

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

SIDHAS QUARTERLY REPORT

October - December
2017



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



USAID
FROM THE AMERICAN PEOPLE



fhi360
THE SCIENCE OF IMPROVING LIVES



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)

Cooperative Agreement Number: AID-620-A-11-00002

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): September 12, 2011 – September 11, 2018

Report Submitted by: Satish Raj Pandey

Resubmission Date: February 28, 2018

Table of contents

Activity Summary.....	2
Table of contents	3
Acronyms and Abbreviation	4
Quarter 1 Highlights.....	7
Executive Summary.....	8
Achievements against targets.....	10
Background	11
Progress across Key Result Areas.....	13
State Level Progress.....	29
Highlights from Priority States	29
Highlights from Sustained Response States.....	33
Overarching Challenges	37
Highlights of Plans for the Next Quarter.....	37
Success Story.....	38
Appendices.....	40
SIDHAS M&E Datasheet for USAID Quarterly Report: October – December 2017	40

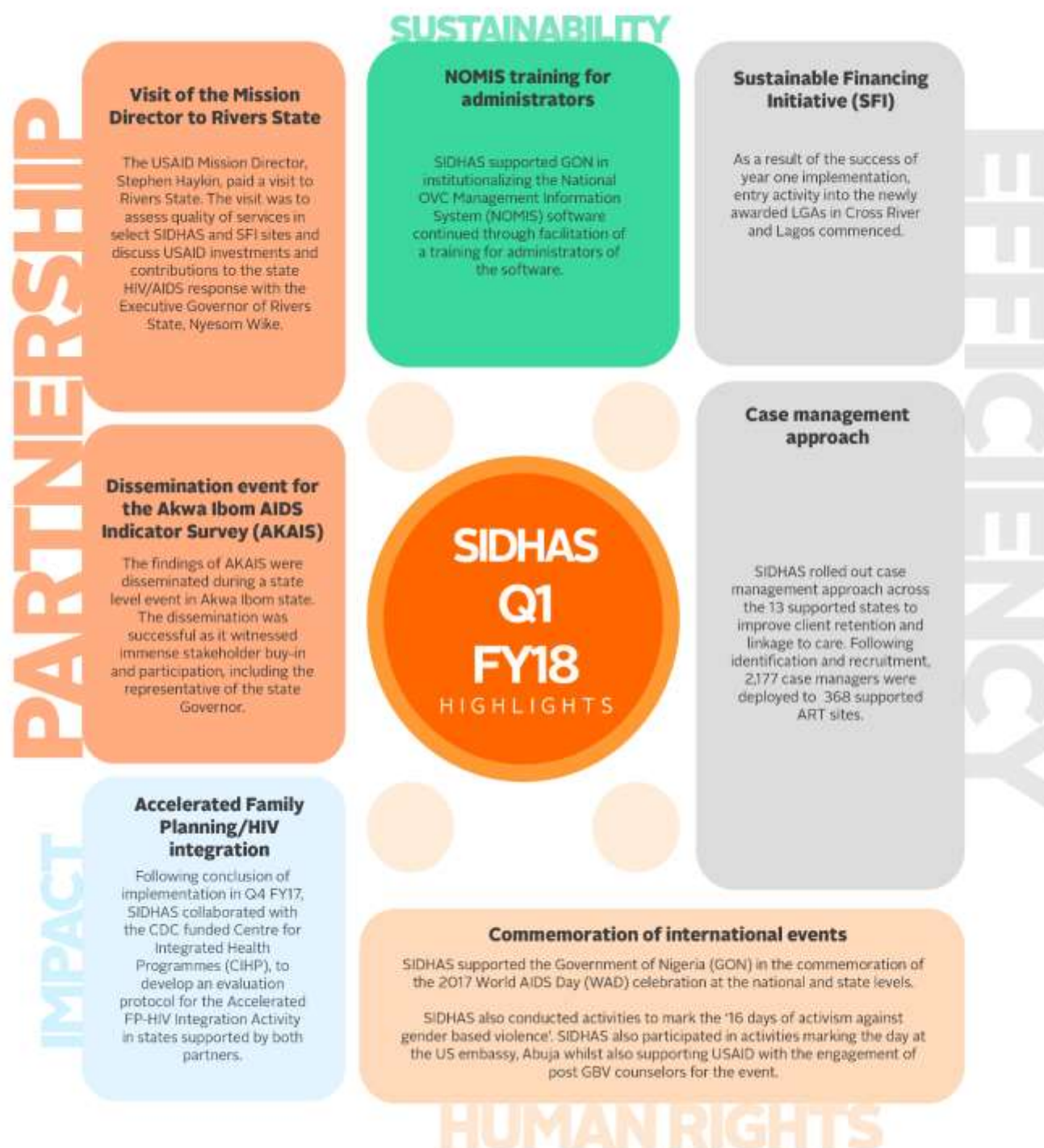
Acronyms and Abbreviation

AKAIS	Akwa Ibom AIDS Indicator Survey
ALHIV	Adolescents Living with HIV
ANC	Antenatal Care
APR	Annual Progress Report
BMSH	Braithwaite Memorial Specialist Hospital
CARC	Community ARV Refill Clubs
CDC	Centres for Disease Control
CHTC	Couples HIV testing and counseling
CIHP	Centre for Integrated Health Programs
CP	Community Pharmacy
CPARP	Community Pharmacy ARV Refill Program
CTC	Core Technical Committee
CQI	Continuous Quality Improvement
CSOs	Civil Society Organizations
CSS	Client Satisfaction Surveys
DBS	Dried Blood Samples
DLHMH	Doctor Lawrence Henshaw Memorial Hospital
DMOC	Differentiated Modules of Care
DOTS	Directly Observed Treatment
DTC	Drug and Therapeutic Committee
DTS	Dried Tube Specimen
EAC	Enhanced Adherence Counselling
EID	Early Infant Diagnosis
EQA	External Quality Assessment
ETG	Expanded Theme Working Group
FCT	Federal Capital Territory
FMC	Federal Medical Centre
FP	Family Planning
FY	Financial Year
GBV	Gender Based Violence
GH	General Hospital
GLRA	German Leprosy and TB Relief Association
GON	Government of Nigeria
HAI	Heartland Alliance International
HCC	Health Care Centre
HEI	HIV Exposed Infant
HES	Household Economic Strengthening
HIV RTQII	HIV Rapid Testing Quality Improvement Initiative
HIV	Human Immunodeficiency Virus
HPN	Health, Population and Nutrition
HRH	Human Resource for Health
HTS	HIV Testing Services
IEC	Information, Education and Communication
IHVN	Institute of Human Virology Nigeria

INH	Isoniazid
IPT	Isoniazid Preventive Therapy
JOHESU	Joint Health Sector Union
KCS	Keeping Children Safe
LAGAIS	Lagos AIDS Indicator Survey
LGA	Local Government Area
LTFU	Lost to Follow Up
MDR	Multi Drug Resistance
MNCH	Maternal, Newborn and Child Health
NACA	National Agency for the Control of AIDS
NAIS	National AIDS Indicator and Impact Survey
NASCP	National AIDS and STI Control Programme
NEQAL	National EQA Laboratory
NHLS	National Health Laboratories Service
NHREC	National Health Ethics Research Committee
NIMR	Nigerian Institute of Medical Research
NPHCDA	National Primary Health Care Development Agency
NTBLCP	National TB and Leprosy Control Program
OASYS	One World Accuracy System
ODK	Open Data Kit
OGAC	Office of the Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PAC	Project Advisory Committee
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PICF	Pediatric Intensified Case Finding
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Services
PPM	Planned Preventive Maintenance
PT	Proficiency Testing
PVC	Pharmacovigilance Committee
RTQII	Rapid Testing Quality Improvement Initiative
SAPR	Semi-Annual Progress Report
SFI	Sustainable Financing Initiative
SIMS	Site Improvement through Monitoring Systems
SLMTA	Strengthening Laboratory Management Towards Accreditation
SMT	State Management Team
SNT	Sexual Network Testing
SQIT	State Quality Improvement Initiative Team
SR	Sustained Response
SULGA	Scale-Up LGA
TBAs	Traditional Birth Attendants
TB	Tuberculosis

TE	Test Events
TWG	Technical Working Group
UCTH	University of Calabar teaching Hospital
UPS	Uninterrupted Power Supply
UPTH	University of Port Harcourt Teaching Hospital
USAID	United States Agency for International Development
USG	United States Government
UUTH	University of Uyo Teaching Hospital
VL	Viral Load
WAD	World AIDS Day
WHO AFRO	World Health Organization Regional Office for Africa
WTP	Willingness to Pay

Quarter 1 Highlights



Executive Summary

The first quarter of this Financial Year (FY) 18 begins the journey towards the completion of the USAID-funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project. The project which began implementation on September 12, 2011 is expected to close on September 11, 2018. To this end, the project team is fully implementing project activities to achieve annual and life of project targets over the first three quarters of FY18. Between July 1, 2018 - September 11, 2018 the project will focus on close out activities.

SIDHAS intensified efforts aimed at achieving the 1st 90 in 14 scale-up, eight sustained plus, and all sustained response Local Government Areas (LGAs) using varied strategies across the LGAs during the reporting period. These efforts included a mix of targeted testing strategies, especially in high yield communities, with emphasis on efficiency and increasing yield. Partner Notification Services (PNS), testing among couples, Provider-initiated Testing and counseling (PITC) and Pediatric Intensified Case Finding (PICF), are some of the strategies deployed this quarter. In line with the PEPFAR's strategic direction, sustained response states carried out HIV Testing Services (HTS) for symptomatic as well as walk-in clients, and at antenatal clinics.

In the same vein, activities along the treatment cascade were conducted towards attaining the 2nd 90. Emphasis this quarter was on linkage to care and client retention. Therefore, the case management approach was fully rolled out. SIDHAS identified and engaged 2,177 case managers during the quarter to support client tracking and linkage to care across the 13 supported states. These were trained, deployed and provided necessary tools to facilitate their efforts at the communities and in supported facilities.

Achieving viral suppression, also received much attention this quarter. The team galvanized efforts on the 1st and 2nd 90 as well as service quality, to further achieve the 3rd 90 targets. In addition to sustained efforts of targeted testing and client retention in care, quality of laboratory tests was assured and improvements made with turnaround time for results, including Early Infant Diagnosis (EID). Focus was on all HIV positive clients, including pregnant women and children.

Other key activities carried out during the reporting period include:

1. **Roll out of the case management approach:** During the period under review, SIDHAS fully rolled out the case management approach across the 13 supported states. Processes towards this approach were initiated in Q4 FY17 with identification and engagement of case managers in Adamawa, Borno, Jigawa and Yobe States. This quarter, the remaining nine States completed the engagement process and successfully deployed 2,177 case managers to the 368 supported ART sites. The case management approach aims to strengthen linkages to treatment and improve client (adult and pediatric) retention.
2. **Visit of the Mission Director to Rivers State:** The USAID Mission Director, Stephen Haykin, paid a visit to Rivers State during the reporting period. The objective of the visit was to discuss USAID investments and contributions to the state HIV/AIDS response with the Executive Governor of Rivers State, Nyesom Wike, and to assess quality of services in select SIDHAS and SFI sites.

3. **Dissemination event for the Akwa Ibom AIDS Indicator Survey (AKAIS):** Following the conclusion of AKAIS field activities in Q4 of FY17, findings from the survey were disseminated during a state level event in the host state within the reporting quarter. The dissemination was successful as it witnessed immense stakeholder buy-in and participation, including the State Governor who was represented by the Secretary to the State Government.
4. **Commemoration of international events:** SIDHAS supported the Government of Nigeria (GON) in the commemoration of the 2017 World AIDS Day (WAD) at the national and state levels. This included in-kind support, participation in government organized events, and HIV Testing Services (HTS). In Lagos State, SIDHAS also supported HTS at the US Embassy.

SIDHAS also conducted activities to mark the '16 days of gender activism'. The theme emphasized collaboration of all stakeholders towards ending Gender Based Violence (GBV). SIDHAS participated in activities marking the day at the US embassy, Abuja whilst also supporting USAID with the engagement of post GBV counselors for the event. Discussions that emanated from the activity are expected to contribute towards enriching gender programs in the country.
5. **NOMIS training for administrators:** Support to the GON in institutionalizing the National OVC Management Information System (NOMIS) software continued this quarter. This was done through facilitation of a training for administrators of the software. The expectation is to create a pool of government ICT staff with skills to manage the system independent of donors and Implementing Partners (IPs) as part of sustainability efforts.
6. **Sustainable Financing Initiative (SFI):** A core mandate of the SFI is to devolve clients willing to pay out-of-pocket for services to the community. To this end, SIDHAS commenced processes towards the conduct of Client Satisfaction Surveys (CSS) and Willingness to Pay (WTP) for HIV positive clients across supported facilities in Rivers and Lagos States. The survey, which is expected to be concluded next quarter, will provide adequate data for conclusions in this regard.
7. **Accelerated Family Planning/HIV integration:** The implementation phase of this activity ended in Q4 FY17. Following this, SIDHAS received USAID approval to conduct an evaluation of the activity. This reporting quarter, SIDHAS collaborated with the CDC funded Centre for Integrated Health Programs (CIHP), to develop an evaluation protocol for the evaluation of the Accelerated FP-HIV Integration Activity in states supported by both partners.

A summary of challenges faced during project implementation this quarter included nationwide stock out of commodities (DBS kits, nevirapine, Abbott PCR reagent, co-trimoxazole), security challenges and intermittent industrial action by Joint Health Sector Union (JOHESU) in Rivers State, as well as the ongoing industrial strike by Health workers at Nigerian Institute of Medical Research (NIMR).

Achievements against targets

Standard Indicators	Baseline FY 17	Annual Target	Q1 FY18	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)	1,718,736	1,966,304 ¹	319,546 (M=150,607; F=168,939)	16%	N
PMTCT_STAT Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	398,156	708,048 ¹	86,206	12%	N
PMTCT_STAT: Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	98%	100% ¹	94%	94%	Y
PMTCT_ARV Number of HIV-positive pregnant women who received antiretroviral (ARVs) to reduce risk of mother-to-child-transmission during pregnancy	10,440	20,852 ¹	2,037	12%	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	99%	95% ¹	97%	97%	Y
TX_NEW: Number of adults and children newly enrolled on Antiretroviral therapy (ART)	53,404 (Adult=50,686; Children=2,718)	75,531 ¹	10,984 (Adult=10,508; Children=476)	15%	N
TX_CURR: Number of adults and children receiving antiretroviral therapy (ART) (Current)	220,367 (Adult=213,500; Children=6,867)	277,428 ¹	226,085 (Adult=218,839; Children=7,246)	82%	Y
TB_ART (Num): Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	3,795	3,799 ¹	858	23%	N
TB_SCREENEx (Num): Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	165,225 (M=50,862; F=114,363)	66,324 ¹	136,800 (M=40,259; F=96,541)	206.3%	Y
CARE_CURR: Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR Viral load	203,657 (M=63,824; F=139,833)	434,458 ²	138,126 (M=40,742; F=97,384)	32%	Y
OVC_SERV: Number of active beneficiaries served by PEPFAR OVC Programs for children and families affected by HIV/AIDS	93,321	71,940 ¹	53,271 (M=25,607; F=27,664)	74%	Y

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

¹ = Final FY 17 targets from USAID

² = Targets from SIDHAS PMP

Background

The SIDHAS project aims to sustain cross sectional integration of HIV/AIDS and TB services by building Nigerian capacity to deliver sustainable high quality, comprehensive, prevention, treatment, care and related services. This is being achieved through three key result areas:

- i) increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery;
- ii) improved cross sectional integration of high quality HIV/AIDS and TB services; and
- iii) improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS and TB services.

Having implemented 6 of the 7 years of the project from September 2011 through September 2017, the project submitted and received FY18 approval for a nine-month implementation plan (October 2017 - June 2018) and is awaiting approval for the close out plan for July 1 – September 11, 2018.

In the first quarter of FY18, SIDHAS continued to provide support to 13 state governments, 470 public health facilities, 254 private for-profit health facilities, and 61 private non-profit health facilities or faith-based organization (FBOs) facilities, to enhance facility-based integrated HIV/AIDS responses. In addition, the 32 SIDHAS supported civil society organizations (CSOs) continued to provide integrated community-based prevention and care services including care and support for orphans and vulnerable children (OVC).

To contribute effectively to the achievement of project objectives, SIDHAS introduced the case management approach in FY18, Q1 to specifically address linkage to treatment and retention of clients. The project also further strengthened its differentiated care model to address service quality challenges and further strengthen retention. In addition to these, the project continued to implement the following interventions:

1. Increasing access to services that enhance PMTCT. This includes Option B+ which is implemented across all SIDHAS-supported LGAs.
2. Provision of quality HIV Testing Services (HTS) in scale up LGAs, included Provider Initiated Testing and Counseling (PITC) and community based counseling and testing; couples' counseling and testing; Partner Notification Services (PNS); intensified pediatric case finding and referrals and linkages. Testing in SR and SR+ were majorly facility based.
3. Provision of quality ART services, including:
 - a. Implementation of test and treat guidelines across all states as well as differentiated model of care in scale-up LGAs to improve access to and retention of clients on treatment;
 - b. Logistics management support to forestall stock-outs;
 - c. Promotion of pharmacy best practices to optimize adherence to therapy, including Community Pharmacy ART Refill Program (CPARP) in scale up LGAs; and
 - d. Access to high quality laboratory services to monitor disease progression, including Viral Load (VL) analysis, and response to treatment. The drug and

therapeutic committees of each facility support pharmacovigilance and switch services.

4. Sustainable Financing Initiative in Lagos and Rivers States to engage private health facilities and laboratories to provide HIV services to clients willing to pay out-of-pocket. Implementation of this initiative has been expanded in FY18 to three additional states (Akwa Ibom, Cross River, and Lagos) and the FCT, as well as LGAs in Lagos State
5. Provision of high quality care and support services, including care and support for PLHIV, OVC, and Adolescents Living with HIV (ALHIV)
6. Promotion of collaboration between TB and HIV/AIDS services to reduce TB/HIV associated morbidity and mortality
7. Mainstreaming of gender into interventions at facility and community including post-GBV care
8. Health systems strengthening to ensure that the advancement in science and health technologies deliver better, sustainable, and equitable health outcomes
9. Evaluation of the accelerated FP/HIV activity to assess performance against set objectives

The next sections of the report highlight specific accomplishments across the three SIDHAS key result areas during the October – December 2017 reporting quarter, at the country and state office levels.

Numerical achievements have been updated and the data sheet included in this resubmission.

Progress across Key Result Areas

Quality and Access

This quarter, implementation of the USAID-funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project was sustained in the 14 scale-up Local Government Areas (LGA) in Akwa Ibom, Cross River, Lagos and Rivers States, eight sustained plus LGAs, and the nine sustained response states. Efforts towards achieving the three key results of the project, the epidemic control goals, as well as other project quality improvement activities, were intensified.

Increasing access to HIV Testing Services (HTS): HTS has always remained an important gateway to accessing comprehensive HIV/AIDS services, by providing an opportunity for people to know their HIV status. During the reporting period, SIDHAS continued to intensify efforts across all 13 SIDHAS supported states for provision of quality HTS. In the sustained response states, active case finding was de-emphasized except for clients who showed symptoms suggestive of AIDS and those who requested to know their HIV status. Pregnant women who attended ANC services were also routinely provided the opportunity to get tested for HIV, ensuring all infected pregnant women were linked to treatment.

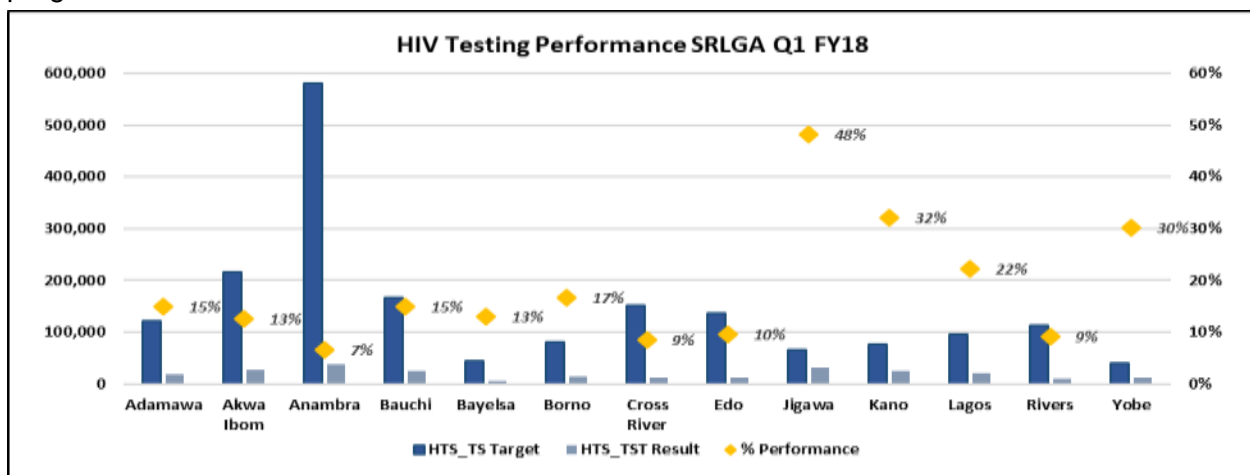


Figure 1: HIV Testing Performance in Sustained Response LGAs, Quarter 1 FY18

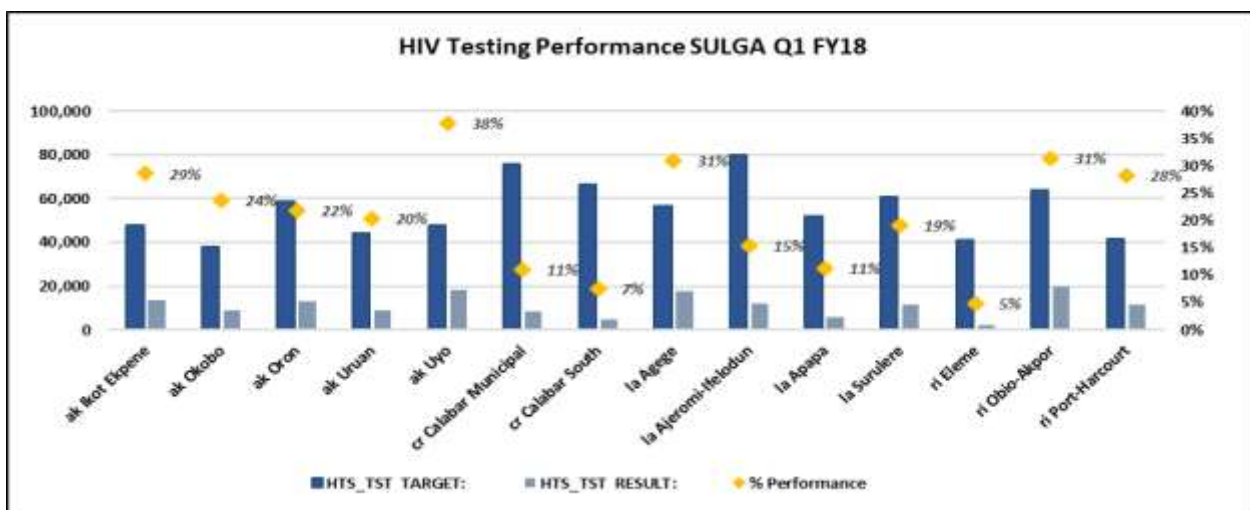


Figure 2: HIV Testing Performance in Scale-up LGAs, Quarter 1 FY18

In the 14 scale-up and eight sustained plus LGAs, HTS was supported at the facility and community. Focus was on increasing efficiency and improving HIV case identification using a variety of strategies to target high-yield communities. These included partner notification services (PNS) by testing index patients' household members, increasing testing among couples, young people, and children of HIV infected patients. In health facilities, HTS strategies deployed included Provider-initiated Testing and counseling (PITC) in TB clinics, medical wards, ANC, OPD and VCT centers. Pediatric Intensified Case Finding (PICF) and couples HIV testing and counseling (CHTC) were also encouraged. PITC contributed the most to the identification of infected persons, overall program positivity is at 3.5% with positivity ranging from 1% from the community modality to 19% from index testing modality (see figure 3 below).

Improving yield and testing efficiency through PNS: Sexual Network Testing (SNT) was emphasized this quarter to increase testing efficiency. Strategies deployed to implement this included routinely offering HIV positive clients previously receiving service the opportunity of having their partners tested, offering PNS to new clients, and using case managers to track and offer patients who are lost to follow-up the opportunity of also testing their partners. This yielded dividends as seen in the positivity rate of clients from the scale-up LGAs (see chart below).

SIDHAS also facilitated supply of condoms to clients on ART, during drug pick up, in efforts to prevent HIV transmission. Other clients who tested negative but were predisposed to infection, as well as requesting walk-in clients, were also provided condoms to promote HIV prevention.

The government of Nigeria (GON), through the National Agency for the Control of AIDS (NACA) was supported with 200 T-Shirts, with SIDHAS also participating at a program organized by NACA at the State House during this year's World AIDS Day (WAD) celebration. This event flagged off the week-long WAD activities at national and state levels. The 13 SIDHAS supported states also organized events including road walks, support to state government activities, and HIV testing at the American Embassy, Lagos.

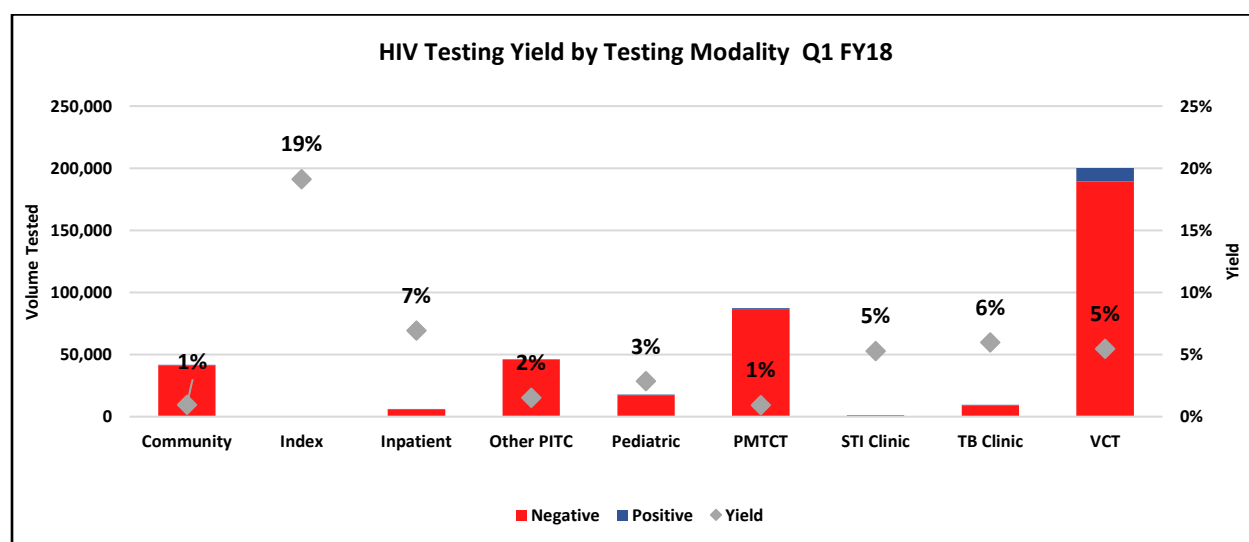


Figure 3: HIV Testing Yield by Testing Modality in Quarter 1 FY18, Country Office Level

Strengthening PMTCT within informal community structures: During the reporting period, SIDHAS continued to strengthen community structures providing informal ANC services and HTS. This was done through monthly meetings with Traditional Birth Attendants (TBAs) across the 14

scale-up LGAs. These meetings served as fora to discuss linkages and referrals of HIV positive pregnant women, as well as management of HIV-exposed infants.

PMTCT service delivery across the states: The 'Test All, Treat All' approach in the management of pregnant women continued this quarter. Out of 91,647 pregnant women that presented at ANC units of all supported facilities, 97% were tested for HIV and documented. A HIV positive rate of 2.3% was recorded with positivity ranging from 0.5% in Kano to 6.7% in Akwa Ibom State.

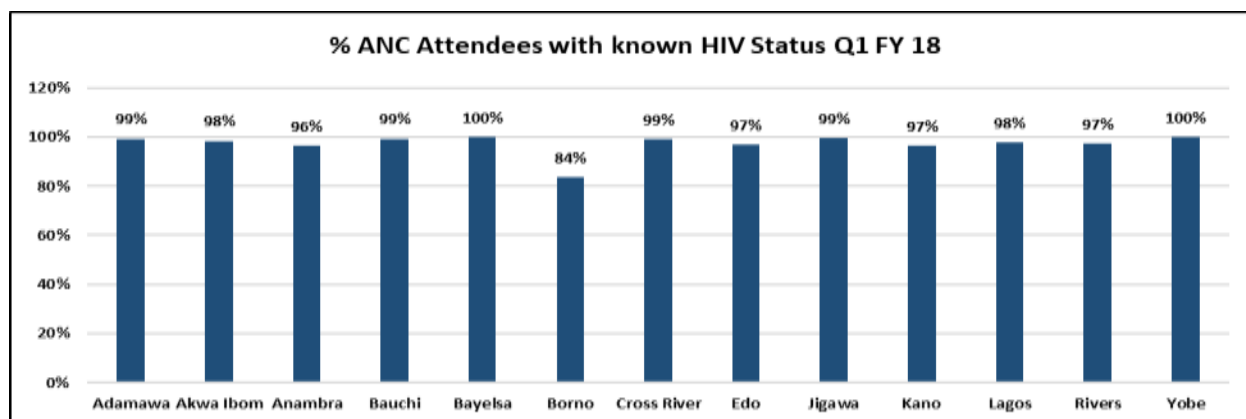


Figure 4: Percentage of ANC Attendees with Known HIV Status, Quarter 1 FY18

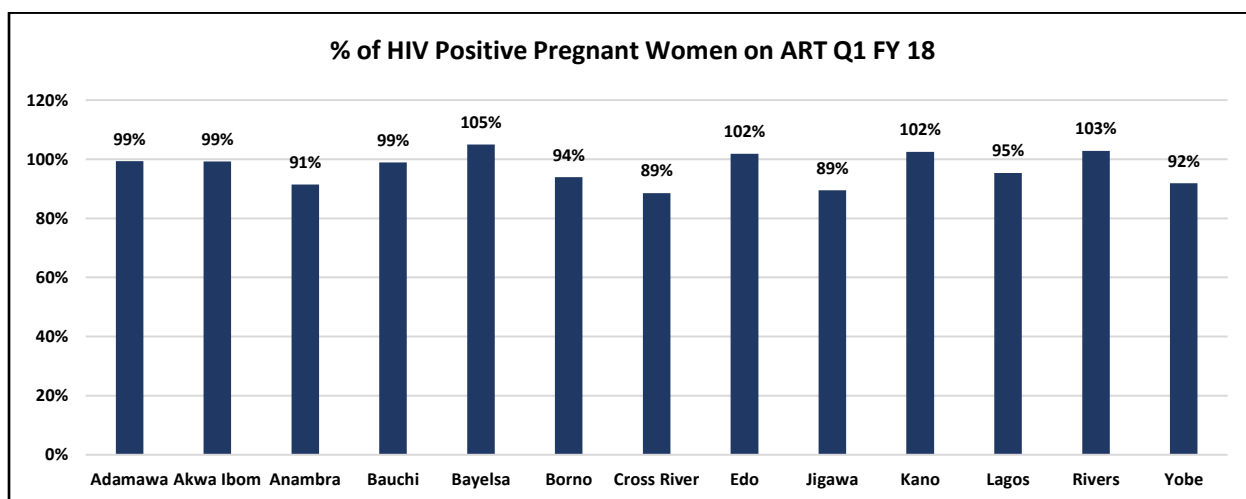


Figure 5: Percentage of HIV Positive Pregnant Women on ART, Quarter 1 FY18

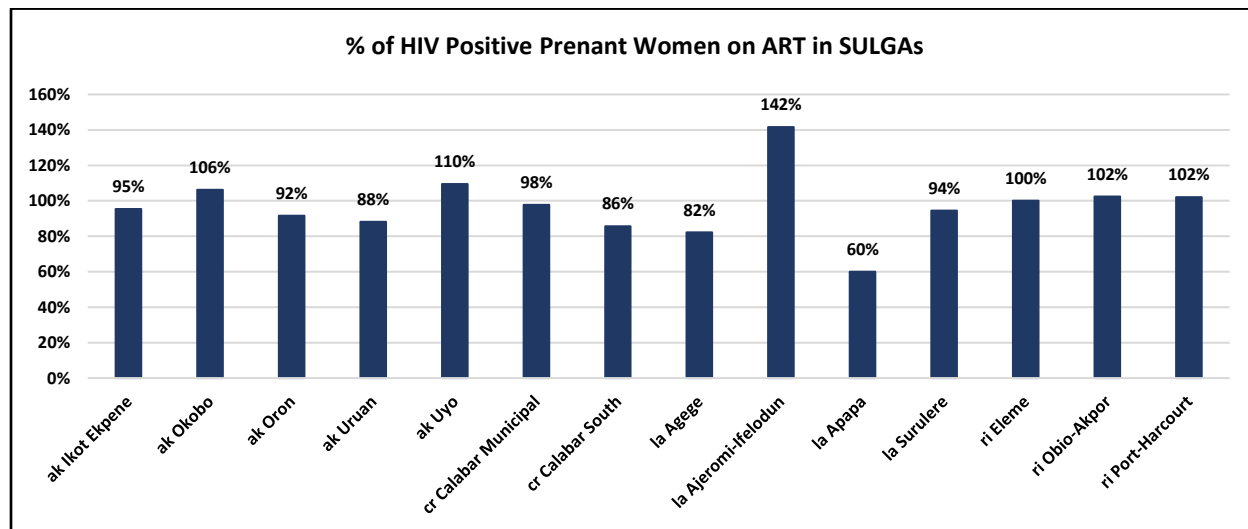


Figure 6: Percentage of HIV Positive Pregnant Women on ART in SULGAs, Quarter 1 FY18

Client tracking for EID services and linkage to ART: This quarter, 1872 EID samples were collected across supported states, with 84 positives. All HIV infected infants are being monitored through collation and utilization of client level data to follow up mother-baby pairs. This is expected to facilitate linkage of all infected babies to ART within two weeks of getting a positive Dried Blood Sample (DBS) result.

In the 14 scale-up LGAs, one of the strategies adopted to optimize the PMTCT/EID continuum this quarter was the utilization of incentives to mothers at identified landmarks during service delivery. Basic materials like soaps, diapers, steel cups, and toddler water bottles were presented to the mothers at delivery, 1st DBS sample collection, 2nd DBS collection at the cessation of breastfeeding, and at the presentation of the final outcome/results to the mother. This is expected to improve retention of the mother-baby pair in care towards attaining epidemic control.

Case management for enhanced client linkage and retention in care: The case management approach, one of the interventions put in place to address gaps in linkage and retention, commenced this quarter. This approach assigns groups of clients to a specific volunteer case manager to enhance tracking. Case managers are responsible for supporting HIV positive clients with treatment education, appointment reminders, immediate tracking if there is a refill default, psychosocial support, peer education, and referrals for related services. During the quarter, 2,177 volunteer case managers were engaged, equipped with skills and tools, and deployed across the 368 ART sites in the 13 SIDHAS supported states. Consequently, 89,750 clients were supported this quarter through counselling, appointment reminders, tracking, treatment escort services home visits, and collaboration with traditional birth attendants (TBAs).

Implementation of the test and start approach: Implementation of the test and start approach to ART management continued across all supported facilities in the 13 states. This quarter, 14,469

people were identified HIV positive, with 10,984 (76%) of positive clients placed on ART. The remaining positive clients (24%) are being followed up by the case managers to ensure timely commencement on ART.

Key challenges observed in the treatment cascade include declining linkage rates in supported sites. Analysis reveals mop up of the pre-ART pool over the last two quarters in FY17 accounted for an increase in linkage rate. With the reducing numbers in the pre-ART pool, average linkage rate is now about 76%. Barriers to increasing linkage rate has been traced to physician's reluctance to commence newly identified positives on treatment on the same day. The preference for baseline investigations before commencement has resulted in linkage gaps due to cost of investigations. To address this barrier, advocacy to hospital management and physicians in affected facilities has commenced.

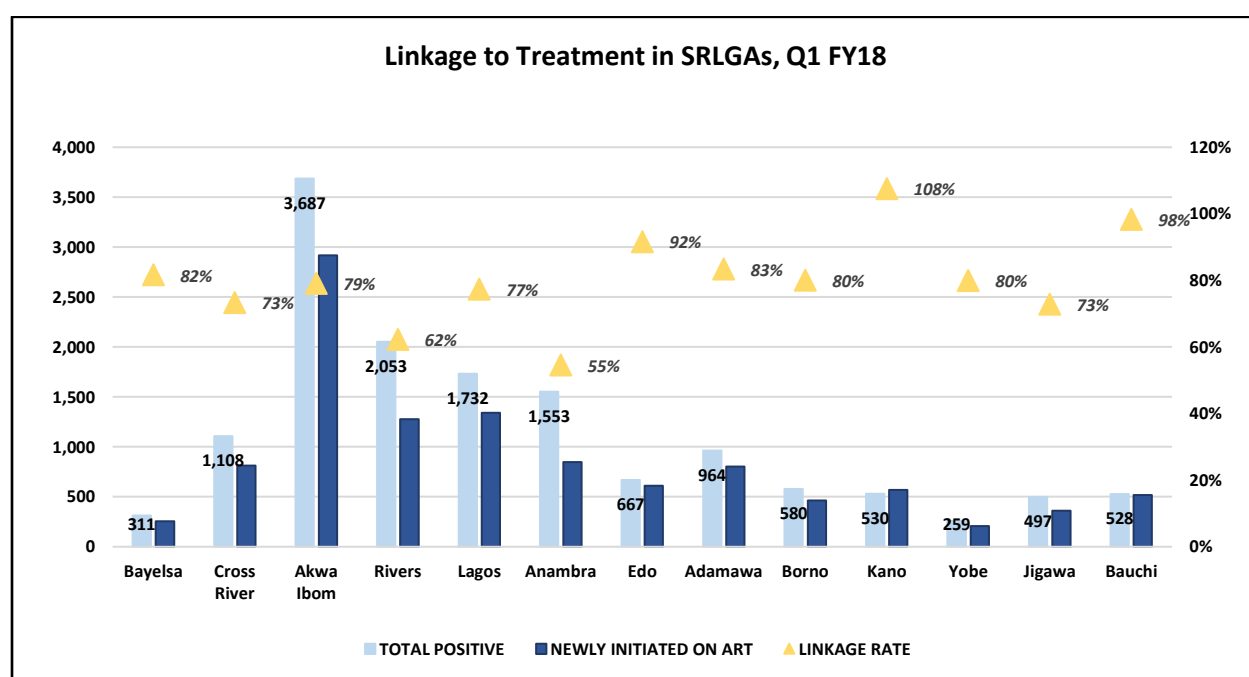


Figure 7: Linkage to Treatment in SRLGAs, Quarter 1 FY18

Epidemic control activities across 14 scale-up LGAs: Epidemic control activities in the 14 scale-up LGAs continued this quarter with identification of 4,340 HIV positive clients in October and November through the various HIV Testing strategies. These include PITC, SNT, family index testing, and pediatric intensified case finding. Out of the identified HIV positive clients, 3,249 clients were linked to ART within the quarter showing a linkage rate of 75% across the scale up LGAs. Analysis to identify challenges with linkage rates in certain LGAs is ongoing and client level linkage trackers are being deployed to ensure that the clients are properly linked to ART.

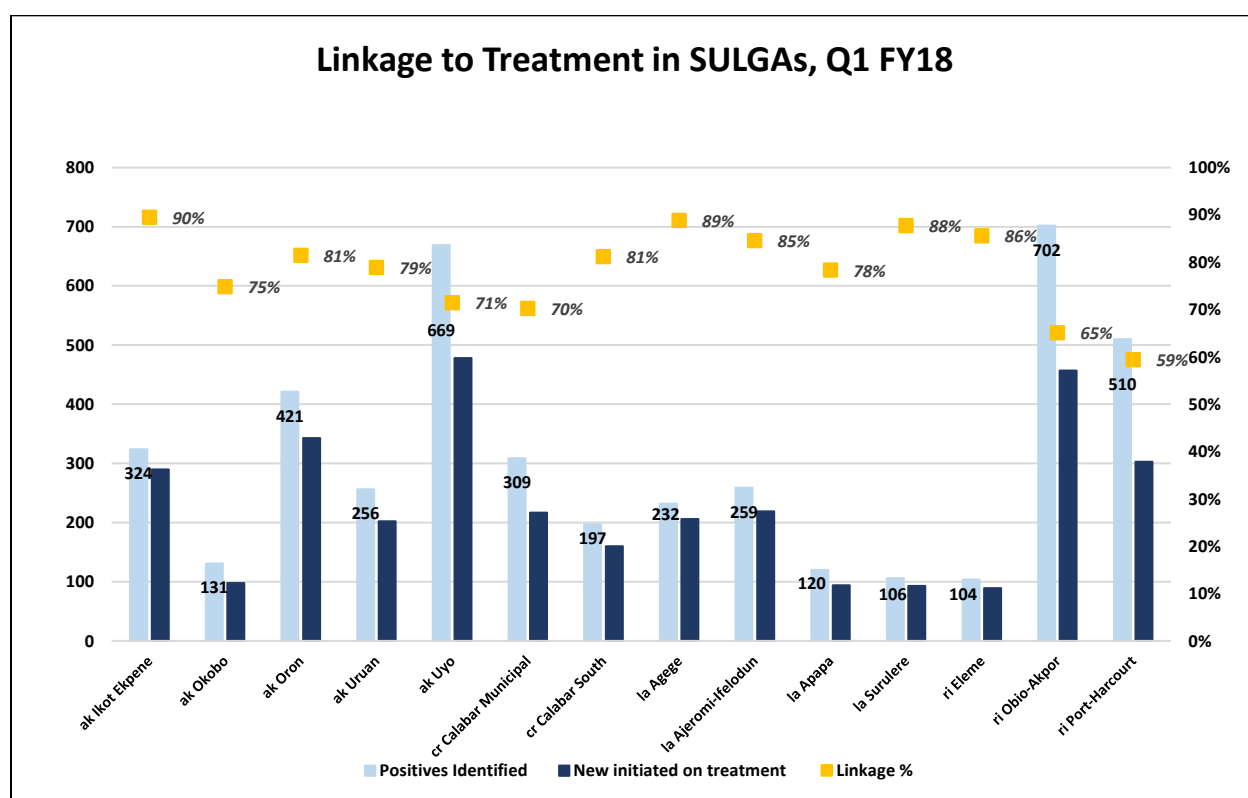


Figure 8: Linkage to Treatment in SULGAs, Quarter 1 FY18

Implementation of Differentiated Models of care across supported facilities: In keeping with the mandate to expand differentiated modules of care (DMOC), SIDHAS supervised the implementation of multi month scripting across supported facilities. In addition, guidance was provided on start off activities for community ARV refill clubs. Mentoring for providing treatment support for the different clients was a component of the case manager's orientation towards ensuring improved support to the clients requiring different type of services. All these have been put in place to ensure more accessible and convenient mechanisms for drug pick up and follow up of clients with the aim of ensuring that more clients are retained on ART.

Pediatric and adolescent specific case managers were detailed across all supported states to provide adolescent/child friendly support services towards ensuring viral suppression among these age groups. These services include pediatric and adolescent focused adherence counselling and follow up through the differentiated model of care. This approach has been adopted to address the historically poor viral suppression rates of pediatrics and adolescents.

Drug and Therapeutic/Pharmacovigilance Committees (DTC/PVC): In a bid to ensure quality of care to clients, SIDHAS sustained support for the setup and expansion of DTCs in all supported facilities. This resulted to 75% functional Drug and Therapeutics Committees/Pharmacovigilance committees across the supported facilities. These statutory committees now meet as multidisciplinary teams to review drug and treatment related issues for better client outcomes.

Viral load service optimization: Lessons from the APR 17 suggest that effectively retaining clients in care bolsters viral load performance. Data from the first quarter showed that of 22,556

viral load sample results received across the various states, 17,819 (79%) samples showed suppressed viral load values for the same period.

The viral load cascade was also reassessed to highlight redundancies, such as delays in dispatching of samples or results, which impact on turnaround time for samples in all 13 states. In addition, focus was on following up unsuppressed clients to ensure Enhanced Adherence Counselling (EAC) services and switches to 2nd line ART once the repeat viral load is still unsuppressed. Viral load services within the scale up LGAs show that 6,040 viral load results were received across the various facilities with 5,474 samples showing viral suppression (91%).

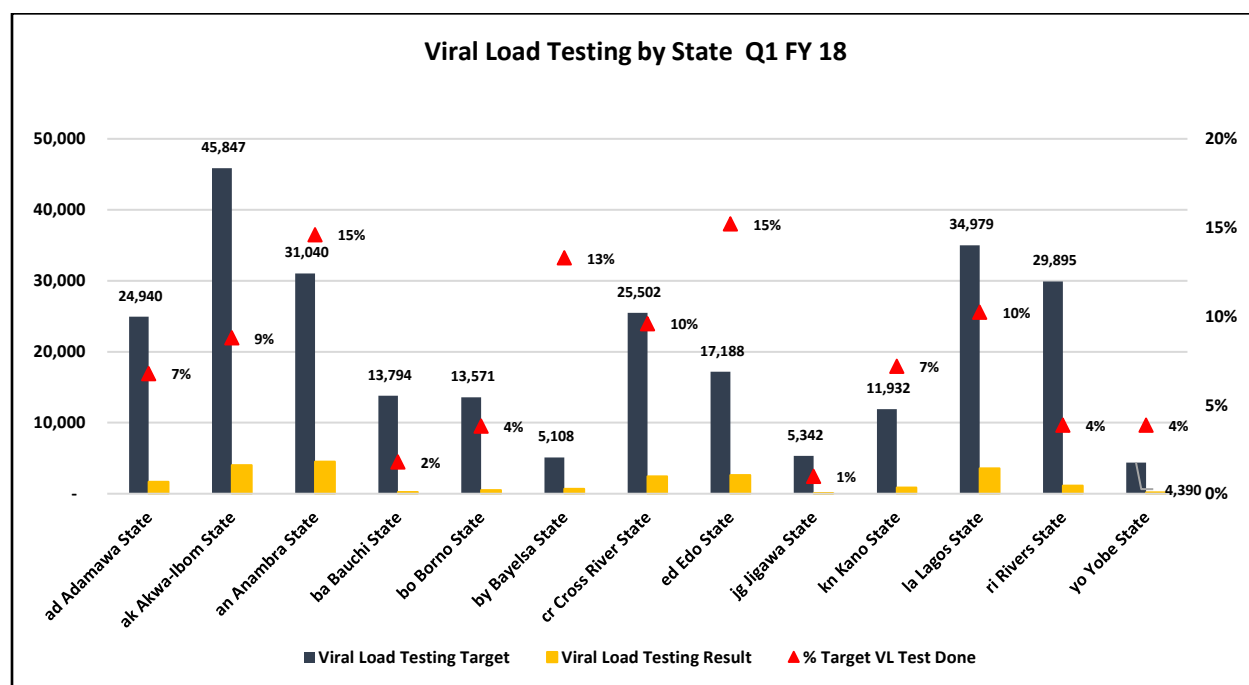


Figure 9: Viral Load Testing by State, Quarter 1 FY18

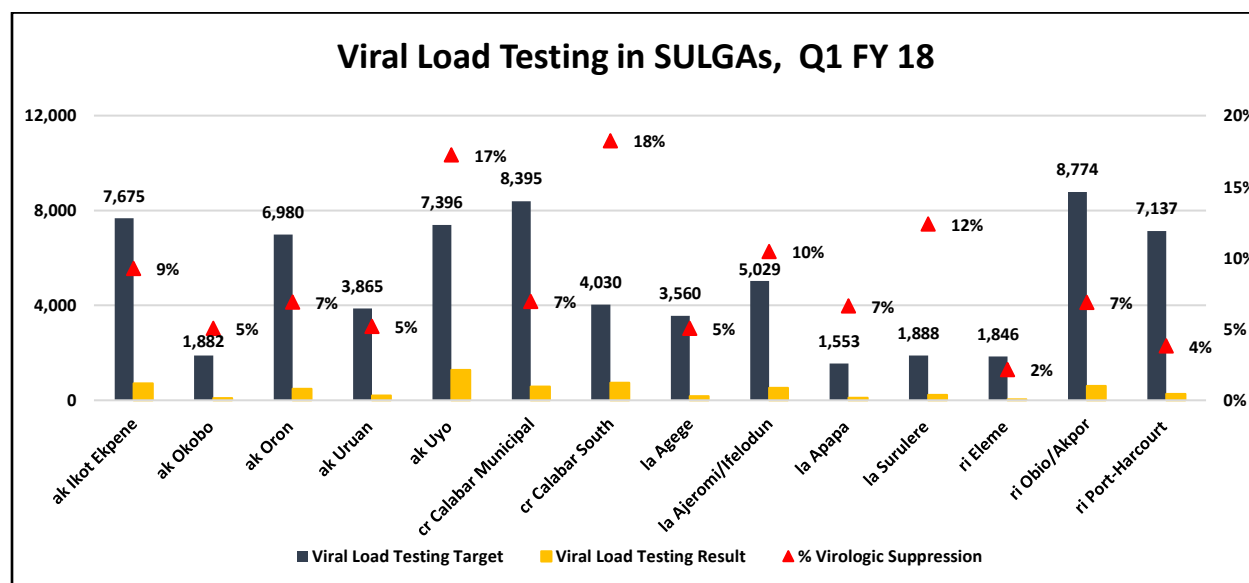


Figure 10: Viral Load Testing in SULGAs, Quarter 1 FY18

Identification and linkage of OVC to ART and viral load services: In Q4 FY17, SIDHAS participated in a meeting of OVC IPs organized by PEPFAR/USAID. The meeting aimed to, among other things, clarify expectations for implementation and reporting in FY18. This included enrolment of children of female sex workers (FSWs) and other key populations as part of the OVC target stream. Thus, this quarter, SIDHAS commenced buy-in engagements with the USAID funded Heartland Alliance International (HAI), responsible for programming with FSWs in the four 4 priority states. This engagement is expected to aid successful enrolment of OVC (0-17 years) from the HAI project into the SIDHAS OVC program. Furthermore, SIDHAS supported with the identification and enrolment of other target streams (HEIs, HIV positive children, children of adult PLHIV, high risk adolescent girls and boys e.g. who are out of school or have been sexually abused etc.) from the facilities and communities in the 14 scale-up and 8 sustained response plus LGAs.

HIV Rapid Testing Quality Improvement Initiative (HIV RTQII) Project: SIDHAS, in collaboration with the State Quality Improvement Initiative Team (SQIIT), visited 333 Testing Points (TPs) enrolled for RTQII project in supported scale-up and the sustained plus LGAs in Akwa Ibom, Cross River, Lagos, and Rivers States to review HIV Daily Worksheet and QC logbook for the month. Analysis of the concurrence of testing results revealed zero percent (0%) discordant rate out of 2,821 HIV positive results retested in October and November 2017. No invalid test was recorded and the agreement rate of $\geq 98\%$ between Test 1 and Test 2 was recorded in 99.6% of the 333 TPs visited. This demonstrated an improvement in the quality of testing at the enrolled TPs. Furthermore, HIV serology Trial 0317 PT scheme using Dried Tube Specimen (DTS) panels was conducted at 656 TPs. Of the total of 626 that met the criteria for evaluation, 87.2% TPs passed the PT using a benchmark score of $\geq 90\%$.

Early Infant Diagnosis (EID)/Viral load services: SIDHAS continued to provide technical support to the nine supported PCR labs for EID and viral load services. All PCR laboratories were functional during the quarter, except BMSH Port Harcourt and UCTH Calabar which experienced service interruption due to power challenges at the facilities. Power challenges were addressed with replacement of UPS and batteries for affected inverters. The laboratories tested 2,772 EID DBS samples and dispatched 2,486 results. Similarly, 46,132 viral load samples were tested and 42,108 results dispatched during the quarter.

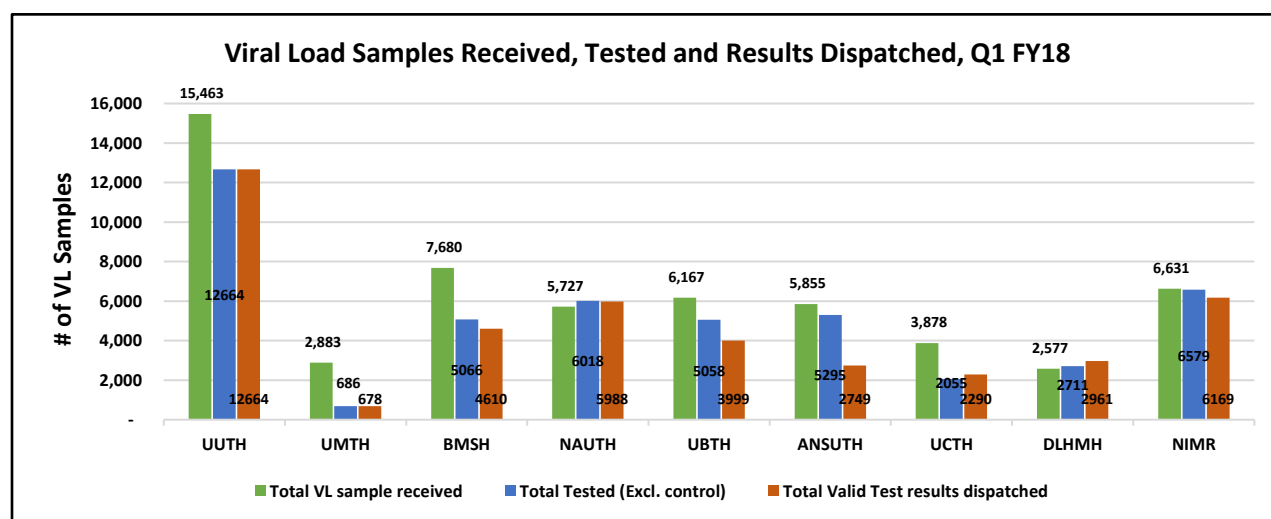


Figure 11: Viral Load Samples Received, Tested and Results Dispatched, Quarter 1 FY18

for dissemination to key stakeholders. The analysis showed a pass rate of 74%, representing an improvement over the FY17 Q4 assessment which had a pass rate of 23% across facilities.

Sustainable Financing Initiative (SFI): This quarter, SIDHAS received approval for expansion of the SFI to Abuja as well as Akwa Ibom and Cross River States, and additional LGAs in Lagos State. The expansion entails implementation of activity 1—private sector strengthening in Lagos State, and Activity 2—leveraging the role of community pharmacists across all new locations. The expansion in FCT and additional LGAs in Lagos State will be done collaboratively with the Centres for Disease Control (CDC).

As part of SIDHAS mandate to ensure access to high quality comprehensive HIV/TB services to clients, SIDHAS commenced a process to conduct Client Satisfaction Surveys (CSS) and Willingness to Pay (WTP) for HIV positive clients across supported facilities. The CSS and WTP protocol will adopt a qualitative and quantitative method using focused group discussions and questionnaires. The goal is to triangulate findings and reach a more robust conclusion concerning status of client satisfaction and their ability to pay for HIV services across the project. The data collection of the CSS and WTP will commence in Q2.

Integration

An important strategy for achieving service integration is the number of sites with HIV services integrated into general hospital service delivery. This quarter, SIDHAS carried out mentoring and validation visits to three best performing states (Adamawa, Cross River and Kano). Engagements were held and conclusions arrived at on maintaining or improving on the level of performance. In addition, LMIS reporting rates were found have improved by 80% in 10 states, following a review of reporting processes and proper coordination. The remaining states will be supported to record improvements.

Proficiency Testing (PT): As part of the requirements of quality management system, the 10 laboratories registered with National Health Laboratories Service (NHLS), South Africa participated in CD4 Trial 47 Survey external quality assessment (EQA) proficiency testing. Furthermore, 87 laboratories participated in the National EQA Laboratory (NEQAL) for the One World Accuracy System (OASYS) PT program (CD4 & HIV serology) Test Event (TE III) with 80% of the sites scoring 100% in the CD4 PT scheme.

Lab accreditation preparedness: SIDHAS continued to provide support for the 10 sites enrolled into the SLMTA national program. Three of the four Labs in cohort 5 (UUTH, BMSH and GH Ajeromi) were visited by SLMTA auditors for the second follow up SLMTA audit from November 27 – December 15, 2017; ANSUTH visit is expected to happen in January 2018. The formal audit report on the assessment is expected from USG/CDC in Q2.

As part of USG coordinated support for the SLMTA rollout, SIDHAS supported 16 GON staff (8 Laboratory and management staff each) from cohort 5 to attend the second SLMTA workshop organized by SLMTA Nigeria team on behalf of USG to enhance their preparedness for WHO AFRO recognition. The workshop was held in Lagos from December 18 – 22, 2017.

Consequently, SIDHAS has six labs with WHO AFRO recognition from Cohorts 1 and 3 while Cohort 5 is expected to complete the SLMTA exit audit by the end of FY18 Q2.

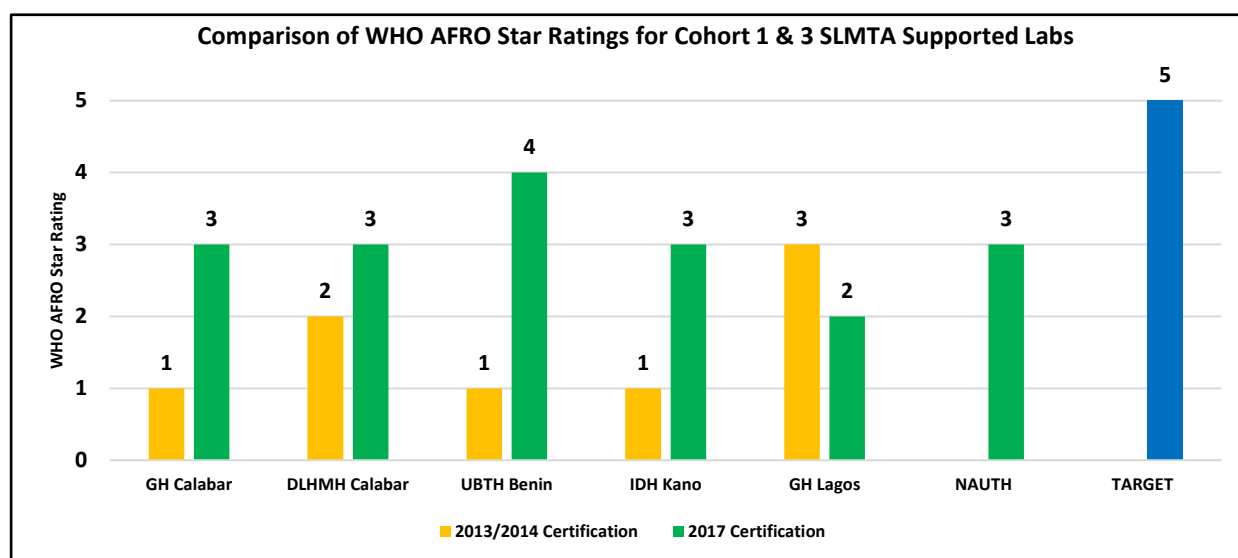


Figure 12: Previous and Current WHO AFRO Start Ratings of Cohort 1 & 3 SIDHAS SLMTA Supported Sites

Improving quality and biosafety programs in PCR and SLMTA Labs: In line with PEPFAR/OGAC shift in attention towards quality of testing and biosafety in the PCR/SLMTA laboratories, a 6-day training was organized from December 4 – 9, 2017 at Transcorp Hotels, Calabar. The aim was to build the capacity of SIDHAS staff on requirements for implementation of QMS and biosafety in molecular diagnostics laboratories towards accreditation process. Eight persons (M=7: F=1) were in attendance. The training was awarded 10 CPD credit units by MLSCN.

TB screening and management of household contacts: SIDHAS sustained efforts to improve TB screening among PLHIV and linkage to laboratory diagnosis and treatment through activities of referral coordinators. This quarter, 60% of clients attending the ART clinics were screened for TB; 63% of all presumptive patients were linked to TB diagnosis. Of these presumptive cases linked to TB diagnosis, 16% were diagnosed with TB disease of which 97% were commenced on anti-TB treatment across all supported states. Comparison with the efforts in quarter 4 of FY17 showed slight reductions in percentage of presumptives sent for diagnosis and those started on TB. The LGAs and facilities contributing to these dips have been identified and remedial actions to optimize linkage to diagnosis and treatment are being taken to address the cause of the dips.

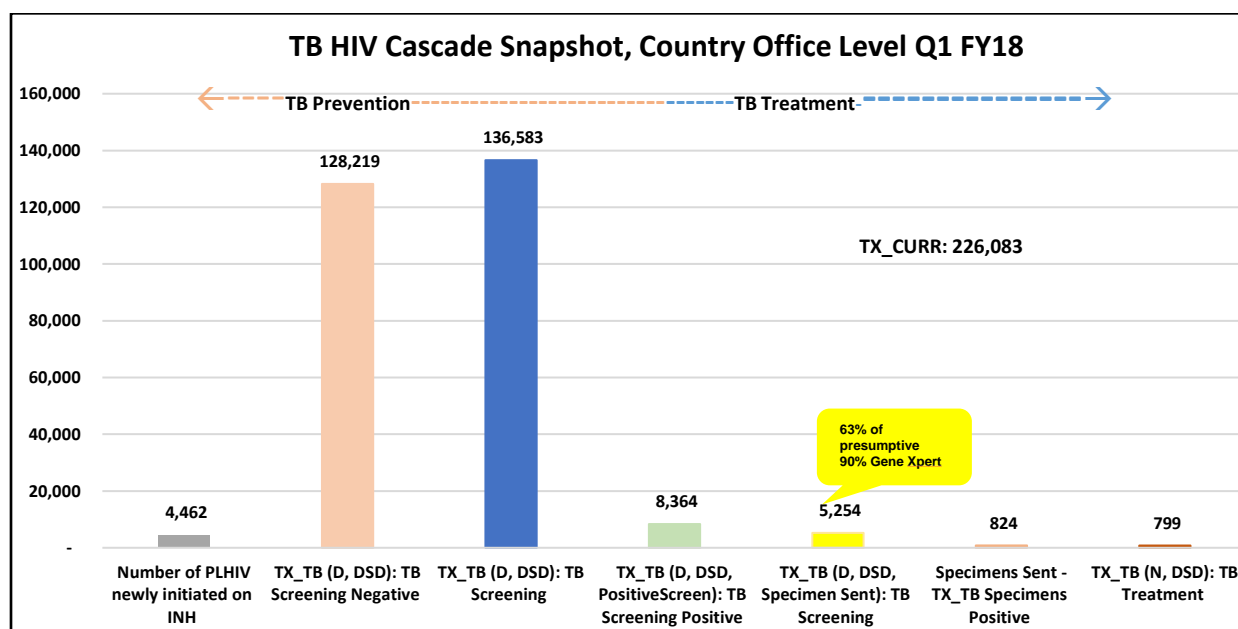


Figure 13: TBHIV Cascade Snapshot, Country Office Level Quarter 1 FY18

During the quarter, 584 household contacts of 535 index TB patients were traced. Of this number, 218 (38%) were identified with presumptive TB and referred for GeneXpert evaluation in the 14 scale-up LGAs.

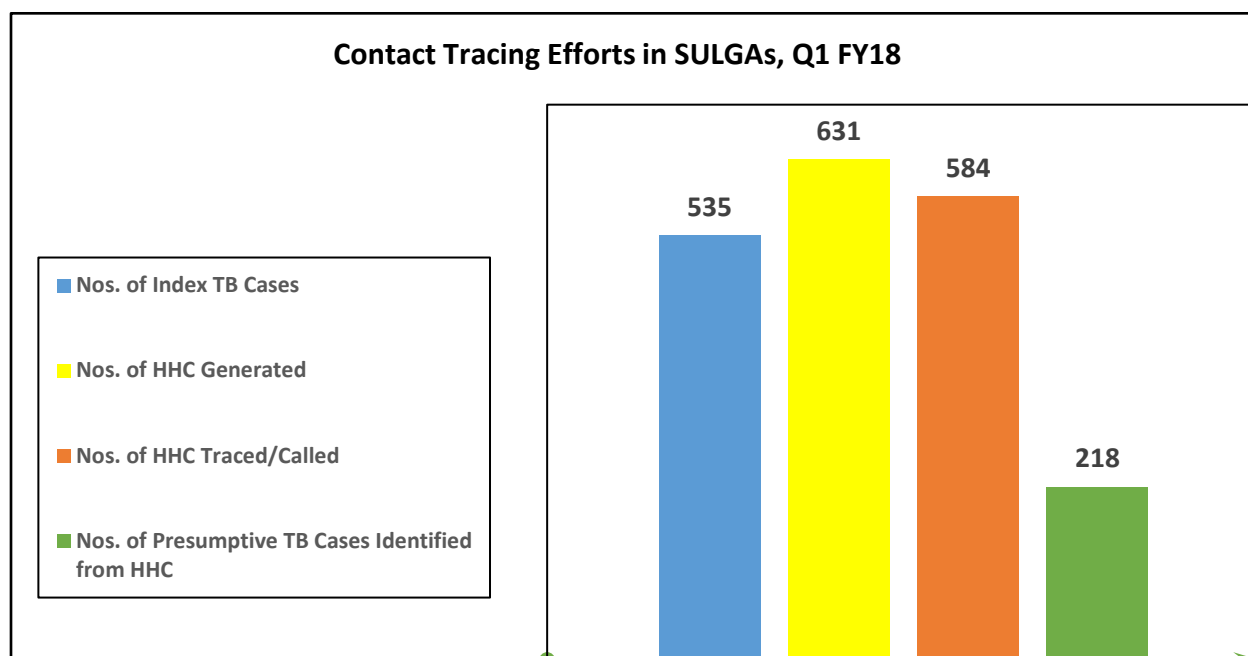


Figure 14: Contact Tracing Efforts in SULGAs, Quarter 1 FY18

Evaluation of the use of GeneXpert as first line diagnostic tool: SIDHAS commenced the process towards evaluating the use of GeneXpert as the first line of TB diagnosis in supported states. This evaluation is part of donor expectations from the project. So far, a study team has been established, a detailed plan outlined, and drafting of the study protocol commenced. The study is expected to be concluded at the end of next quarter.

Isoniazid Preventive Therapy (IPT) implementation: In FY17, SIDHAS observed that despite having 73.4% IPT completion rate across SIDHAS supported sites, linkage of eligible PLHIV screened for TB to IPT was weak. Thus, facility level assessments were conducted this quarter which revealed that stock out of INH, and poor awareness of the usefulness of IPT by patients and clinicians resulting to low prescription, constitute the most prominent reasons for suboptimal linkage to IPT. Remedial actions being taken to mitigate this challenge include collaboration with NTBLCP and Chemonics to address INH stock out, intensive awareness creation on the importance of IPT, and hands on mentorship to improve prescription for eligible clients.

Supervisory and mentorship visits to supported facilities: To ensure improved TB/HIV services, joint supportive supervisory visits were made by SIDHAS and STBLCP to supported facilities in the priority states. Activities carried out aimed at strengthening integrated services of TB/ HIV, and promoting adherence to the TBHIV cascade flow. Documentation tools in DOTS and ART clinics were also assessed and corrections made where necessary. The teams had interactive sessions with medical officers in charge on clinical evaluation, diagnosis and treatment of TB. Service delivery gaps identified were corrected and responsible facility staff mentored on ways to ensure continuous provision of high quality services to patients.

OVC case management: This quarter, SIDHAS provided health, nutrition, education, psychosocial support, protection, shelter and Household Economic Strengthening (HES) interventions to OVC in the 13 supported states. In preparation for graduation, OVC/Households were assessed using the case management graduation checklist to ascertain readiness along the four domains of “Healthy”, “Safe”, “Stable” and “Schooled” and served accordingly. Thus, 8,955 OVC were provided psychosocial support services, 8,224 OVC with nutritional services, and 1,961 OVC with protection services in the reporting quarter. Birth certificates were issued to 70,075 OVC currently enrolled, while 64,949 are being supported in schools.

Child safeguarding in emergencies training for OVC IPs: USAID Nigeria conducted a training on Child Safeguarding in Emergencies for OVC IPs in two batches from October 11 – 13 and 16 – 18, 2017 in Abuja. The training was facilitated by Consultants from Keeping Children Safe (KCS), United Kingdom. It aimed to build the capacities of participants to review and improve on their organizational child safeguarding policies and principles especially in emergency settings. Eight SIDHAS staff and eight supported sub-grantees (CBOs) participated in this training, and will cascade down the knowledge and skills learned to peers and other stakeholders in supported states.

Support for Accelerated FP-HIV Integration Evaluation: The implementation phase of the accelerated FP-HIV integration project concluded at the end of FY 17. However, SIDHAS received USAID approval to conduct an evaluation from October 1, 2017 to March 30, 2018. In line with this, SIDHAS hosted two evaluation planning meetings with CIHP and the USAID PEPFAR/HPN unit to discuss evaluation and documentation of the accelerated FP-HIV integration on October

17, 2017. In addition, SIDHAS applied to the National Health Ethics Research Committee (NHREC) for an extension of the ethical approval granted SIDHAS in 2016. The evaluation plan was drafted and shared with USG Interagency Task Team for Review. The final evaluation plan and budget will be submitted to USAID for approval early in the next quarter.

FP/HIV planning meetings: This quarter, SIDHAS hosted two evaluation planning meetings with CIHP and the USAID PEPFAR/HPN unit to discuss evaluation and documentation of the accelerated FP-HIV integration on October 17, 2017. In addition, SIDHAS applied to the National Health Ethics Research Committee (NHREC) for an extension of the ethical approval granted SIDHAS in 2016. The evaluation plan was drafted and shared with USG Interagency Task Team for Review. The final evaluation plan and budget will be submitted to USAID for approval early in the next quarter.

Gender mainstreaming: SIDHAS continued to support gender sensitive programs across all supported states, facilities and community structures. During the period under review, technical assistance was provided to all the 13 states using data to inform program improvement and strengthen gender related services. Thus, materials such as job-aids, desk references, and clinical pathways were distributed to service and care providers to improve quality of services.

The 16 Days of activism to end Gender-based Violence (GBV) themed '*Together We Can End Gender Based Violence*', was also marked this quarter from November 25 – December 10, 2017. The activity was interactive and provided opportunities for gender based discussions among communities and project staff. The 16 days concluded with a debate intended to aid with improvements in gender programming, and in addressing key barriers to access. SIDHAS also produced a video which was featured online by USAID. Furthermore, SIDHAS supported USAID in the engagement of two post GBV care counselors in celebration of the 16 days of activism and served as panel member for an event held for women in the Ministry of foreign affairs monthly discussion, as part of 16 Days of activism at the US embassy, Abuja.



Group Photograph of Participants at the 16 Days of Activism to End Gender-based Violence

SIDHAS recorded improvements on reported GBV care data this quarter across all gender indicators. This is adduced to state level orientations conducted during the quarter on the new indicators, and commencement of community dialogue sessions for data collation and other related activities for improved reporting. SIDHAS will continue to intensify technical support around documentation, and sustain support to facilities, community based organisations, and other support services to improve outcomes.

Stewardship

Akwa Ibom AIDS Indicator Survey: During the period under review, SIDHAS disseminated findings from the Akwa Ibom AIDS Indicator Survey (AKAIS). The event took place on November 27, 2017 at the Le Meridien Resort in Akwa Ibom State. The meeting was attended by the State



USAID and Stakeholders at the AKAIS Dissemination Event

Governor's representative and other key stakeholders at the federal and state level including USAID, NACA, NASCP, NPHCDA and other implementing partners. Compilation of the technical report, a national level dissemination, and press release from the US Mission were highlighted as key follow up actions. The AKAIS findings were also disseminated and shared with members of the Expanded Theme Working Group (ETG) on December 14, 2017. A meeting to review and validate survey data preceded the dissemination from November 23 – 24, 2017.

Following the meeting, an Interagency visit was conducted by USAID, led by the Deputy Office



UUTH Lab Staff Demonstrating Confirmation of HIV

Director, Office of HIV/AIDS & TB, Kelly Badiane, to the UUTH on November 28, 2017. The aim was to understand AKAIS laboratory related testing conducted at UUTH and confirm sample storage integrity at the facility. The Acting CMD UUTH, Dr. Isaac Udo, appreciated USAID for giving hope to PLHIV through funding and personnel training. He also appreciated SIDHAS for their tireless efforts in sustaining the HIV

program in the facility. The facility was commended by USAID for the retention of 3,700 PLHIV on treatment.

National TB prevalence survey: SIDHAS contributed to the national level survey on the prevalence of TB amongst PLHIV, as a member of the research technical working group (TWG), during the quarter. The survey was led by the GoN through the National AIDS and Sexually Transmitted Control Programme (NASCP). Data collection was completed in November 2017, while analysis was done in December 2017. Findings from the survey are expected to be disseminated at national level in Q2 by the GON.

Support to the GON: SIDHAS supported development of the new pediatric anti-TB formulation guidelines, training manual, and job aids intended for use by facilities to enhance TB management among the pediatric age group. Technical support was also provided at national and state level for improved childhood TB case detection in Nigeria through the development, procurement and distribution of pediatric TB IEC materials to supported states; this included commencement of orientation of state stakeholders on use of the new pediatric formulation.

This quarter, SIDHAS supported a two-day national training for administrators of the OVC Management Information System (NOMIS) Administrators. The training which held from November 14 – 16, 2017, aimed to build the capacity of ICT officers and OVC data managers in using and administering NOMIS for improved reporting. Participants were trained on the core of NOMIS ICT skills for back-end management and troubleshooting, as well other technicalities of the NOMIS database.

Other critical meetings attended by SIDHAS were as follows:

- SIDHAS participated in the National AIDS Indicator and Impact Survey (NAIIS) technical committee meeting on December 20, 2017. The meeting reviewed the proposed organogram and budget for the survey, as well as an innovative solution proposed for the NAIIS. The FIO Corporation presented an innovative solution, Deki reader, for conducting WHO approved rapid diagnostic tests including HIV. The equipment allows basic health care workers to carry out rapid diagnostic tests with 99.8% accuracy compared to professional lab personnel. The testing result may then be transmitted to any health information system. The technical committee is to consider deployment of the system for the NAIIS depending on cost implications.
- In preparation for the Lagos AIDS Indicator Survey (LAGAIS) field implementation, a survey technical committee meeting held on December 18, 2017. FHI 360 was tasked with developing a laboratory quality assurance plan. The next meeting is tentatively scheduled for January 2018.
- A one-day meeting convened by NASCP towards developing a plan to generate 2018 spectrum estimates for Nigeria held on December 19, 2017 at NASCP office. Other participants included implementing partners, UN agencies and donors. A workplan for the activity was developed, and the next meeting scheduled for January 2018.
- Two one-day technical team meetings to review the HIV/AIDS module on the NHMIS DHIS2 held on December 15 and 18, 2017 at the Federal Ministry of Health and University of Maryland Offices respectively in Abuja. The objective was to review and assess the HIV/AIDS

module on the NHIMS DHIS2 before it goes live on the national instance. The technical team is expected to further meet to review the forms and improve set up.

- A three-day training of trainers' workshop on the new OVC custom indicator for NOMIS held from December 18 – 20, 2017 at Dover Hotel, Ikeja, Lagos state, and was organized by the Measure Evaluation Project. The training objectives were the review of the OVC custom indicator reference sheet and an improvement of participants' knowledge of the OVC custom indicators.
- SIDHAS staff and a GoN Engineer from Akwa-Ibom state participated in a 3-day practical training organized by Sysmex Int. on maintenance of the Cyflow instruments. The training held at IHVN Training Lab, Asokoro District Hospital, from December 5 – 7, 2017. It is expected that the trained GON engineer will apply knowledge gained to maintain equipment in the state beyond the project duration as part of sustainability drive.
- The Akwa Ibom State MNCH CTC convened its quarterly review meeting on December 15, 2017 at the Akwa Ibom State Ministry of Health (SMoH) Conference Room. The aim was to begin planning for the MNCH week scheduled to take place in the state in January 2018. Partners in attendance were required to make commitments for support during the week. SIDHAS teams in the scale-up LGAs were mandated to provide support for HIV counselling and testing as well as referrals for FP where possible. The meeting also provided an opportunity to review MNCH activities carried out in the state.
- During the quarter, SIDHAS also actively engaged the Management of University of Calabar Teaching (UCTH) from October 27 to 30, 2017. This was necessary to resolve conflicts between the FP clinic in Obstetrics and Gynecology (O&G) Department and the new clinics established by SIDHAS. Following the activation of the clinics at the ART and Child Follow-up Clinic, SIDHAS established a direct link between the clinics and the RH Coordinator at the SMoH. This linkage was to ensure commodity security and continued mentoring support from the state. SIDHAS also provided consumables to the new clinic. Following SIDHAS engagement, UCTH Hospital Management halted the decision to close the clinics. Additional deliberations and a final decision is expected in the upcoming quarter.

State Level Progress

This section of the report is presented in three categories—priority states and sustained response states.

Highlights from Priority States

Access

Community outreaches for epidemic control: During this quarter, the drive towards achieving epidemic control continued in scale-up LGAs across Akwa Ibom, Cross River, Lagos and Rivers. Activities such as community sensitization, community stakeholder engagements, outreaches in hard to reach locations, and across entire communities in scale up LGAs were conducted to provide HTS in line with the 1st 90. Consequently, 41,626 were reached with HTS in the community across the 14 scale-up LGAs in Akwa Ibom, Cross River, Lagos and Rivers states.

Viral load services and early infant diagnosis (EID) service optimization: To improve the quality of care for clients on ART and HIV exposed infants, viral load and Dried Blood Samples (DBS) was sustained during the quarter. In Akwa Ibom, 12,664 viral load samples were analyzed with 9,000 virally suppressed, representing a 71% suppression rate. In Cross River, 5,553 viral load sample results were dispatched to supported facilities. This is an increase from the last quarter performance of 5,046. A total of 3,781 samples were collected while 3,640 results were received in Lagos; 3,068 of the total results had suppressed viral load which represents a suppression rate of 84.3%. Similarly, in Rivers, 6,609 viral load samples were assayed while 4,312 samples (65.2%) showed viral load suppression. All clients with non-suppressed viral load across the states are either being tracked or have been placed on enhanced adherence counseling.

As part of EID service optimization, 220 DBS for EID were analyzed with results sent to the respective facilities in Cross River. Similarly, in Lagos, through screening of DBS for EID, 300 DBS samples were sent to laboratories while 351 results were received. Out of the results received in Cross River, six positive infants were identified with Lagos also having 12 positive cases. In both states, all the identified infants have been linked to care.

Adolescent OVC interventions: There are currently 314 ALHIV (15-19 years) in 19 Support Groups in the scale-up LGAs being supported by SIDHAS across the four priority states. The ALHIV were provided with HIV prevention, care and treatment information, ART adherence and viral load testing services. Services including sexual and reproductive health, STI management, life building skills, alcohol and substance abuse information, post GBV-care, HIV self-care management etc. were also provided to the ALHIV this quarter as an attempt to improve ART adherence, retention in care and viral load suppression.

Massey Street Children's Hospital, Lagos re-inaugurated its Adolescent Support Group and established a Wednesday Clinic for Adolescents this quarter. Games, toys, activity books including encyclopedias and dictionaries, were procured and supplied to some of the established Support Groups/Adolescent Centers to provide entertainment and learning resources for the younger children and adolescents living with HIV. Challenges identified included non-disclosure of status to some ALHIV by their caregivers hence making it difficult to discuss certain issues. In addition, weekdays are not convenient for all the ALHIV to attend clinics and support group

activities, as many of them are usually in school at those times. These challenges will be discussed with relevant stakeholders for a solution.

Integration

Orphans and Vulnerable Children (OVC) care and support: SIDHAS continued to provide OVC services in the four priority states this quarter. An array of services was provided to OVC as follows: Akwa Ibom – 7,044 (M:3535, F:3509), Cross River – 349 (M:181, F:168), Lagos – 1,360 (M:600, F:760) and Rivers – 7,264 (M:8445, F:8819). The services included HTS, nutritional assessment, psychosocial support, health education, legal support, school monitoring, and other related services. The Cross River team, through school monitoring visits, ascertained the academic performance of 222 (M49: F173) OVC. In addition, the state provided startup materials to 3,132 vulnerable children (1,636M: 1,496F) who were graduated from 2,727 households under HES support. The materials included tiling equipment, sewing machines, baking equipment, materials for soap making and vocational training. Lagos state supported its CBOs to facilitate meetings of 25 support groups (18 adult and 7 adolescent support groups) in efforts to improve adherence, and address issues that might have arisen from service provision. The meetings were held in 16 locations with 436 persons (M:103, F:333) in attendance.

TB/HIV Integration: The Lagos team continued service integration with TB/HIV clinical screening for all clients at health facilities within the quarter. Thus, 1,128 clients were screened for TB while 131 clients newly co-infected with HIV were identified during the quarter. In Cross River, eligible clients received quality IPT services, while onsite multidisciplinary mentoring on IPT eligibility screening, IPT initiation and refilling, counselling, documentation and inventory management continued at supported facilities. This led to 284 (M:162, F:122) eligible clients being initiated on IPT across supported sites in the state.

Community Pharmacists ARV Refill Program (CPARP) and pharmacovigilance: CPARP implementation and multi-month scripting of ARV continued in Akwa Ibom and Cross River States during the quarter. Thus, 199 clients were devolved to 29 community pharmacies in Akwa Ibom to access drug refills. In Cross River, 321 (M:105, F:216) clients were devolved from five comprehensive sites (Holy Family Catholic Hospital (HFCH) Ikom, GH Ogoja, GH Calabar, University of Calabar Teaching Hospital (UCTH) Calabar and Dr. Lawrence Henshaw Memorial Hospital (DLHMH) Calabar) to access ARV refills at community pharmacies. This brings the total number of clients devolved in the state to 1,143 (378M, 765F).

Cross River team invested efforts at improving health outcomes through drug and therapeutic committee (DTC) and pharmacovigilance meetings. Issues discussed included retention, pharmacovigilance, adverse drug reaction management, medication adherence, viral load optimization, and drug therapy problems. Institutionalization of DTC is expected to facilitate quick decision towards enhanced quality ART services at supported sites with a view to improving the health outcome of clients in care. As a result, 739 (213M: 525F) clients with unsuppressed viral load were placed on Enhanced Adherence Counselling (EAC) and 57 (17M: 40F) clients whose repeat viral load tests remained unsuppressed after EAC were switched to 2nd line antiretroviral drugs. Additionally, 196 (61M:135F) eligible clients commenced multi-month scripting and dispensing this quarter at HFCH Ikom, GH Ogoja and GH Calabar.

Differentiated model of care: As part of continuing efforts to improve client retention in care towards more positive and beneficial health outcomes, SIDHAS rolled out the case management approach this quarter across the four priority states. Following their identification, the case managers were trained and deployed across the four states. The number of case managers engaged are as follows: Akwa Ibom – 230 (M:69, F:161), Cross River – 234(M:84, F:150), Lagos – 322 (M:131, F:191), and Rivers – 379 (M:136, F: 243). In Cross River and Lagos respectively, the case managers successfully tracked and returned 234 (M:12, F:113) and 914 (M:283, F:631) clients previously lost to follow-up into care.



Case Management Orientation for volunteers in Lagos

Sustainable Financing Initiative (SFI): In line with generating domestic resources through private sector participation and reducing client burden in high volume health facilities, Lagos team activated 20 new sites comprising 18 community pharmacies and two health facilities during the quarter. To this end, 1,068 clients were devolved to SFI supported sites in Lagos. In the same vein, Rivers state devolved 358 stable clients from comprehensive health facilities to supported community pharmacies. Training was also conducted to build the capacity of personnel from Intercontinental Diagnostics Laboratory in Port Harcourt, Rivers State, on viral load sample management, good clinical laboratory practice, and biosafety to ensure adequate utilization of the Abbott PCR machine provided to the laboratory. Twenty-five persons (M:11, F:14) benefited from the training.

In Rivers State, a baseline assessment and mapping of 31 new community pharmacies was conducted in Omoku, Elele, Iguruta and Port Harcourt town, to identify new community pharmacies that are eligible to provide ARV refills in their premises. Twenty-five of the assessed pharmacies were selected, and their pharmacists trained on pharmaceutical care, supply chain management, and M&E. The team also conducted facility orientation for the newly engaged CPs at UPTH, BMSH and MPHC Churchill, to acquaint them with the client devolvement model. Premises of 10 additional community pharmacies have been activated to provide ARV refill services in the state.

This quarter, SIDHAS expanded SFI implementation to two additional states—Akwa Ibom and Cross River States. As part of startup activities, capacity building initiatives were conducted across supported sites to strengthen the capacity of service providers. In Akwa Ibom State, 26 community pharmacists (M= 13, F=13) were trained on pharmaceutical care in HIV service delivery, service documentation and HIV commodities’ logistics. Thirteen selected facilities and 29 community pharmacies spread across 9 LGAs (4 scale-up LGAs, 2 sustained response plus LGAs, and 3 sustained response LGAs) in Akwa Ibom were brought into SFI Activity-2. A total of 393 clients from high burden facilities were successfully devolved to the 29 supported community pharmacies in the state.

Stewardship

USAID Mission Director Visit to Rivers:

During the quarter, the USAID Mission Director, Stephen Haykin, accompanied by the Senior Capacity Building Specialist, Dr. Abimbola Kola-Jebutu, paid a visit to the Executive Governor of Rivers State, Nyesom Wike. They also visited select SIDHAS (BMSH and UPTH) and SFI supported sites. The visit enabled the team to assess the impact of USAID funding and interact with key stakeholders in the state.



Dr. Ikechukwu Odo, MD Meridian Hosp. Rivers Receiving the USAID Mission Director and His Team

Commemoration of International Days: The

Akwa Ibom, Cross River and Rivers state teams collaborated with their respective government stakeholders and other implementing partners to mark the 2017 World AIDS Day (WAD) themed 'My Health, My Right'. Activities to commemorate the event included health walks in Akwa Ibom



Road walk during 16 days of Activism in Cross River State

and Cross River. The CrossRiver team also provided HTS to 892 persons (561M:331F) among the general population. Thirty-one persons (M:22, F:9) who tested positive were linked to supported facilities for care and support. In Rivers, the state government presented a "Health Development Award" to USAID in recognition of US Government's contribution to health in the state. The award was received by the SIDHAS Rivers state team on behalf of USAID during the WAD

commemoration ceremony. Similarly, the Cross River team collaborated with the state government and other organizations to commemorate the 16 Days of Activism Against Gender Based Violence (GBV). The event was marked with walks, school visits, and community awareness and sensitization.

Challenges

- Limited supportive visits to remote sites due to security challenges in Rivers State
- Declining infrastructures (including health waste management) in Akwa Ibom State
- Intermittent industrial action by Joint Health Sector Union (JOHESU) in Rivers State negatively affected service delivery
- The ongoing industrial strike by Health workers at NIMR disrupted service delivery during the quarter. However, the SIDHAS State team is working with NIMR management to ensure provision of essential services
- Stock out of commodities (DBS kits, nevirapine, Abbott reagent, co-trimoxazole)

Highlights from Sustained Response States

Access

Differentiated care: The Community ARV Refill Clubs (CARC) model, which commenced last quarter, was sustained with the completion of trainings, setting up of clubs and commencement of ART refill. Technical and mentoring support visits were also carried out to SIDHAS supported states during the quarter. This is in a bid to improve efficiency and retention rates across supported sites using the differentiated models of care. In Bayelsa State, Community ART refill was carried out by staff of GH Brass to Akassa community across the Atlantic Ocean, making it the third refill services provided in this community. This intervention contributed in preventing 24 clients in the hard to reach communities from being lost-to-follow up.

This quarter, Community Pharmacy ARV Refill Program (CPARP) was expanded to sustained response states within the quarter. CPARP is one of SIDHAS' model of differentiated care where stable clients eligible for ARV refill, and willing to pay a service charge, receive their ARV refills in community pharmacies and return semiannually to the hospitals for clinical and laboratory reassessment.

In Bayelsa, five community pharmacies (Mangrove pharmacy, De-Brass pharmacy, Junix pharmacy, Mond-Chibest pharmacy and Edyee pharmacy) were activated for Community Pharmacy ART Refill Program (CPARP). The community pharmacists were provided with practical skills on pharmaceutical care to PLHIV. Thirty-eight (16M, 22F) stable and willing clients were devolved from FMC Yenagoa and 26 (10M, 16F) from NDUTH Okolobiri to community pharmacies in Bayelsa State.

In Bauchi State, four community pharmacies were selected for ARV refill, with 16 clients devolved. The Pharmacy Directorate assigned the Deputy Director of Pharmacy services to support CPARP implementation through monitoring and supportive supervision as commitment and support to the CPARP. This is expected to have a positive impact on the quality of services accessed by the clients at the CP refill sites as well as ensure cordial relationship between CPs and facility staff.

A five-day training was conducted onsite in Edo State for 9 (M 3, F 6) CPs at Faith Mediplex Hospital (FMH), Benin, Stella Obasanjo Hospital (SOH), Benin and Central Hospital (CH), Auchi, on operationalization of the CPAPR. The CPs received orientation from various thematic units with hands-on coaching on adherence counseling and ARV dispensing. Furthermore, 24 (M 3, F 21) other CPs were given a one-day orientation on stigma, discrimination, confidentiality and basic facts about HIV/AIDS. During the orientation, 24 clients who were willing to be devolved were identified.

Case management approach: This quarter, case managers were successfully deployed to the facilities following their successful engagement and orientation. Due to their intensified client tracking efforts, 3,259 defaulting clients were successfully returned to care and treatment across Bauchi, Anambra, Borno, Bayelsa, Kano, and Yobe states. In Edo State, SIDHAS commenced client categorization into groups of stable and unstable clients and distributed them among the case managers for effective monitoring and follow up. The case managers are expected to follow

up clients who are due for viral load testing, ensure proper documentation of load results, report clients with load above 1000ml/copies during the DTC meetings, and support enhanced adherence counselling (EAC).

EID services: During the quarter, support for EID services continued with focus on quality and communication of results. In Anambra State, 707 EID samples were analyzed and results received in user facilities. Bauchi state dispatched 73 Dried Blood Samples (DBS) to the PCR laboratory at Federal University Teaching Hospital (FUTH) Gombe; 38 results were received with 3 positives identified. Jigawa state collected 81 samples for analysis at the Aminu Kano teaching hospital PCR lab, out of which 76 results were negative with 5 positives. Identified positive babies have been placed on treatment in both states.

The Edo State team facilitated the redistribution of viral load reagents from BMSH Port Harcourt and UCH Calabar to the PCR lab at University of Benin Teaching Hospital (UBTH) to prevent service interruption. UBTH PCR Lab was also supplied 99 viral load and 9 EID kits and other consumables GHSC- PSM, while SIDHAS facilitated the reverse logistics for a faulty batch of PCR reagents and resupply of new ones by GHSC-PSM. Reagent consumption at the UBTH PCR laboratory was closely monitored with weekly feedback provided to CO for efficient logistics decisions and to prevent stock out.

Support of treatment services in IDP Camps: SIDHAS continued to provide support to the 14 government-recognized IDP camps in Maiduguri. In addition to HTS, care and treatment to PLHIV as well as linkages to supported facilities, pharmacy services were provided this quarter. A total of 558 clients were provided ART refill and 36 new clients enrolled on ART. Active pharmacovigilance screening resulted in the identification of 24 adverse drug reactions.

Pharmacovigilance: This quarter, the Edo State team switched 35 clients from first to second line drugs following review and intervention by the drugs and therapeutic committee. In addition, 44 ADR safety reports were generated across facilities to the state NAFDAC office. Most ADR complaints were associated with the brand of Combipack (AZT/3TC/NVP 300/150/200mg in circulation. Clients' complaints were related to reaction to the blue colored brand, which some clients refused to accept at supported pharmacies.

Basic care and support: During the quarter, mentorship to supported health facilities in the sustained response states continued. The aim was to facilitate provision of a comprehensive package of care and support interventions within the continuum of care is to PLHIV. In Adamawa state, 10 OVC caregivers were provided with startup materials as part of household economic strengthening (HES) support. The state also, provided targeted care and support services to 617 households with 1,106 OVC; 317 HIV positive OVC identified were linked to facilities and currently receiving ARV.



Startup Materials Presented to OVC Caregivers in Adamawa

In addition, 200 kids received psychosocial support and gender based violence lessons. Six caregivers' forum/village savings and loan association had HES materials distributed to them within the quarter in support of their household income in Adamawa. Yobe state office supported GESDI, a SIDHAS supported CBO, to train 120 OVC households on Village Savings and Loans Associations (VSLA). This was followed by mentoring of households to form loans and saving clubs or associations. In Anambra, 594 households and 2,675 OVC benefitted from kids' club psychosocial support, referrals for healthcare services, nutritional assessment, treatment of minor ailments, and PHDP services. In Kano state, 194 households were graduated from the OVC program, while 170 households consisting of 390 OVC were provided with HES.

Integration

Lab quality audit: Bauchi State conducted a lab quality audit this quarter at GH Toro, IDH Bayara, Urban maternity, and GH Dass. The audit revealed the following scores compared to FY17 Q4: ATBUTH – 97% against 92%; GH Toro – 86.5% against 87.5%; IDH Bayara – 94.5% against 92.5%; and Urban maternity – 94% against 84.5%.

Viral load services: As part of improvement strategies for the monitoring and management of clients on treatment, access to viral load tests continued within the quarter. Bayelsa State facilitated transfer of 704 viral load samples for analysis at the PCR Laboratory in Braithwaite Memorial Specialist Hospital (BSMH); 918 viral load results (including for samples from FY17 Q4) were received with a 73% (670 samples) suppression rate recorded from results obtained. Similarly, Jigawa State facilitated the transfer of 349 viral load samples for analysis of which 73% (255 samples) were virally suppressed. In Adamawa State, 88% suppression rate was recorded for clients who provided samples for viral load test.

SIMS assessments: 13 supported facilities in Bauchi and Borno States were assessed by DEVTECH during the quarter as part of ongoing efforts to improve quality of services provided to HIV positive clients. In Bauchi, an average of 86% across eight supported facilities was achieved; while in Borno, an average of 81% was achieved across five supported facilities (an improvement from 68% recorded in the previous assessment). Improvements as shown by the results is because of concerted and continuous engagements with healthcare workers and management of the supported facilities to ensure continuous quality improvement.

DEVTECH also conducted SIMS assessment in eight health facilities and one CBO in Kano State. All the facilities assessed showed improvement compared with the previous exercise conducted in Q2 and Q3 2017: with GH Kura – 41% to 100%; GH Dawakin Kudu – 53% to 99%; GH Rano – 65% to 97%; GH Dambatta – 51% to 97%; Khadija Memorial Hospital – 63% to 97%; International Clinic – 40% to 97%; GH Rijiyar Lemo – 57% to 93%; and GH Sumaila – 83% to 92%.

The Edo State team also collaborated with the State Ministry of Health to conduct SIMS/CQI assessments for all supported facilities within the state. These included 14 ART sites, 13 PMTCT sites, and the State AIDS and STI Control Program (SASCP). Performance improvement plans drawn in collaboration with the facility staff for identified gaps. The assessment reports and performance improvement plans have been submitted to the ODK database. Implementation of

the developed performance improvement plans commenced immediately and are being closely monitored.

Stewardship

As a demonstration of stakeholders' commitment and readiness to support HIV/AIDS mitigation activities, the state governments of all sustained response states, through the State Agencies for the Control of AIDS (SACA), funded activities of the 2017 World AIDS day. The year's theme was "Right to Health, making it Happen". Activities conducted included road walks, symposia, and lectures in selected institutions of higher learning and other public places.

In Adamawa State, FHI360 presented an update on the performance of SIDHAS implementation and gaps that needed to be filled by the state government at the symposium held within ADSACA premises. USAID was commended during the state level press briefings by stakeholders for its investments and efforts being made through the SIDHAS project as the major partner in the fight against HIV/AIDS.



Yobe State HCH Delivering a Speech at the 2017 World AIDS Day Commemoration

Challenges

- Stock out of adult and children Cotrimoxazole 120mg, Nevirapine, DBS test collection bundles, Stat-Pak and Cyflow CD4 reagent due to insufficient supply this quarter
- Human resource constraints at the UMTH PCR in the North East has continued to result in backlog of samples. SIDHAS staff have continued to support services as a stop gap measure

Overarching Challenges

- Nationwide stock out of DBS kits hampered EID activities. This is being addressed with likely supply to happen in January 2018. SIDHAS is also engaging with GHSC for priority to be given to priority and Anambra states
- Perennial shortage of INH 300mg constituted a major challenge to optimal IPT implementation. SIDHAS has engaged Chemonics, NTBLCP and USAID in efforts to resolve the issue. Supply is expected to be made to facilities in January 2018
- Some supported ART facilities across lack DOTS and AFB services thus impeding progress towards improving TB case detection. GLRA, a SIDHAS consortium partner, provided NTBLCP with a list of the ART facilities lacking these TB services during the quarter. The expectation is that these will be included in GON DOTS expansion plans for 2018

Highlights of Plans for the Next Quarter

SIDHAS will focus on the following areas next quarter:

- Follow up on remedial actions from the joint supervisory and PTQA visits
- Strengthening EMR functionality across all SIDHAS supported sites
- Continuous quality mentoring and monitoring of IAs to ensure provision of high quality services
- Support HIV Testing Quality Improvement Initiative (HIV RTQII) in 14 priority LGAs
- Support selected sites for National/International accreditation (MLSCN)
- Support DBS Viral load sample management and Evaluation at selected PCR labs
- Conduct DQA by FHI 360 regional office

Success Story

A HIV Treatment Center Overcomes Stigma in a Community in Akwa Ibom

The people of Nto Edimo community in Ikot Ekpene Local Government Area (LGA) of Akwa Ibom State have lived in fear of HIV for a very long time. Being diagnosed HIV positive was considered by many residents to be a death sentence and typically elicits shock and denial from residents who learn they are HIV positive. When the word HIV is mentioned, the usual retort is “this can never be my portion!”

It was this attitude to the disease that Elisha Nkorok was confronted with when he began providing HIV counselling and treatment support as a staff of the Comprehensive Health Centre (CHC), Nto Edimo, a health facility supported by the U.S Agency for International Development (USAID)-funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project. Elisha was among several health care workers in the facility trained by the project in 2013 to provide HIV counselling services and who receives ongoing mentoring and supportive supervision from the SIDHAS team in Akwa Ibom State. On a recent visit to Nto Edimo in November 2017, the SIDHAS team met with Elisha to learn more about his experiences providing HIV services in this community.

“In the past, patients used to think all hope is lost when diagnosed HIV positive,” he said. “The training we received has helped us to manage such thinking and convince people that an HIV diagnosis is not a death sentence as long as they adhere to taking their antiretroviral drugs (ARVs).”

Elisha recalls a time when a client who was very sick and emaciated came to the clinic for treatment. He counseled the client and offered an HIV test. The client’s family rejected the test and took her home. On a follow-up visit to the home, to provide further counselling and encourage the family to let her have an HIV test, he met the family praying to God to take her life. “They believed she had been bewitched and nothing could be done to save her life,” said Elisha. “That was when I had to step in.”

He explained that with her consent, he brought her to the clinic and tested her for HIV. She tested positive and after thorough post-test counseling and support, she was immediately placed on treatment with ARVs. Within a short time, she began responding well to the treatment and regained her health. That successful outcome, and several similar incidences, was key to reducing the stigma associated with HIV in the community. It marked a turning point in the relationship between the community and the clinic.



Mr. Elisha (left) HIV Counselor and Tester, and the Pharmacy Focal Person Mr. Aniekan Etim Edet, CHC Nto

“Now when people respond negatively to HIV diagnosis, we point them to the stories of clients who are now healthy after taking ARVs,” said Aniekan Etim Edet, the pharmacy focal person at the clinic.

The success story from the HIV clinic has provided hope to not only those with HIV, but also others battling other ailments like malaria, who have become convinced that with proper care and treatment, they can overcome their ailments. “The success we see in managing HIV positive clients has made the hospital to bloom,” said Aniekan. “In the past, the patronage was low, but now, people from all over the community come to us to seek treatment for various ailments”.

The SIDHAS project, with funding from the President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID, supports several facilities like CHC Nto Edimo, in Akwa Ibom State, to provide life-saving antiretroviral treatment (ART) to people living with HIV. Healthcare workers in these facilities receive training, continuous onsite mentoring and support, and other technical assistance required to address stigma, provide high quality HIV testing services, and retain people on treatment. CHC Nto Edimo currently has 221 clients receiving ARV.

Mr. Elisha was full of gratitude for the support received from the SIDHAS project. In his words, “we in this community and especially this clinic, can only say thank you to USAID for bringing much hope to our community, who in the past have always lived in fear of HIV.”

Appendices

SIDHAS M&E Datasheet for USAID Quarterly Report: October – December 2017

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

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
HTC_TST Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	DHIS (routine service data)	FY17	1,718,736	1,966,304 ¹	319,546 (M=150,607; F=168,939)	319,546 (M=150,607; F=168,939)	16%	
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)	FY17	NA	NA	0	0	NA	

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.

Indicator	Data Source	Baseline data		FY 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
Number of MARPs counselled, tested and received their test result	DHIS (routine service data)	FY17	0	NA	NA	0	NA	
Percent of newly identified HIV positive individuals who are enrolled into care and treatment during the reporting period	DHIS (routine service data)	FY17	85%	90% ²	80%	80%	80%	
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)	FY17	398,156	708,048 ¹	86,206	86,206	12%	
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)	FY17	98%	100% ¹	94%	94%	94%	
PMTCT_ARV Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission during pregnancy	DHIS (routine service data)	FY17	10,440	20,852 ¹	2,037	2,037	12%	
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)	FY17	99%	95% ¹	97%	97%	97%	
Number of HIV exposed infants provided with ARV prophylaxis	DHIS (routine service data)	FY17	7,939	15,333 ²	1,986	1,986	13%	
PMTCT_EID Number of infants tested for Early Infant Diagnosis (EID)	DHIS (routine service data)	FY17	10,009	20,895 ¹	1,872	1,872	9%	

PMTCT_EID Percentage of infants born to HIV-positive women who had a virologic test done test within 12 months of birth. ³	DHIS (routine service data)	FY17	95%	95% ¹	84%	84%	84%	
PMTCT_CTX Number of infants born to HIV-positive women who were started on CTX prophylaxis within two months of birth at USG supported sites within the reporting period	DHIS (routine service data)	FY17	5,297	15,333 ²	1,861	1,861	12%	
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)	FY17	51%	80% ²	89%	89%	89%	
PMTCT_FO Number of HIV-exposed infants with a documented outcome by 18 months of age (collection of 18 month outcomes is recommended at 24 months of age) ³	DHIS (routine service data)	FY17	100%	100 ²	NA	NA	NA	
TX_NEW Number of adults and children newly enrolled on Antiretroviral therapy (ART)	DHIS (routine service data)	FY17	53,404 (Adult=50,686; Children=2,718)	75,531 ¹	10,984 (Adult=10,508; Children=476)	10,984 (Adult=10,508; Children=476)	15%	
TX_CURR: Number of adults and children currently receiving antiretroviral therapy (ART) Disaggregation(s):	DHIS (routine service data)	FY17	220,367 (Adult=213,500; Children=6,867)	277,428 ¹	226,085 (Adult=218,839 ; Children=7,246)	226,085 (Adult=218,839; Children=7,246)	82%	
TX_RET Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy ³	EMR (LAMIS)	FY17	68%	85% ¹	NA	NA	NA	
TX_PVLS Number of viral load tests from adult and Paediatric ART patients conducted in the past 12 months with a viral load <1,000 copies/ml	DHIS (routine service data)	FY17	54,770	237,193 ¹	21,723	21,723	9.2%	
TX_PVLS Proportion of viral load tests with an undetectable viral load <1,000 copies/ml	DHIS (routine service data)	FY17	76%	90% ¹	76%	76%	76%	
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:	DHIS (routine service data)	FY17	53,865 (M=17,237; F=36,628)	54,727 ²	11,505 (M=4,044; F=7,461)	11,505 (M=4,044; F=7,461)	21%	

clinical assessment (WHO staging) OR CD4 count OR Viral load								
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)	FY17	203,657 (M=63,824; F=139,833)	434,458 ²	138,126 (M=40,742; F=97,384)	138,126 (M=40,742; F=97,384)	32%	
Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	DHIS (routine service data)	FY17	161,733 (M=49,394; F=112,339)	217,229 ²	133,492 (M=39,822; F=93,670)	133,492 (M=39,822; F=93,670)	61%	
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility	DHIS (routine service data); EMR	FY17	30,804 (M=10,552; F= 20,252)	22,500 ²	2,649 (M=796; F=1,853)	2,649 (M=796; F=1,853)	12%	
Number of persons provided with post-exposure prophylaxis (PEP)	DHIS (routine service data)	FY17	2,207	835 ²	545	545	65%	
Number of service outlets carrying out injection safety activities	Facility List	FY17	749	1,503 ²	749	749	NA	

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.

Indicator	Data Source	Baseline data		FY 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
OVC_SERV Number of active beneficiaries served by PEPFAR OVC Programs for children and families affected by HIV/AIDS	NOMIS (routine service data)	FY17	93,321	71,940 ¹	53,271 (M=25,607; F=27,664)	53,271 (M=25,607; F=27,664)	74%	
OVC_HIVSTAT Number of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including result not reported)	NOMIS (routine service data)	FY17	100%	90%	100%	100%	100%	

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 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
SITE_SUPP: Number of PEPFAR-supported Direct Service Delivery (DSD) and Technical Assistance only (TA-only) sites	Facility List	FY17	368 ART 381 PMTCT	TBD	368 ART 381 PMTCT	368 ART 381 PMTCT	368 ART 381 PMTCT	
Number of sites implementing PEP services that meet national guidelines	Facility List	FY17	749	NA	749	749	100%	
Percent of PMTCT sites linked to the national EID network	Facility List	FY17	100%	85% ²	100%	100%	100%	
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 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services								
GEND_NORM Number of individuals completing an intervention pertaining to gender norms within the context of HIV/AIDS, that meets minimum criteria	DHIS (routine service data)	FY17	33,957 (M=14,897; F=19,060)	6,000 ²	2,145 (M=1,080; F=1,065)	2,145 (M=1,080; F=1,065)	36%	
GEND_GBV Number of people receiving post GBV care	DHIS (routine service data)	FY17	3,029 (M=768; F=2,261)	5,358 ¹	659 (M=158; F=501)	659 (M=158; F=501)	12%	
Number individuals receiving HIV counselling, testing and their results in TB setting	DHIS (routine service data)	FY17	44,604	47,439 ¹	9,513 (M=4,903; F=4,610)	9,513 (M=4,903; F=4,610)	20%	
TB_SCREENdx Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period	DHIS (routine service data); EMR	FY17	165,225 (M=50,862; F=114,363)	66,324 ¹	136,800 (M=40,259; F=96,541)	136,800 (M=40,259; F=96,541)	206%	

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 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
TB_ART Number of registered TB cases with documented HIV-positive status who are on ART during the reporting period	DHIS (routine service data)	FY17	3,795	3,799 ¹	858	858	23%	
TB_ART Percentage of HIV-positive new and relapsed registered TB cases on ART during TB treatment	DHIS (routine service data)	FY17	88%	90% ¹	93%	93%	93%	
Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services								
TB_STAT Number of registered new and relapse TB cases with documented HIV test results, during the reporting period.	DHIS (routine service data)	FY17	16,661	11,931 ¹	4,151	4,151	38%	
TB_STAT Percentage of registered new and relapse TB cases with documented HIV status	DHIS (routine service data)	FY17	97%	95% ¹	97%	97%	97%	
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)	FY17	10,090	TBD	4,462	4,462	NA	
TB_IPT Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventative therapy (IPT)	DHIS (routine service data)	FY17	19%	50% ¹	39%	39%	39%	
TB_OUTCOME Aggregated outcomes of TB treatment among registered new and relapsed TB cases who are HIV-positive in the treatment cohort ³	DHIS (routine service data)	FY17	NA	TBD	NA	NA	NA	
FN_ASSESS Number of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	FY17	160,035	TBD	124,052 (M=35,998; F=88,054)	124,052 (M=35,998; F=88,054)	NA	
Key Result 2: Improved cross sectional integration of HIV/AIDS and TB services								

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.

and related services.

Indicator	Data Source	Baseline data		FY 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
FN_ASSESS Percentage of People Living with HIV (PLHIV) in care and treatment who were nutritionally assessed	DHIS (routine service data)	FY17	79%	90% ²	90%	90%	90%	
FN_THER Number of clinically undernourished PLHIV who received therapeutic or supplementary food	DHIS (routine service data)	FY17	11,244 (M=3,280; F=7,964)	TBD	4,056 (M=1,120; F=2,936)	4,056 (M=1,120; F=2,936)	NA	
FN_THER Proportion of clinically undernourished people living with HIV (PLHIV) who received therapeutic or supplementary food	DHIS (routine service data)	FY17	32%	95% ²	56%	56%	56%	
FPINT_SITE Number of service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	DHIS (routine service data)	FY17	248	NA	452	452	452	
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)	FY17	48%	60% ²	60%	60%	60%	
Number of sites with HIV ³ services integrated into general hospital services delivery	Quarterly CQI visits	FY17	NA	170	NA	NA	NA	

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
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	NA	NA	NA	
Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services								
LAB_CAP) Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	SIDHAS Facility List	FY17	214	115 ²	216	216	187%	
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	FY17	8	WHO/AFRO=19 National =40 ²	8 WHO AFRO/SLMTA	8 WHO AFRO/SLMTA	42%	
LAB_PT Percentage of PEPFAR-supported laboratories and testing sites that participate and successfully pass in a proficiency testing (PT) program	Lab PT reports	FY17	72%	80% ²	NHLS =100% OASYS = Pending FHI360= 88.4%	NHLS =100% OASYS = Pending FHI360= 88.4%	NHLS =100% OASYS = Pending FHI360= 88.4%	
Proportion of laboratories with IQC system in place	Lab IQC report	FY17	98%	100% ²	91%	91%	91%	
Key Result 3: Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS services								

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 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
Number of States with PPM system in place to maintain Information Technology (IT) equipment*	CQI Database; Routine Assessment	NA	NA	7 ²	NA	NA	NA	
Number of sites with PPM system in place to maintain medical and laboratory equipment*	CQI Database; Routine Assessment	NA	NA	65 ²	NA	NA	NA	
Percent of entities submitting completed and timely Sub-Recipients Financial Reports*	SIDHAS Financial Review Report	NA	NA	FBOs-90% ² CBOs-80% SMT-70%	NA	NA	NA	
Percent of entities whose capacity was built on Institutional - domain related topics that address gaps in the Capacity Building Plan*	CQI Database; Routine Assessment	NA	NA	NA	NA	NA	NA	
Number of entities whose capacity was built on Financial -domain related topics that address gaps in the Capacity Building Plan*	CQI Database; Routine Assessment	FY15	17%	46 ²	NA	NA	NA	
Percent of entities with CQI process established (disaggregated by entities) *	CQI Database; Routine Assessment	FY16	SACP-100% CBOs-100% HCCs-92%	SASCP= 100% CBO=100% HCC=100%	NA	NA	NA	
Percent of entities meeting CQI scores (80%) in each of the 3 domains (Financial, Institutional and Technical) * disaggregated by entities category (SASCPs, CBOs, HCCs)	CQI Database; Routine Assessment	NA	Financial Domain SACP=15% CBOs=43% HCCs=39% Institutional Domain SACP=15% CBOs=37% HCCs=26% Technical Domain	Financial Domain 15 SASCPs= 70% 45 CBOs= 90% 300 HCCs= 70% Institutional Domain 15 SASCPs= 80% 45 CBOs= 80% 300 HCCs= 80% Technical Domain 15 SASCPs= 90% 45 CBOs= 90% 300 HCCs= 90% ²	NA	NA	NA	

SIDHAS Project Goal: To sustain cross-sectional integration of HIV/AIDS and TB services in Nigeria by building Nigerian capacity to deliver sustainable high-quality, comprehensive prevention, treatment, care and related services.								
Indicator	Data Source	Baseline data		FY 2018		Quarterly Status – FY 2018	Annual Performance Achieved to Date (in %)	Comment(s)
		Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Q1		
Key Result 1: Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery								
			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	90% ²	NA	NA	NA	
Percent of supported States with Centralized Health Management Information System (HMIS) and Data Quality Assurance process*	Routine Assessment	NA	NA	80% ²	NA	NA	NA	
Percent of HIV comprehensive sites transmitting data electronically (using DHIS)	DHIS Programme Report	NA	NA	80% ²	60%	60%	60%	
Number of states that meet SIDHAS graduation criteria*	Semi-annual CQI and SIDHAS Sustainability Dashboard	NA	NA	0 ²	NA	NA	NA	
Percentage of funding for HIV response related activities provided by the states*	SIDHAS Sustainability Dashboard	NA	NA	NA	NA	NA	NA	
Number of states mobilizing additional resources for HIV services using innovative financing approaches*	SIDHAS Sustainability Dashboard	NA	NA	2 ²	NA	NA	NA	
Number of states supported to develop human resource plan and are implementing the plan*	SIDHAS Sustainability Dashboard	NA	NA	1 ²	NA	NA	NA	

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

¹ = Final FY 16 targets from USAID

² = Targets from SIDHAS PMP

³ = Annual Indicator

S/No	Performance Indicators		Adamawa	Akwa-Ibom	Anambra	Bauchi	Bayelsa	Borno	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 18 Target	63,521	375,232	521,685	110,470	38,172	53,377	249,259	98,623	35,149	24,280	200,432	162,621	33,483	1,966,304
		Q1 Achievement	11,982	81,398	32,610	16,934	4,966	10,115	22,129	9,604	18,754	6,359	58,455	37,632	8,608	319,546
		Q2 Achievement														0
		Q3 Achievement														0
		Q4 Achievement														0
		FY 18 Achievement	11,982	81,398	32,610	16,934	4,966	10,115	22,129	9,604	18,754	6,359	58,455	37,632	8,608	319,546
2	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	FY 18 Target	59,093	80,408	60,681	56,269	6,876	27,447	45,175	38,178	30,758	51,227	147,627	97,931	6,378	708,048
		Q1 achievement	6,109	9,701	5,762	7,907	813	3,897	3,870	3,285	9,715	17,260	10,474	6,962	3,405	89,160
		Q2 achievement														0
		Q3 achievement														0
		Q4 achievement														0
		FY 18 Achievement	6,109	9,701	5,762	7,907	813	3,897	3,870	3,285	9,715	17,260	10,474	6,962	3,405	89,160
3	Number of HIV-positive pregnant women who received antiretroviral to reduce risk of MTCT	FY 18 Target	1,200	5,284	2,679	717	159	1,245	1,285	1,313	282	214	2,998	3,375	101	20,852
		Q1 Achievement	145	615	214	90	42	77	139	111	34	83	225	217	45	2,037
		Q2 Achievement														0
		Q3 Achievement														0
		Q4 Achievement														0
		FY 18 Achievement	145	615	214	90	42	77	139	111	34	83	225	217	45	2,037
4	Number of adults & children with advanced HIV infection newly enrolled on ART	FY 18 Target	4,540	16,002	14,061	3,658	2,219	3,334	6,598	6,126	896	1,257	7,034	9,020	786	75,531
		Q1 Achievement	804	2,917	847	519	254	464	812	611	362	570	1,340	1,277	207	10,984
		Q2 Achievement														0
		Q3 Achievement														0
		Q4 Achievement														0
		FY 18 Achievement	804	2,917	847	519	254	464	812	611	362	570	1,340	1,277	207	10,984
5	Number of adults & children with advanced HIV infection receiving ART (Current)	FY 18 Target	26,274	48,264	32,675	14,520	5,379	14,284	26,846	18,094	5,622	12,559	36,820	31,469	4,622	277,428
		Q1 Achievement	28,207	32,937	24,017	13,699	4,178	11,003	19,173	14,476	5,834	13,614	31,554	23,076	4,317	226,085
		Q2 Achievement														0
		Q3 Achievement														0
		Q4 Achievement														0
		FY 18 Achievement	28,207	32,937	24,017	13,699	4,178	11,003	19,173	14,476	5,834	13,614	31,554	23,076	4,317	226,085
6	TB_STAT Number of registered new and relapsed TB cases with documented HIV status	FY 18 Target	1,285	1,089	832	712	182	578	1,438	627	302	346	2,300	930	118	10,739
		Q1 Achievement	294	402	186	354	124	138	288	183	275	343	971	342	140	4,040
		Q2 Achievement														0
		Q3 Achievement														0
		Q4 Achievement														0
		FY 18 Achievement	294	402	186	354	124	138	288	183	275	343	971	342	140	4,040
7	TB_ART Number of new and relapsed registered TB cases with documented HIV-positive status who are on ART	FY 18 Target	228	466	295	131	72	298	565	169	57	153	555	519	43	3,551
		Q1 Achievement	47	165	43	20	35	21	66	33	23	31	191	112	12	799
		Q2 Achievement														0
		Q3 Achievement														0
		Q4 Achievement														0
		FY 18 Achievement	47	165	43	20	35	21	66	33	23	31	191	112	12	799