTH – 7, IDH Bayara – 12). Mechanisms have been put in place to track and reassess adherence of the clients for a possible regimen switch. Furthermore, clinicians in the above stated facilities were mentored on management of treatment failure.

SIDHAS continued to support DBS sample transfer to PCR laboratories. As a result of this, the average turnaround time improved from 4 weeks to 2 weeks.

Efforts aimed at increasing INH uptake continued this quarter through sensitization of clinicians in SIDHAS supported sites on the need for IPT prescription. In view of this, efforts focused on capacity development activities targeting triage units, clinicians and pharmacist in IDH Bayara, ATBUTH, Urban Maternity, GHs Tafawa Balewa and Dass. Pharmacy focal persons in the above stated sites were assigned to review client documentation to ensure all eligible clients commenced INH.

The SIDHAS OVC program within the state continued efforts of graduating older OVC. A list of older OVC compiled was used as an advocacy tool to relevant government (state and local) and community stakeholders. Advocacy efforts paid off as the Bauchi Emirate Council has expressed interest to continue providing support to the graduated OVC within Bauchi community.

As part of efforts aimed at improving the provision of quality HIV services and the integration of services in SIDHAS supported facilities, SIDHAS conducted capacity building activities for select service providers. An interactive session on challenges that hinder effective reproductive health/HIV integration was held with 18 female healthcare workers drawn from 17 supported facilities. The session equipped the healthcare workers with knowledge required to support effective service integration in their facilities. In addition, 20 laboratory scientists and technicians (M:15, F:5) were trained on sample logging for TB analysis using GeneXpert equipment. Similarly, 16 laboratory scientists and technicians (M:10, F:6) were trained on the One World Accuracy System (OASYS) Proficiency Testing Program and sample logging for VL. These trainings are expected to contribute to improved quality of laboratory services within these facilities. ATBUTH, one of two supported blood safety sites in the state, was provided with on-the-job mentoring to improve the quality of blood transfusion services.

SIDHAS supported the Federal Medical Centre (FMC) Azare, IDH Bayara and ATBUTH to conduct DTC meetings during the reporting period. The meetings were aimed at addressing cases of treatment failure, ADR reporting, medication error, and patient adherence to medication. The meeting also followed up on recommendations from the previous meeting. Pharmacy staff in the

17 supported ART sites were mentored on inventory management of ARV/OIs during the transition period of SCMS.

BACATMA/SASCP was supported to conduct a 5-day training for 30 healthcare workers from 10 PHCs who had never been trained on PMTCT service provision. It is expected that the trained staff will provide quality PMTCT services during ANC and refer positive clients for care.

In a drive for increased ownership and sustainability, as well as promoting collaborative efforts with the Bauchi State Government, the state team supported the state Ministry of Health to validate, finalize and cost the Health Sector Development Strategic Plan 2016-2020. This has ensured incorporation of quality HIV care provision into the strategic plan. Furthermore, continuous engagement with the state government has resulted in the recruitment and posting of pharmacists and record officers to some SIDHAS supported sites to close HR gaps.

## Borno State

As part of efforts towards ensuring quality HIV service provision, the state team continued with its QMAP approach to supported facilities. The team conducted a workshop on household economic strengthening for caregivers and 22 (M:21, F:1) older OVC. This workshop is expected to enhance participants' knowledge on developing care plans for households.

INDICATORS	FY16 Target	Q1 FY 16 Achievement	Q2 FY 16 Achievement	Q3 FY 16 Achievement	FY16 Cumm. Achiev. %
HTC_TST	19,648	5,328	9,103	8,884	119
PMTCT_STAT	17,269	5,802	7,865	10,816	142
TX_CURR	9,035	8,274	9,536	9,144	101
TB_ART	125	0	27	49	615

SIDHAS continued in its collaborative efforts with the state government at all levels in ensuring the provision of quality HIV services. One of such collaborations was the active participation of the team in the "Safe Home" committee meetings and HIV screening of wives and children of insurgents that have been rescued. The team provided technical assistance to the government as well as referrals of beneficiaries to available services (HTS, STI screening etc.).



*Household economic training for caregivers and older OVC*

The SIDHAS team also continued to host various coordination meetings and participation in meetings organized by other IPs providing humanitarian services in Borno State. These included meetings with UN agencies such as UNICEF, UNHCR, UNFPA, WHO, UNOCHA, Save the Children UK, Medicine San Frontiers (MSF), and Action and Against Hunger. In view of SIDHAS intervention efforts in the state, the team participated in the Protection Sector Working Group (PSWG), Health Sector Working Group, SGBV sub-sector working group, and IPs/SEMA/NEMA coordination meetings. The team also supported the state government in providing HTS and ART services to Internally Displaced Persons (IDPs) and host communities in the state.

In line with project objectives, the state team supported the University of Maiduguri Teaching Hospital (UMTH) to develop its HIV/AIDS sustainability roadmap during a 2-day workshop. Technical support was provided to ensure the alignment of developed strategies with global strategies as well as budget development for the plans.



## Yobe State

During the quarter, the SIDHAS team provided technical assistance to health facilities, CBOs, and relevant state agencies, to maintain access to quality HIV services in the state.

INDICATORS	FY16 Target	Q1 FY16 Achievement	Q2 FY16 Achievement	Q3 FY16 Achievement	FY16 Cumm. Achievt. %
HTC_TST	15,787	10,139	17,814	11,334	249
PMTCT_STAT	19,268	4,669	4,322	3,967	67
TX_CURR	2,482	3,600	3,756	3,974	160
TB_ART	25	2	9	5	64

Supportive supervision, orientation and mentoring was provided to facilities on documentation, adherence counselling, triaging, TB/HIV, PMTCT, and EID. Efforts aimed at achieving pharmacy service integration continued through mentoring of pharmacists and pharmacist specialists in four supported facilities (GH Damagum, GH Fika, GH Gashua and GH Potiskum). SIDHAS also supported repairs of laboratory equipment, fixing of faulty ACs and an inverter in the GeneXpert laboratory at FMC Nguru, for continued provision of quality laboratory services. FMC Nguru was also supported to develop a costed sustainability roadmap 2016 -2018.



*TO-PCT providing hands on orientation to facility staff*

During the period under review, a SIDHAS supported CBO was provided TA by the state team to conduct household economic strengthening training for older OVC to prepare them for graduation.

The team continued in its engagement with key stakeholders in the state through advocacy visits, joint facility supportive supervisory visits and provision of monthly summary progress reports. These efforts have resulted in the development of a sexual and SGBV SOP, as well as the finalization and dissemination of a task-shifting policy on human resources for health for the state.

In line with the SIDHAS transition plan, two supported health facilities (GHs Buniyadi and Gashua) were transitioned to the state government. The Government, through SACA, expressed commitment to funding sample transfer, maintenance of laboratory equipment, and supply of RTKs to the facilities.

Through participation in TWG and monthly M&E meetings, the state team maintained collaboration with stakeholders and built capacity of SACA and other SMT members on data validation, data use, and drug and commodity logistics. The team also participated in special events such as World Blood donor day which held during the quarter. This improved relationships and collaboration with stakeholders, increased USAID and SIDHAS visibility, and provided avenues for more advocacy messages to stakeholders on ownership and sustainability of donor funded HIV services.

### Challenges

- Human resource gaps across most of the public facilities adversely affects quality of service provision

- Delay in EID PCR results due to non-functionality of PCR Machine in University of Maiduguri Teaching Hospital

## Success Story

### Community Engagement Yields Sustainable Dividends for Orphans and Vulnerable Children in Anambra State

Nigeria has one of the largest burdens of orphans and vulnerable children (OVC) globally, estimated at about 17.5 million (24.5% of Nigerian children). PEPFAR through USAID funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project, a 5-year project designed to reduce the burden of HIV/AIDS by building local capacity to deliver sustainable, high-quality, comprehensive treatment, care and related services. One of the key mandates of the SIDHAS project is to improve the quality of life for OVC and their households in the domains of Protection, Psychosocial, Nutrition, Health, Education and Household Economic Strengthening. The project currently supports about 120,000 OVC and their households in 13 states.

In Anambra state, the Village Development Union within Umuezeani Ibolu Oraifite community in Ekwusigo Local Government Area (LGA) has benefited from the USAID funded SIDHAS project from 2013 to date through the Anglican Diocese of Nnewi Health and Community Development Center (ADONHACDS), a SIDHAS supported CBO. The project has enrolled over 1,000 OVC in this community and provides them with direct support geared towards the improved well-being of the OVC and their households. In line with the sustainability drive of SIDHAS, ADONHACDS and the SIDHAS team conducted several advocacy visits to Umuezeani Village Development Union which led to a commitment by the union's chairman, Mr. Paul Obimogu, to hold a fundraiser for OVC in the community.



*The Chairman during the presentation of the items*

The fundraiser, which held in September 2015, witnessed a massive turn out of community stakeholders, caregivers, OVCs and even the headmistress of the community primary school. Speaking during a formal presentation, Mr. Obimogu expressed his appreciation of the SIDHAS project and its support to the community. He noted the benefits that the OVC have gained from the program stating, "we really appreciate what SIDHAS has done for us. It is quite good, especially all the services provided to our children and caregivers. We thank you for all that you've done." He publicly announced a generous donation of 256,000 naira (\$1700) for school fees and also provided essential school supplies for 129 children, 86 of whom were actively enrolled on the SIDHAS project.

Following the successful fundraising event, the union has decided to hold its fundraiser annually. Orphans and vulnerable children will continue to benefit from the union's financial support and scholarships will be given to children at the top of their class as an added incentive. The USAID funded SIDHAS project's OVC program team is delighted that its strategic community engagement approach has helped the OVC in Umuezeani. This approach has also strengthened the partnership between the CBOs and the community, empowering them to seek alternative sources of support for OVCs and thus contributing towards the sustainability of HIV/AIDS services.

Today, the weight of being vulnerable and orphaned is lighter for OVC in Umuezeani who can now rise above the stigma of HIV/AIDS with the confidence that their community will support them in achieving their full potentials.

# Appendices

## SIDHAS M&E Datasheet for USAID Quarterly Report: April – June, 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	Q3		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery										
HTC_TST: Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	DHIS (routine service data)	FY15	1,671,164 (M=782,266; F=888,898)	1,547,349 <sup>1</sup>	2,447,174 (M=1,217,140; F=1,230,034)	692,713 (M= 343,256; F= 349,457)	966,257 (M= 485,513; F=480,744)	788,204 (M=388,371; F=399,833)	158%	
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	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)	52,9622	NA	0	0	0	NA	
Percent of newly identified HIV positive individuals who are enrolled into care and treatment during the reporting period	DHIS (routine service data)	FY15	78%	90% <sup>2</sup>	85%	86%	85%	88%	86%	
PMTCT_STAT: Number of pregnant women who were tested for HIV and know their results plus number of pregnant women with known HIV status at entry to services.	DHIS (routine service data)	FY15	708,134	552,177 <sup>1</sup>	479,078	159,253	166,475	153,350	87%	
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% <sup>1</sup>	106%	104%	111%	104%	106%	
PMTCT_ARV: Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of	DHIS (routine service data)	FY15	15,414	15,895 <sup>1</sup>	10,503	3,254	3,697	3,552	66%	

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	Q3		
mother-to-child transmission during pregnancy										
PMTCT_ARV: Percentage of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission (MTCT) during pregnancy and delivery	DHIS (routine service data)	FY15	97%	90% <sup>1</sup>	89%	90%	92%	86%	89%	
Number of HIV exposed infants provided with ARV prophylaxis	DHIS (routine service data)	FY15	6,857 (M=3,397; F=3,463)	19,860 <sup>2</sup>	5,464 (M=2,653; F=2,811)	1,713 (M=843; F=870)	1,772 (M=845; F=927)	1,979 (M=965; F=1,014)	28%	
PMTCT_EID: Number of infants tested for Early Infant Diagnosis (EID)	DHIS (routine service data)	FY15	7,656	15,895 <sup>1</sup>	7,665	2,425	2,125	3,115	48%	
PMTCT_EID: Percentage of infants born to HIV-positive women who had a virologic test done test within 12 months of birth. <sup>3</sup>	DHIS (routine service data)	FY15	48%	80% <sup>2</sup>	65%	67%	53%	75%	65%	
PMTCT_CTX: Number of infants born to HIV-positive women who were started on CTX prophylaxis within two months of birth at USG supported sites within the reporting period	DHIS (routine service data)	NA	NA	15,287 <sup>1</sup>	3,407 (M=1,752; F=1,655)	1,037 (M=535; F=502)	1,133 (M=570; F=563)	1,237 (M=647; F=590)	22%	
PMTCT_CTX: Percentage of infants born to HIV-positive pregnant women who were started on Cotrimoxazole (CTX) prophylaxis within two months of birth	DHIS (routine service data)	NA	NA	80% <sup>1</sup>	29%	29%	28%	30%	29%	
PMTCT_FO: Number of HIV-exposed infants with a documented outcome by 18 months of age (collection of 18 month outcomes is recommended at 24 months of age)	DHIS (routine service data)	NA	NA	80% <sup>1</sup>	NA	NA	NA	NA	NA	
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 <sup>1</sup>	37,023 (M=12,806; F=24,217) Including 1,926 children <15	11,700 (M=4,117; F=7,583) Including 538 children <15	12,757 (M=4,402; F=8,355) Including 713 children <15	12,566 (M=4,287; F=8, 279) Including 675 children <15	55%	

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	Q3		
TX_CURR: Number of adults and children currently receiving antiretroviral therapy (ART) Disaggregation(s):	DHIS (routine service data)	FY15	160,717 (M=55,200; F=105,517) Including 8,328 children < 15	187,046 <sup>1</sup>	186,712 (M=59,774; F=126,938) Including 8,711 children<15	171,998 (M=55,785; F=116,213) Including 8,944 children < 15	178,190 (M=57,368; F=119,687) Including 8,247 children < 15	186,712 (M=59,774; F=126,938) Including 8,711 children<15	99%	
TX_RET: Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	EMR (LAMIS)	FY15	71%	85% <sup>1</sup>	NA	NA	NA	NA	NA	
TX_VIRAL: Percentage of ART patients with a viral load result documented in the medical record within the past 12 months	EMR (LAMIS)	NA	NA	50% <sup>1</sup>	MA	NA	NA	NA	NA	
TX_UNDETECT: Number of viral load tests from adult and pediatric ART patients conducted in the past 12 months with a viral load <1,000 copies/ml	DHIS (routine service data)	NA	NA	168,344 <sup>1</sup>	10,923	2,251	2,762	5,910	7%	
TX_UNDETECT: Proportion of viral load tests with an undetectable viral load (<1000 copies/ml)	DHIS (routine service data)	NA	NA	90% <sup>1</sup>	72%	76%	79%	68%	72%	
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)	FY15	49,397 (M=15,875; F=33,522) Including 2,318 children < 15	83,920 <sup>1</sup>	49,345 (M=16,685; F=32,660) Including 2,636 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	15,883 (M=5,412; F=10,421) Including 875 children <15	59%	
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=45,731; F=102,262)	233,804 <sup>1</sup>	145,329 (M=45, 256; F=100,073)	84,305 (M=25,886; F=58,419)	37,411 (M=11,629; F=25,782)	23,613 (M=7,741 F=15,872)	62%	
Number of People Living with HIV/AIDS (PLHIV) reached with a minimum	DHIS (routine service data)	FY15	140,703 (M=39,988; F=100,715)	35,955 <sup>2</sup>	129,539 (M=39,903; F=89,636)	75,630 (M=23,014; F=52,616)	33,118 (M=10,201; F=22,917)	20,791 (M=6,688; F=14,103)	360%	



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	Q3		
package of Prevention with PLHIV (PwP) interventions										
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility	DHIS (routine service data); EMR	NA	NA	49,179 <sup>1</sup>	31,099 (M=10,912; F= 20,187)	4,924 (M=1,695; F=3,229)	11,741 (M=4,092; F=7,649)	14,434 (M=5,125; F=9,309)	63%	
Number of persons provided with post-exposure prophylaxis (PEP)	DHIS (routine service data)	FY15	1,262	835 <sup>2</sup>	1,135	383	418	334	136%	
Number of HIV-positive persons receiving Cotrimoxazole (CTX) prophylaxis.	DHIS (routine service data)	FY15	40,589 (M=15,825; F=25,764)	47,446 <sup>2</sup>	35,728 (M=12,324; F=23,404)	10,754 (M=3,787; F=6,967)	12,418 (M=4,199; F=8,219)	12,566 (M=4,338; F=8,218)	75%	
Number of service outlets carrying out injection safety activities	Facility List	FY15	2,605	1,236 <sup>2</sup>	1,497	1,499	1,497	1,495	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	116,98 <sup>1</sup> (M=61,782; F=55,199)	91,809 <sup>1</sup>	107,946 (M= 56,368; F=51,578)	38,600 (M= 20,554; F=18,046)	34,932 (M= 18,017; F=16,915)	34,414 (M=17,797; F=16,617)	118%	
OVC_ACC: Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	NOMIS (routine service data)	NA	NA	16,953 <sup>1</sup>	38,528 (M=19,585; F=18,943)	7,275 (M=3,919; F=3,356)	19,809 (M=9,809; F=10,000)	11,444 (M=5,587; F=5,857)	227%	
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 1,482PMTCT	311 ART 1,482PMTCT	
Number of sites implementing PEP services that meet national guidelines	Facility List	FY15	2,605	215 <sup>2</sup>	1,499	1,499	1,499	1,495	100%	
Percent of PMTCT sites linked to the national EID network	Facility List	FY15	100%	85% <sup>2</sup>	100%	100%	100%	100%	100%	
<b>Key Result 2: Improved cross sectional integration of high quality HIV/AIDS and TB services.</b>										
GEND_NORM: Number of individuals completing an intervention pertaining to	DHIS (routine service data)	NA	NA	15,336 <sup>1</sup>	21,748 (M=9,242; F=12,506)	3,686 (M=1,485; F=2,201)	10,105 (M=4,199; F=5,906)	7,957 (M=3,558; F=4,399)	142%	

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	Q3		
gender norms within the context of HIV/AIDS, that meets minimum criteria										
GEND_GBV: Number of people receiving post GBV care	DHIS (routine service data)	FY15	164	2,808 <sup>1</sup>	863 (M=111; F=752)	282 (M=17; F=265)	288 (M=25; F=263)	293 (M=69; F=224)	31%	
Number individuals receiving HIV counselling, testing and their results in TB setting	DHIS (routine service data)	FY15	48,453	24,929 <sup>2</sup>	26,867 (M=14,189; F=12,678)	8,062 (M=4,260; F=3,802)	9,453 (M=5,018; F=4,435)	9,352 (M=4,911; F=4,441)	108%	
TB_SCREEN: Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	DHIS (routine service data); EMR	FY15	147,993	227,957 <sup>1</sup>	133,638 (M=34,416; F=77,946)	78,502 (M=23,932; F=54,570)	33,860 (M=10,484; F=23,376)	21,276 (M=6,864; F=14,412)	59%	
TB_ART: Percentage of HIV-positive new and relapsed registered TB cases on ART during TB treatment	DHIS (routine service data)	FY15	81%	90% <sup>1</sup>	88%	88%	92%	84%	88%	
TB_ART: 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	2,343 <sup>1</sup>	2,231	741	797	693	95%	
TB_STAT: Number of registered new and relapse TB cases with documented HIV test results, during the reporting period	DHIS (routine service data)	NA	NA	13,735 <sup>1</sup>	9,929	3,034	3,581	3,314	72%	
TB_STAT: Percentage of registered new and relapse TB cases with documented HIV status	DHIS (routine service data)	FY15	98%	95% <sup>2</sup>	93%	97%	97%	85%	93%	
TB_IPT: Number of PLHIV newly enrolled in HIV clinical care (as defined in the denominator) who start IPT and received at least one dose, during the reporting period	DHIS (routine service data)	NA	NA	12,376 <sup>1</sup>	5,326 (M=1,721; F=3,605)	849 (M=312; F=537)	2,373 (M=762; F=1,611)	2,104 (M=647; F=1,457)	43.0%	
TB_IPT: Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventative therapy (IPT)	DHIS (routine service data)	NA	NA	50% <sup>1</sup>	11%	5%	14%	13%	11%	
TB_OUTCOME: Aggregated outcomes of TB treatment among registered new and	DHIS (routine service data)	NA	NA	85% <sup>1</sup>	NA	NA	NA	NA	NA	

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

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.										
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status – FY 2016			Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3		
relapsed TB cases who are HIV-positive in the treatment cohort										
FN_ASSESS: Number of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	NA	NA	124,635 <sup>1</sup>	136,515	83,827	32,408	20,280	110%	
FN_ASSESS: Percentage of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	NA	NA	85% <sup>1</sup>	94%	99%	87%	86%	94%	
FN_THER: Number of clinically undernourished PLHIV who received therapeutic or supplementary food	DHIS (routine service data)	FY15	8,077 (M=2,590; F=5,487)	4,638 <sup>1</sup>	8,077 (M=2,590; F=5,487)	1,748 (M=587; F=1,161)	3,018 (M=985; F=2,033)	3,311 (M=1,018; F=2,293)	174%	
FN_THER: Proportion of clinically undernourished people living with HIV (PLHIV) who received therapeutic or supplementary food	DHIS (routine service data)	FY15	25%	100% <sup>1</sup>	43%	51%	44%	39%	43%	
FPINT_SITE: Number of service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	DHIS (routine service data)	NA	NA	NA	NA	NA	NA	467	NA	
FPINT_SITE: Family Planning/HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	DHIS (routine service data)	NA	NA	60% <sup>2</sup>	31%	NA	NA	31%	31%	
Number of sites with HIV services integrated into general hospital services delivery	Quarterly CQI visits; Joint supportive supervision visit report	NA	NA	NA	NA	NA	NA	NA	NA	

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

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.										
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status – FY 2016			Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3		
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)	0 (M=0; F=0): PMTCT- 0; ART -0; HTC -0; TB/HIV -0; SI -0, OVC -0; Others -0)	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	0	N/A	
Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services										
LAB_CAP): Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	SIDHAS Facility List	NA	NA	105 <sup>2</sup>	221	213	214	221	48%	
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	NA	NA	WHO/AFR0=19 National =40 <sup>2</sup>	10	6	6	10	25%	
LAB_PT: Percentage of PEPFAR-supported laboratories and testing sites that participate and successfully pass in a proficiency testing (PT) program	Lab PT reports	NA	NA	80% <sup>2</sup>	66%	74% (NHLS)	64% (NHLS)	66% (NHLS)	66%	
Proportion of laboratories with IQC system in place	Lab IQC report	NA	NA	100% <sup>2</sup>	74%	69%	72%	74%	74%	
Number of States with PPM system in place to maintain Information Technology (IT) equipment*	CQI Database;	NA	NA	5 <sup>2</sup>	2	2	2	NA	40%	

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

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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	Q3		
	Routine Assessment									
Number of sites with PPM system in place to maintain medical and laboratory equipment*	CQI Database; Routine Assessment	NA	NA	55 <sup>2</sup>	0	0	0	0	NA	
Percent of entities submitting completed and timely Sub-Recipients Financial Reports <sup>4</sup>	SIDHAS Financial Review Report	FY15	100%	FBOs-90% CBOs-80% SMT-70%	FBOs-90% CBOs-80% GSITs-70%	FBOs-90% CBOs-80% GSITs-70%	FBOs-90% CBOs-80% SMTs-70%	NA	FBOs-90% CBOs-80% SMT-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 <sup>2</sup>	0	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 <sup>2</sup>	0	0	0	NA	0	
Percent of entities with CQI process established (disaggregated by entities) *	CQI Database; Routine Assessment	NA	NA	SACP= 100% CBO=100% HCC=100%	SACP-100% CBOs-100% HCCs-92%	SACP-100% CBOs-100% HCCs-88%	SACP-100% CBOs-100% HCCs-92%	SACP-100% CBOs-100% HCCs-92%	SACP-100% CBOs-100% HCCs-92%	
Percent of entities meeting CQI scores (80%) in each of the 3 domains (Financial, Institutional and Technical) * disaggregated by entities category (SACPs, CBOs, HCCs)	CQI Database; Routine Assessment	NA	NA	Financial Domain 15 SACPs= 70% 45 CBOs= 90% 300 HCCs= 70% Institutional Domain 15 SACPs= 80% 45 CBOs= 80% 300 HCCs= 80% Technical Domain 15 SACPs= 90%	Financial Domain SACPs 15% CBOs=43 HCCs=39% Institutional Domain SACPs= 15%	NA	Financial Domain SACPs 15% CBOs=43 HCCs=39% Institutional Domain SACPs= 15%	NA	Financial Domain SACP=15% CBOs=43% HCCs=39% Institutional Domain SACP=15%	

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

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.										
Indicator	Data Source	Baseline data		FY 2016		Quarterly Status – FY 2016			Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3		
				45 CBOs=90% 300 HCCs= 90% <sup>2</sup>	CBOs=37% HCCs=26%  Technical Domain SACPs= 46% CBOs=67% HCCs=23%		CBOs=37% HCCs=26%  Technical Domain SACPs= 46% CBOs=67% HCCs=23%		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% <sup>2</sup>	31%	NA	31%	NA	31%	
Percent of supported States with Centralized Health Management Information System (HMIS) and Data Quality Assurance process	Routine Assessment	NA	NA	80% <sup>2</sup>	33%	33%	33%	33%	33%	
Percent of HIV comprehensive sites transmitting data electronically (using DHIS)	DHIS Program Report	NA	39%	90% <sup>2</sup>	31%	39%	26%	31%	31%	
Number of states that meet SIDHAS graduation criteria	Semi-annual CQI and SIDHAS Sustainability Dashboard	NA	NA	0 <sup>2</sup>	0	0	0	0	NA	
Percentage of funding for HIV response related activities provided by the states	SIDHAS Sustainability Dashboard	NA	NA	NA	0	0	0	0	NA	



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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	Q3		
Number of states mobilizing additional resources for HIV services using innovative financing approaches	SIDHAS Sustainability Dashboard	NA	NA	1 <sup>2</sup>	0	0	0	0	0%	
Number of states supported to develop human resource plan and are implementing the plan	SIDHAS Sustainability Dashboard	NA	NA	0 <sup>2</sup>	0	0	0	0	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 Q3 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
		Q3 Achievement	13,492	224,767	36,335	21,546	8,884	4,335	107,846	12,817	18,305	12,531	185,700	130,312	11,334	788,204
		Q4 Achievement														0
		FY 16 Achievement	41,090	666,709	112,206	82,009	23,315	17,042	353,205	40,323	57,086	37,701	582,838	394,363	39,287	2,447,174
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
		Q3 achievement	8,335	15,317	11,751	10,722	10,816	1,592	11,930	5,689	17,957	28,071	17,046	10,157	3,967	153,350
		Q4 achievement														0
		FY 16 Achievement	29,249	45,204	35,454	34,341	24,483	5,715	37,656	16,826	55,899	95,658	49,931	35,704	12,958	479,078
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
		Q3 Achievement	207	1051	450	148	140	53	399	210	65	144	320	328	37	3,552
		Q4 Achievement														0
		FY 16 Achievement	625	2,929	1,288	426	367	208	1,111	638	251	351	997	1,119	193	10,503
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	3505	771	390	411	237	1446	605	246	486	1588	2055	176	12,757
		Q3 Achievement	706	3275	779	399	562	180	1430	556	249	473	1710	2020	227	12,566
		Q4 Achievement														0
		FY 16 Achievement	2,291	9,896	2,265	1,219	1,474	640	4,268	1,744	759	1,508	4,430	5,979	550	37,023
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	25,112	20,461	10,959	9,536	3,261	18,147	12,469	4,427	11,726	17,247	18,965	3,756	178,190
		Q3 Achievement	22,831	28,103	21,305	11,427	9,144	3,283	18,503	12,646	4,626	12,060	17,901	20,909	3,974	186,712
		Q4 Achievement														0
		FY 16 Achievement	22,831	28,103	21,305	11,427	9,144	3,283	18,503	12,646	4,626	12,060	17,901	20,909	3,974	186,712

S/No	Performance Indicators	Adamawa	Akwa-Ibom	Anambra	Bauchi	Borno	Bayelsa	Cross River	Edo	Jigawa	Kano	Lagos	Rivers	Yobe	Total		
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	
		Q3 Achievement	874	4,406	1,028	582	581	236	1,519	642	326	713	2,150	2,527	249	15,833	
		Q4 Achievement															0
		FY 16 Achievement	2,840	13,967	3,090	1,703	1,529	837	5,055	2,068	1,085	2,187	6,285	8,029	670	49,345	
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	
		Q3 Achievement	2,580	5,922	1,381	1,633	600	417	2,418	792	555	745	2,391	3,885	294	23,613	
		Q4 Achievement															0
		FY 16 Achievement	10,772	26,958	17,745	8,556	1,588	3,057	18,728	11,704	4,176	8,481	17,964	14,813	787	145,329	
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	207	212	8	130	278	196	176	246	616	329	119	3,034	
		Q2 Achievement	301	405	225	314	36	175	309	198	162	350	689	321	96	3,581	
		Q3 Achievement	208	402	208	327	130	151	253	146	112	277	706	348	46	3,314	
		Q4 Achievement															0
		FY 16 Achievement	705	1,128	640	853	174	456	840	540	450	873	2,011	998	261	9,929	
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	
		Q3 Achievement	43	126	49	43	49	26	78	20	7	18	103	126	5	693	
		Q4 Achievement															0
		FY 16 Achievement	147	383	173	114	76	109	237	101	70	71	347	387	16	2,231	