



Accelerating Control of the HIV Epidemic in Nigeria
(ACE: Akwa Ibom and Cross River States)

QUARTERLY REPORT

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PROGRAM OVERVIEW/SUMMARY

Program Name	Accelerating Control of the HIV Epidemic in Nigeria (ACE: Akwa-Ibom and Cross River States)
Activity Start Date	March 18, 2022
Activity End Date	March 17, 2027
Agreement Number	72062022CA00007
Name of Prime Implementing Partner	Excellence Community Education Welfare Scheme (ECE-WS)
Name of Subcontractors/ Subawardees	<ul style="list-style-type: none"> • Family Health International (FHI360) • Achieving Health Nigeria Initiative (AHNi) • Howard University Global Initiative in Nigeria (HUGIN)
Major Counterpart Organizations	<ul style="list-style-type: none"> • Government Ministries and Agencies at the National Level – including the Federal Ministry of Health (FMoH) through the National AIDS and STI Control Program (NASCP), National Agency for the Control of AIDS (NACA), Department of Health Planning Research and Statistics (DHPRS), and National Primary Health Care Department Agency (NPHCDA). • State Ministries of Health (SMoH) • State Agencies for the Control of AIDS (SACA) • State AIDS and STI Control Programs (SASCP) • Local Government Agencies for the Control of AIDS (LACA)
Geographic Coverage (Cities and or countries)	Akwa Ibom and Cross River States, Nigeria
Reporting Period	July 1, 2023 – September 30, 2023

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Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ALHIV	Adolescents Living with HIV
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
CARC	Community ARV Refill Clubs
CME	Continuous Medical Education
COT	Continuity on Treatment
CPARP	Community Pharmacy ARV Refill Program
CQI	Continuous Quality Improvement
DBS	Dried Blood Spot
DHIS	District Health Information System
DSD	Differentiated Service Delivery
DQA	Data Quality Assurance
DTC	Drug and Therapeutic Committee
DTG	Dolutegravir
DTS	Dried Tube Specimen
EAC	Enhanced Adherence Counselling
EID	Early Infant Diagnosis
EMR	Electronic Medical Record
FMOH	Federal Ministry of Health
GBV	Gender-based Violence
GH	General Hospital
GHSC-PSM	Global Health Supply Chain Program – Procurement and Supply Management
GON	Government of Nigeria
HCW	Health Care Workers
HEI	HIV Exposed Infant
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IIT	Interruption in Treatment
INH	Isoniazid
IP	Implementing Partner
IPV	Intimate Partner Violence
IT	Index Testing
LAMIS	Lafiya Management Information System
LGA	Local Government Area

MMD	Multi-Month Dispensing
LPV/r	Lopinavir/ritonavir
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STI Control Program
NEPWHAN	Network of People living With HIV in Nigeria
NISRN	National Integrated Sample Referral Network
OVC	Orphans and Vulnerable Children
OTZ	Operation Triple Zero
PCR	Polymerase Chain Reaction
PEPFAR	US President’s Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Services
PT	Proficiency Testing
QC	Quality Control
QI	Quality Improvement
RTK	Rapid Test Kits
SACA	State Agency for the Control of AIDS
SASCP	State AIDS and STI Control Program (SASCP)
SMoH	State Ministry of Health
SOP	Standard Operating Procedures
TB	Tuberculosis
TLD	Tenofovir, Lamivudine, Dolutegravir
TPT	Tuberculosis Preventive Therapy
USAID	United States Agency for International Development
USG	United States Government
VL	Viral Load

PROGRAM DESCRIPTION/INTRODUCTION

The Accelerating Control of the HIV Epidemic in Nigeria (ACE: Akwa Ibom and Cross River States) is a 5-year activity funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The project was awarded to Excellence Community Education Welfare Scheme (ECEWS) on May 18, 2022. The project consortium comprises Family Health International (FHI360), Achieving Health Nigeria Initiative (AHNi), and Howard University Global Initiative in Nigeria (HUGIN). The project aims to improve access to antiretroviral therapy, achieve treatment saturation for the various sub-populations and in all geographies, and improve the duration and quality of life for people living with HIV in Akwa Ibom and Cross River States.

The ECEWS ACE-5 project works in partnership with the Government of Nigeria (GoN), relevant state structures, and stakeholders, to provide evidence-based and high-impact HIV/AIDS services by building on the momentum and gains of the surge response in Akwa-Ibom and Cross River States while accelerating proven interventions and cost-effective innovations to improve access to, and quality of HIV/AIDS and tuberculosis (TB) services towards achieving saturation and sustained epidemic control, especially in local government areas (LGAs) with the highest unmet need for ART.

The project supports HIV case identification and linkage to treatment, Adult HIV care and treatment, pediatric/adolescent care and treatment, triple elimination of mother-to-child transmission (PMTCT) of HIV, Syphilis and Hepatitis B, TB/HIV service integration, cervical cancer screening for women with HIV, laboratory services, health systems strengthening, and private sector engagement. The ECEWS ACE-5 project is responsible for the implementation of these services and activities in 154 PEPFAR-supported facilities spread across 34 LGAs in the two states. The ECEWS ACE-5 activities will contribute to meeting the Nigerian President's National Strategic Framework for HIV, USAID/Nigeria's Country Development Cooperation Strategy (CDCS) goal of a healthier population, and the PEPFAR 3.0's goal of increasing access to high-impact interventions in high burden areas.

The ECEWS ACE-5 project utilizes routine monitoring and high-frequency reporting to measure progress and improve implementation, management, and cost efficiency. PEPFAR and USAID have prioritized increased use of data to inform micro (facility level) and macro (state and project level) programme adaptations to meet expectations along the 95-95-95 continuum. ECEWS ACE-5 monitoring and evaluation system has been designed to be responsive to emerging data requirements including Monitoring, Evaluation and Reporting (MER) guidance, Site Improvement through Monitoring System and Data for Accountability and Transparency and Impact Monitoring.

Summary of Results to Date

Standard Indicators	Baseline FY 22	Annual Target FY23	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Cumulative Achievement	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
HTS_TST	414,629	786,883	172,984	216,234	208,919	199,812	810,650	103%	Y
HTS_TST_POS	16,432	13,374	2,772	3,200	3,007	2,779	11,911	89%	N
HTS_RECENT	5,407	8,902	583	1,444	2,166	2,507	6,500	73%	N
TX_NEW	16,393	13,415	2,873	3,111	3,064	2,800	11,860	88%	N
TX_CURR	186,963	212,538	188,789	185,584	171,384	131,191	131,191	319%	Y
TB_ART	1,274	191	261	261	384	382	1,485	777%	Y
TB_PREV_N	11,531	28,482	2,050	3,649		6,032	10,887	38%	N
TB_PREV_D	12,117	29,221	5,174	5,140		6,196	11,336	39%	N
TB_STAT	5,500	3,218	1,166	1,715	1,975	1,808	7,102	221%	Y
PMTCT_STAT	94,021	67,702	38,322	35,701	28,284	26,663	129,998	192%	Y
PMTCT_STAT_POS	2,135	2,851	821	635	573	501	2,530	89%	N
PMTCT_ART	2,179	2,837	797	635	574	501	2,523	89%	N
PMTCT_EID	2,103	2,741	554	694	705	559	2,538	93%	N
PREP_NEW	23,448	12,766	5,970	4,159	3,908	2,382	16,423	129%	Y
TX_PVLS (N)	172,794	136,268	179,399	173,551	159,993	121,012	121,012	466%	Y
TX_PVLS (D)	176,018	145,548	181,023	174,951	161,669	122,737	122,737	441%	Y
GEND_GBV	5,650	4,599	3,926	1,901	1,565	1,439	8,864	193%	Y
CXCA_SCRN	24,840	19,002	7,069	5,460	7,398	6,366	26,330	139%	Y
HTS_SELF	59,921	78,803	15,314	17,835	19,339	5,774	53,385	68%	N

ACTIVITY IMPLEMENTATION PROGRESS

Progress Narrative

The ECEWS ACE-5 project built on existing strategies and approaches from FY23Q3 to improve access and quality services in Akwa Ibom and Cross River States. Quality improvement initiatives were implemented to improve the quality of services. This includes the use of root cause analysis through focus group discussions at facilities with the highest gaps and the development of change ideas. At the end of the fiscal year, the project identified 11,911 newly diagnosed PLHIV, retained 131,188 clients in care, commenced 11,336 on tuberculosis preventive therapy (TPT), started 16,423 persons on Pre-Exposure Prophylaxis (PrEP) and screened 26,330 women for cervical cancer among other achievements.

A combination of strategies such as community-based index testing services, provider-initiated testing and counselling (PITC), targeted community testing, and HIV self-testing, were used to identify 2,779 people living with HIV in the FY23Q4 reporting period. The project achieved 103% of its HIV testing target but 89% and 88% of the annual HTS_TST_POS and TX_NEW targets, respectively. This is due to the accelerated effort to improve paediatric and PMTCT testing in the project leading to over 40% of all tests done in these populations with the characteristic low positivity yields. The overall positivity yield was 1%. Targeted community testing contributed the highest proportion of HIV positives identified among the case-finding strategies, while index testing had the highest yield during the reporting period.

Same-day linkage to care and treatment for all newly identified PLHIVs was prioritized. The overall antiretrovirals (ARVs) refill rate in the reporting period was 99%. Post-gender-based violence (GBV) care services were provided to 1,438 GBV survivors in line with established standards and guidelines. Paediatric and adolescent sub-populations received priority interventions through Operation Triple Zero (OTZ) enrolment, Enhanced Expert Support Initiative (E2SI), and provision of paediatric and adolescent-friendly and responsive services through adolescent peer supporters. These interventions helped to improve the treatment continuity and viral suppression amongst the adolescent and youth sub-populations. The project maintained its approach to holistic care for PLHIVs by screening for Advanced HIV Disease (AHD), cervical cancer, hypertension, diabetes mellitus, malnutrition, and other non-communicable diseases during the period.

Viral load services were provided through various client-centric approaches, leading to a viral load coverage of 97% and a suppression rate of 99%. A total of 926 clients with unsuppressed VL were initiated on enhanced adherence counselling (EAC), including treatment support services and medication switches as necessary. During the quarter, a total of 140 drug and therapeutics committee (DTC) meetings were conducted across supported facilities to review pre-emptive/pre-appointment tracking system to optimize on-time refill rate, pediatric regimens and EAC process optimization for virally unsuppressed clients, post-EAC unsuppressed cases, reported ADR cases as well as medication errors and provision of guidance for accurate interventions, rational medication use and treatment continuity. Also, the team sustained drug delivery to recipients of care across project communities through the

Decentralized Drug Distribution (DDD) system, laced with ongoing technical assistance to these structures for improved efficiency and accountability.

ECEWS ACE-5 sustained collaboration with government stakeholders and relevant partners at the national and sub-national levels, strengthened technical and service delivery capacities of health care workers, instituted quality improvement approaches for overall program efficiencies and supported the development of an HIV/AIDS response domestic resource mobilization strategy document for the Cross River State Government. The M&E team adopted several strategies aimed at extensive data use to drive project performance. This included high-frequency reporting, EMR optimization, and data for real-time decision-making through daily performance trackers, daily state-level situation room meetings, and weekly technical deep dives and performance reviews.


Implementation Status

Activity 1.1: Increased domestic funding for the HIV/AIDS response

Development of Resource Directory and Resource Mobilization Strategy for the Cross River State HIV Response: ECEWS ACE-5 sustained efforts to mobilize domestic resources to support the HIV response in both states through the reactivation of the HIV/AIDS Resource Mobilization Technical Working Group (TWG), establishing clear terms of reference and accountability framework to guide operations. In FY23Q4, the team supported the Cross River State AIDS and STI Control Program (CRSASCP) and the Cross River State Agency for the Control of AIDS (CRSACA) to convene a 3-day resource mobilization strategy development workshop. This led to the creation of a resource mobilization strategy document and directory. The document outlined a clear vision, commitment, and strategies to mobilize domestic

KEY RESULT 1
Increasing Resiliency, Responsiveness and Accountability of the Health System

resources for HIV, by identifying funding sources, targets, and key actions for implementation. The final version of this document is due for release in November 2023 after extensive reviews.

Figure 1:  Group photograph of participants with Hon Commissioner of Health and the Chairman, House Committee on Health



Support for State Health Sector 2024 Budget: The ECEWS ACE-5 team provided technical support to the Cross River State Ministry of Health in preparing its budget proposal for the 2024 budget cycle, including working with SASCP to review its plans for the coming year. The 2023 Health Sector Annual Operational Plan, earlier developed with support from the ECEWS ACE-5 project was a guiding framework for the proposed activities.

Donation of HIV Test Kits by the Cross River State Government: Following sustained advocacy by the ECEWS ACE-5 team, the Cross River State Government donated 1,200 Determine™ HIV-1/2 test kits to increase the resources available to find the last mile clients in Cross River State.

Donation of Materials by the Association of Family Physicians, UCTH: In a bid to support AP3 implementation in Cross River State, the Association of Family Physicians donated 300 EDTA bottles and 210 syphilis test kits to the ECEWS ACE-5 Project.

Activity 1.2: Increased Community/GoN Ownership of the HIV Response

Engagement with the Association of Community Pharmacists of Nigeria: The ECEWS ACE-5 team provided technical support to the leadership of the Association of Community Pharmacists of Nigeria (ACPN) in both Akwa Ibom and Cross River states on the planned Community Pharmacy Action (COPA) assessment and accreditation, using self-generated funds. Due to its sustained efforts, a growing number of community pharmacies in Akwa Ibom State are ready to pay the prescribed fee for participation.

National AIDS and STI Control Program (NASCP)-Led Peer-to-Peer Learning Visits to ACE-5 Supported States: The ECEWS ACE-5 Project in both states received a team from NASCP on inter-state peer-to-peer learning and spot-check visits. The visit was focused on Differentiated Service Delivery implementation at the community and facility levels. The team in Akwa Ibom State visited the Primary Health Centres in Enwang and Ebughu, and community pharmacies (Prolimsa Pharmacy), while the team in Cross River State visited Calabar General Hospital, the University of Calabar Teaching Hospital, and 3 community



← Figure 2:
In-brief presentation
on the DSD models
by ECEWS ACE 5
Senior Pharmacy
Specialist

pharmacies (Pharmapex, Maxicare, and Long Health Pharmacy) and Edgerly Hub and Spoke site. The visiting team commended the project for strengthening the hub/spoke feedback mechanisms that have mitigated client attrition, proper commodity management and documentation, viral suppression of over 98% for devolved clients, and integration of expert clients and the Network of People Living with HIV (NEPHWAN) into client adherence structures at facility and community levels. The Cross River state team also hosted another NASCP-led visit focused on strengthening the quality of care and data reporting, pharmacovigilance reporting, and anticipated new products.

Participation in the National Agency for Control of AIDS-Led Global AIDS Strategy (GAS)

Workshop: The ECEWS ACE-5 team also participated in a 3-day NACA-led “Global AIDS Strategy (GAS) & Political Declaration (PD)” workshop in Akwa Ibom State from August 22nd to August 24th, 2023. The workshop served to align the States’ HIV/AIDS Strategic Plan (SSP 2020-2025) with the GAS while also providing momentum for the removal of inequalities in HIV implementation. The workshop had the State Agency for the Control of AIDS (SACA), Civil Society for HIV/AIDS in Nigeria (CiSHAN), NEPHWAN, Association of Positive Youths in Nigeria (APYIN) and implementing partners in attendance.



← Figure 3: Cross section of participants at the SSP and GAS domestication workshop at the SACA secretariat in Uyo

ECEWS ACE-5 FY23 Program Review Meeting: The ECEWS ACE-5 team conducted a comprehensive program review of its FY23 implementation to identify areas of focus in the coming fiscal year. The meeting provided the 81 attendees with a lucid understanding of the project’s implementation status, accomplishments, challenges, and strategic direction for FY24. It featured presentations on technical, operational, and managerial themes including breakout sessions to elicit discussions and ideation on strategies for more effective and improved program implementation in the new fiscal year. The highly interactive meeting included presentations from the two states on their implementation best practices, a review of what did not work so well, a refresher on procurement policies and compliance with USG regulations, etc. A key output from the meeting was a draft FY24 implementation strategy document.



← Figure 4:
The DCOP/TD Engaging with Participants during his presentation on FY24 Technical Direction

Following the PRM, similar meetings were held in both states to disseminate the discussions and resolutions reached at the PRM to the field team members and other key stakeholders. The meetings which had the Commissioner for Health and other dignitaries from the State Ministries of Health in attendance highlighted the successful strategies from FY23 and areas for improvement in FY24.

Discussions at the meeting centred on evolving a systems approach to implementation, ensuring process fidelity, getting the data right, refocusing on sub-populations, especially paediatrics and geriatric populations, etc.



← Figure 5:
The State Director Dr. Bala Gana addressing participants at the S-TRM

→ Figure 6:
The State PMTCT focal Person-Emem Xavier (Right), Dr., Ime (SAPC), and Executive Director, Dr. Enobong Akpan (AKSACA), addressing key questions at the TRM



Activity 1.3 Strengthened GoN Human Resources for Health (HRH) Participation in the HIV Response

The ECEWS ACE-5 project continued the provision of quality services by strengthening the capacity of the GoN staff to effectively lead the HIV response.

SD Biosensor training on the HIV/Syphilis dual test kits: The team participated in a one-day refresher training meeting organized by SD Biosensor, the manufacturer of the HIV/Syphilis dual test kits, on July 26, 2023. The SD Biosensor representative (Codix Pharma Ltd.) trained participants on preventing and troubleshooting false results, followed by a practical session. The training was aimed at addressing issues from the field and highlighted the need for strict adherence to protocols. A step-down training was conducted for field teams to address issues raised by field reports.



← Figure 7:
SD Biosensor HIV/
Syphilis dual test kit
refresher training

Training on Quality Pharmaceutical Care Services: The ECEWS ACE 5 team conducted training for pharmacists and support personnel to ensure sustainability and promote government ownership of the HIV/AIDS response in Cross River State. The training was centred on pharmacy-related ART services and pharmaceutical care to clients in their respective facilities. Participants also learned how to use the National Health Logistics Information Management System (NHLMIS) platform to transmit their consumption reports. The participants were encouraged to take more ownership of service provision in their respective facilities.

Figure 8: →
In-person demon-
stration on the use of
NAVISION platform



Capacity building and onsite mentorship: In the period under review, the ECEWS ACE-5 team routinely conducted capacity-building sessions and onsite mentorship sessions with healthcare workers to increase their ownership of the HIV response, and improve service integration at facilities.

- In collaboration with GHSC-PSM on commodity management and reporting utilization for GON staff
- On the use of HIV/Syphilis Dual Test kits, Advanced HIV Disease (Laboratory Overview, Screening, and Diagnosis), and Medication Adherence.
- On environmental compliance by jointly articulating relevant activities, including protocols for waste management, fire prevention, monitoring and tracking of environmental compliance, monthly sanitation, availability of information, education and communication materials (IECs) in supported facilities, and correct use of personal protective equipment (PPE).



← Figure 9: STA, Joint SSV to facilities during the quarter, mentoring provided to GoN at facilities

KEY RESULT 2

Increased uptake and Retention of HIV/AIDS/TB services

Activity 2.1: Increased HIV Case Finding and Linkage:

The ECEWS ACE-5 team implemented HIV case-finding strategies focused on reaching the last mile clients in Akwa Ibom and Cross River states. The team implemented cohort monitoring for Index Testing, Provider Initiated Testing and Counselling (PITC), targeted community testing, HIV Self-Testing (HIVST), enhanced surveillance using recency testing, and initiatives to engage and retain men in HIV care. HIV testing was provided at all SDPs including outpatient departments, inpatient wards, tuberculosis clinics and antenatal clinics, while in the community efforts were focused on high-yielding locations. A total of 199,812 individuals received HIV testing services (HTS) during the period with 2,779 of them diagnosed with HIV, an overall positivity yield of 1%. Index testing had the highest

contribution to HIV diagnosis among the testing modalities (23%), with testing from the family planning clinics having the least contribution (0%). Index testing had the highest positivity yield at 7%. Pre-treatment counselling and post-initiation adherence support were provided to all newly diagnosed clients as part of the post-test counselling package. In Q4, 2,800 persons were commenced on antiretroviral therapy, and this includes infants diagnosed with HIV giving a linkage rate of 100%.

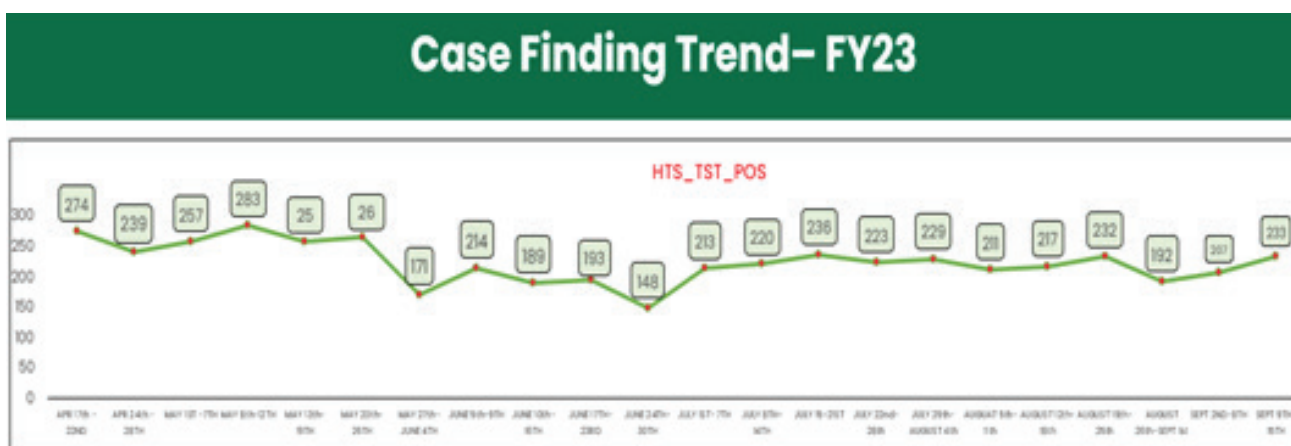


Figure 10: ECEWS ACE-5 FY23 Case Finding Trend

In FY23, ECEWS achieved 103% of its HIV testing target but 89% and 88% of the annual HTS_TST_POS and TX_NEW targets, respectively. This is due to the accelerated effort to improve paediatric and PMTCT testing in the project. This led to over 40% of the testing done in this population with the characteristic low positivity yield.

Index Testing: The project continued prioritizing newly diagnosed and virally unsuppressed PLHIV, and clients reestablished in care after over one year of treatment interruption for index testing. This involved line-listing of elicited partners for tracing and testing by mobile teams. In total, 9499 persons were offered index testing, with 6754 accepting the service and 12,669 partners elicited. 10,119 of these partners were tested for HIV, with 933 diagnosed HIV positive. All 933 newly diagnosed PLHIV were successfully linked to care and treatment. Additionally, 11,845 biological children were enumerated, with 10756 tested for HIV and 178 children diagnosed HIV positive and linked to care. 23% of new HIV diagnoses came through this index testing. Routine inquiry for intimate partner violence continued to be integrated with index testing services.

In total, 9499 newly diagnosed PLHIV aged 15 years and older were offered Sexual Network Testing (SNT); 6754 of the clients accepted the service, with 12,669 partners elicited. 10,119 partners of the index clients were tested for HIV, and 933 were diagnosed HIV positive. Of the newly diagnosed PLHIV, 933 were successfully linked to care and treatment. Additionally, 9499 of the newly identified PLHIV were offered family index testing, with 6754 accepting the service. 11,845 biological children were enumerated, and 10,756 were successfully tracked and tested for HIV. The 178 children newly diagnosed HIV positive via this modality were linked

to care.

Quality improvement initiatives were implemented to improve service quality along the cascade. This involved root cause analysis through focus group discussions at selected facilities with the highest service gaps. Change ideas were developed, including strengthening the capacity of service providers on counselling skills, improving EMR documentation, immediate tracking of elicited contacts, and increasing priority placed on tracing untested partners and biological children during the Q2 mini-surge. Between Q1 and Q4 the genealogy offer rate improved from 89.3% to 92.3%, the sexual network testing offer rate improved from 89.5% to 90.9%, while testing rates for enumerated genealogy and elicited sexual contacts increased by 3% and 4% respectively.

Provider-Initiated Testing and Counseling (PITC): The ECEWS ACE-5 teams provided technical support to healthcare workers to improve HTS at facility entry points. Daily reviews of facility attendance with HTS uptake were done to reduce missed opportunities. Service providers were mentored on the use of the risk stratification tool for screening. Risk-informed testing was strengthened at low-yield testing modalities such as Out-Patient Departments (OPD), while testing was conducted without risk stratification in inpatient wards, tuberculosis and sexually transmitted infections (STI) units, as well as antenatal clinics. Through this modality, 43,689 persons received HTS, from which 901 PLHIV were newly diagnosed, and enrolled in treatment, representing a 100% linkage rate. PITC contributed 8% to the total positives identified in the reporting period.

Targeted Community Testing: Data from the 2023 HIV spectrum estimates was used to target HIV testing to the subpopulations with the highest treatment gaps, including children, adolescents and the elderly. Revisions of LGA-level micro plans and redistribution of resources to areas with suboptimal reach were done. A total of 479,495 persons received HTS via community testing, with 6342 diagnosed with HIV and linked to treatment, at a 1.3% positivity yield. 3% of individuals 60 years and above who received HTS were tested through this modality. Community testing accounted for 53% of the new HIV diagnoses. Table 1 below shows the output from the different community testing modalities.

Table 1: Community HTS Modality Output				
Community Testing Modality	Creek/ Hinterland	Spoke	Camping	Routine CAM Testing
Individuals who received HTS	17,685	42	6,854	380411
Individuals newly diagnosed HIV positive	328	3	146	3813

HIV Self Testing (HIVST): The ECEWS ACE-5 project expanded access to HIV testing services through the distribution of HIV Self-Test (HIVST) kits using the private-sector driven Total Market Approach (TMA) to complement the public sector-led (free) approach. Priority was given to adolescents and young people (AYP), index contacts who were unable to visit the health facility or community HTS points, and male partners of pregnant women. However, recurrent stock-out of the HIVST kits limited the delivery of this service. In the period under review, a total of 50,375 self-test kits were distributed, of which 30% were to adolescents and 22% to men. 26182 persons reported their test results with 532 people reporting reactive test results. On further testing using the HIV rapid test kits, 274 were confirmed to be HIV positive and all were linked to treatment.

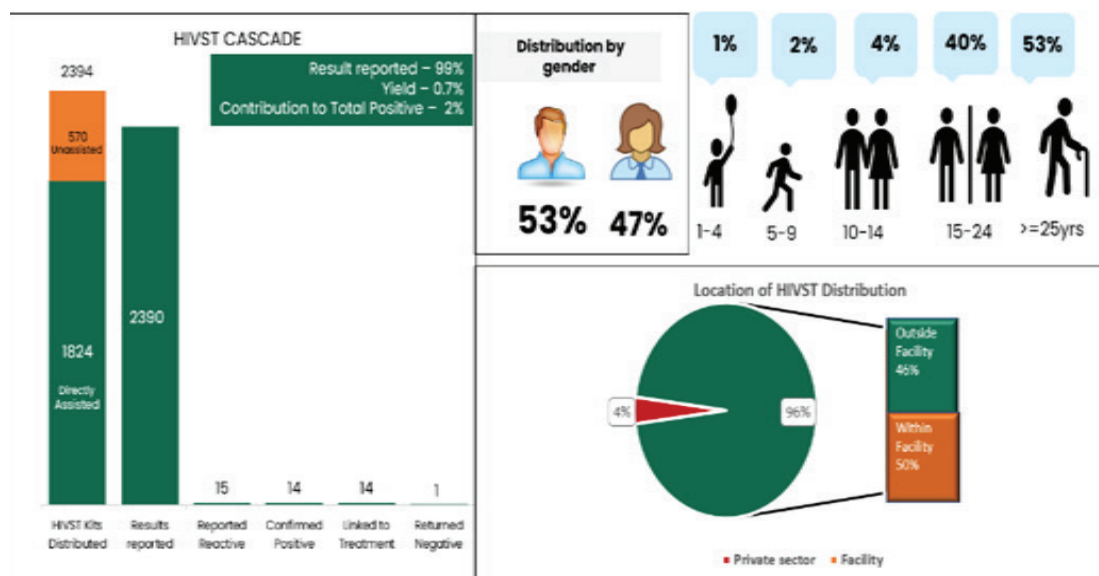


Figure 11: Age and sex distribution of HIVST kits during the period

Recency Testing: The ECEWS ACE-5 project offered recency testing services for all newly diagnosed PLHIV ≥15 years old using the Recency Infection Testing Algorithm (RITA). All individuals who tested positive for recent HIV infection using Asante test kits had their blood samples collected for RITA viral load (VL) testing. During the period, 2517 newly identified PLHIV ≥15 years old had access to recency testing services, resulting in the confirmation of eleven (11) recent HIV infections. Additionally, the team participated in National HIV surveillance meetings, contributing valuable insights and lessons on HIV surveillance in Nigeria. There were recurrent shortages of recency test kits during the fiscal year which is responsible for the low performance on this indicator.

Finding and Engaging Men: Through targeted initiatives like “Meeting-the-Men” (MTM) and similar forums, the team tested 8,498 men for HIV, identifying 205 men living with HIV, who were promptly linked to care and treatment. These initiatives served to refill male recipients of care, enabled the collection of viral load samples, ensured the distribution of 1,431 HIV self-test kits and 662 condoms, and facilitated the acceptance of PrEP services by men. Also, the team assessed male-friendly clinics to determine the essential improvements needed to

make them more suitable for male clients. As part of these efforts, healthcare workers were designated as “mentor brothers,” were nominated to serve as male-friendly mobilizers, to provide facilitated referrals and support for men seeking HIV services.

Pre-Exposure Prophylaxis (PrEP) Services: In FY23, the project team prioritized offering PrEP to HIV-negative partners of index PLHIV, high-risk individuals identified during risk stratification, survivors of gender-based violence (GBV), as well as adolescent girls and young women (AGYW). This was accompanied by risk reduction counselling and continuous follow-up to identify individuals who might seroconvert for appropriate intervention. Routine mentoring was also provided to enhance PrEP documentation and reporting systems across supported facilities. During the period, a total of 16,440 eligible individuals were enrolled on PrEP representing 110% achievement of the annual PrEP initiation target, however, the achievement for PrEP continuity was 20% of the annual target. The ECEWS ACE 5 project participated at the National PrEP subcommittee meeting that was held in Q3, to share implementation updates and align with the national approach to PrEP implementation

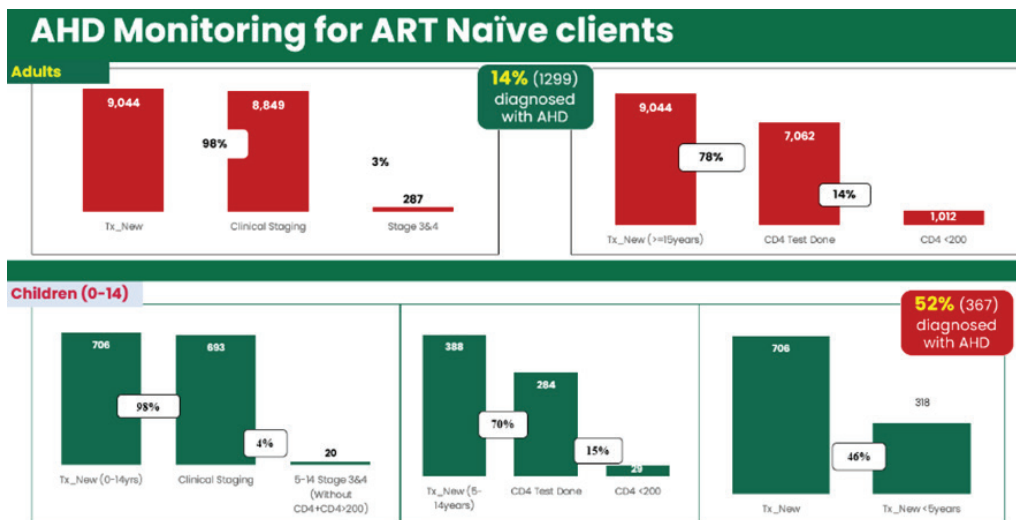
Activity 2.2: Improved Adult HIV Care and Treatment

In the reporting period, intensive pre-and post-test counselling, diagnosis and management of Advanced HIV Disease (AHD), same-day ART commencement adaptive case management, multi-month drug dispensing, use of the 90-day adherence calendars, pre-appointment reminders, same-day tracking for individuals who missed clinic appointments, and person-centred differentiated service delivery (DSD) were used to sustain clients’ engagement in care. Proactive logistics planning ensured the uninterrupted availability of medications. Biometrics capture, deduplication and recapture were scaled up for clients receiving treatment across all sites, leading to the identification of duplicates, and a reduction of the treatment cohort.

Differentiated Service Delivery and Decentralized Drug Distribution: In a concerted effort to maintain client adherence to treatment, the ECEWS ACE-5 project continued its commitment to devolve willing and eligible clients to DDD models tailored to their preferences. Routine monthly check-in calls were provided to clients on multi-month dispensing (MMD) which contributed to improved on-time refill rates as 98.6% (73,311 out of 74,339) of devolved ART clients had on-time ART refills. By the end of the reporting period, ECEWS ACE-5 had 9% and 91% of all clients on MMD-3 and MMD-6 respectively. The viral suppression rates ranged between 95% and 99% across all the DSD models.

The ECEWS ACE-5 team participated in a 3-day National DSD partners coordination meeting, to harmonize implementation strategies and share lessons on DSD implementation across Nigeria. Key outcomes of this meeting were the need to align DSD implementation with national recommendations and improve GoN ownership and participation in implementing DSD models of care.

Advanced HIV Disease (AHD): The ECEWS ACE-5 project provided an AHD package of care as part of the routine services for ART naïve clients, those who interrupted treatment for longer than 12 months, or those failing HIV treatment. A simplified algorithm for the AHD package of care was developed and shared with frontline healthcare workers, which helped in improving their knowledge and implementation of the care package. Strategic weekly line-listing, profiling of identified gaps and team accountability via weekly review meetings were also implemented to improve performance across the AHD cascade. Of the 2,769 newly diagnosed PLHIV during the FY, 100% had WHO clinical staging, 96% had CD4 tests, and 492 were diagnosed with AHD. 81% of those diagnosed with AHD were tested for TB, and 75% had CrAg tests done. Furthermore, the project actively engaged in collaborative activities with the Government of Nigeria, including site visits, virtual and in-person AHD stakeholders meetings hosted by the NASCP, etc to share updates and lessons from AHD implementation.



Non-communicable Diseases (NCDs): The ECEWS ACE-5 project continued the integration of NCDs into the ART program through education and awareness, active screening, diagnosis and referrals. The NCDs include hypertension, diabetes mellitus, and Mental Health and Psychosocial Support (MHPSS) services.



Figure 12: A community Pharmacist taking BP measurement of a RoC during CARC refill meeting in Uruan LGA

- **HIV-Hypertension Integration:** In FY23Q4, a total of 21,341 adults had blood pressure checks to screen them for hypertension. This represents 90% of eligible clients who had clinic contacts during the quarter, an improvement on the 79% screening coverage in FY23Q1. Among those screened, 2% of them (n=452, F:299, M:153), had high blood pressure readings and were referred for further evaluation and management by experts.
- **HIV-Diabetes Integration:** This was commenced in seven pilot high-volume health facilities in Akwa Ibom State. Screening was done with a symptom checklist. A total of 4,495 individuals were screened using the checklist, with 313 screening positive. They were referred for rapid blood sugar tests and 28 individuals with significant blood sugar levels were identified and linked to expert care.
- **MHPSS Integration:** A Mental Health and Psychosocial Support (MHPSS) services package was also piloted in four high-volume health facilities in Akwa Ibom State. This involved systematic screening for mental health disorders using a symptom checklist, and those who met the predefined criteria were referred for further evaluation and management.

Drug and Therapeutic Committee: A total of 140 Drug and Therapeutics Committee (DTC) meetings were conducted across the supported facilities in the project. The committees reviewed the results of 978 clients with unsuppressed viral loads and 150 cases of adverse drug reactions. Interventions provided include individualised case management with intense monitoring. Additionally, the committee examined medication-related and non-medication-related factors contributing to poor medication adherence including daily pills, privacy concerns, the overwhelming demands of daily life, and a general sense of hopelessness, among others. In the same reporting period, the DTC team at the University of Uyo Teaching Hospital (UUTH) switched two clients from first-line to second-line medication regimens due to therapeutic failure.



← Figure 13:
Meeting at Eja
Memorial Joint
Hospital, Abi LGA
CRS

Enhanced Adherence Counseling (EAC): In the reporting quarter, the ECEWS ACE-5 team provided technical support to healthcare workers on the provision of individualized, age-specific EAC services to unsuppressed clients, including documentation on relevant tools, client counselling and preparation. A total of 978 (M:325, F:653) unsuppressed viral load results were received in the quarter and 926 (M: 310, F: 616) clients started on EAC. 52 clients (M;15, F;37) whose results were received a few days before the end of the quarter could not be reached for EAC commencement and are being followed up. 312 (M:131, F:181) clients from previous quarters completing their 3 EAC sessions. 257 (M: 97, F: 160) repeat VL results were received within the quarter with 237 (88M; 149F) results suppressed (92% re-suppression rate).

Pharmacovigilance: Within the reporting quarter, activities that promote medication safety through pharmacovigilance surveillance and reporting were implemented by the project teams. These efforts led to the documentation of 150 (27M, 123F) cases of Adverse Drug Reactions (ADRs), with 94 (M16; F78) cases from Akwa Ibom State and 56 56 (11M, 45F) cases from Cross River State. The team provided technical support for addressing these reported ADR cases. Out of the documented cases, 135, ranging in severity from moderate to severe, were reported using NAFDAC forms, while the remaining 15 cases were of mild severity and were not reported on NAFDAC forms. Of the 94 cases reported in Akwa Ibom State, 48 cases (representing 51%) were associated with the Hetero-brand of Tenofovir/Lamivudine/Dolutegravir (TLD), while 4 cases were related to Isoniazid (INH). In addition, during the same quarter, the team identified 175 (M: 73, F:102) medication errors through prescription screening and provided interventions to address these errors.

Activity 2.3: Improved Pediatric/Adolescent HIV/AIDS Care and Treatment

Over the past year, the Accelerating Progress in Pediatrics and PMTCT (AP3) program has been focused on addressing challenges and improving care for children, adolescents, and pregnant women. The program efforts have been guided by the six pillars of AP3. Existing Human Resources for Health within the program were pivoted to HIV case identification for paediatrics and pregnant women. Additionally, the project teams provided mentorship to pediatric-focused case managers, adolescent peer supporters, and mentor mothers, enabling them to deliver age-appropriate services to children, adolescents, as well as pregnant and breastfeeding women living with HIV who are enrolled in the program. An incident command structure was established along with a streamlined directory to strengthen referrals across all levels of implementation.

Paediatric Care: The ECEWS ACE-5 team implemented age-appropriate and context-specific strategies across the continuum of care for children living with HIV. In total 224,267 children (<15 years) were tested with 782 children diagnosed with HIV and linked to treatment. The project had 4,070 recipients of care within the 0-14 age band, with 404 transitioning into the adult population. Notably, 100% are on a DTG-based regimen, with a viral coverage of 95% and a suppression rate of 96% by the end of the fiscal year. A deep dive into reasons for poor adherence by the children was done (Figure 12) and context-based enhanced adherence

sessions were conducted to support virally unsuppressed children including facilitating access to socioeconomic services. 88% of the 5,201 CLHIV under 18 years old are enrolled in the OVC program.

Reason for non-adherence among virally unsuppressed children by caregiver type

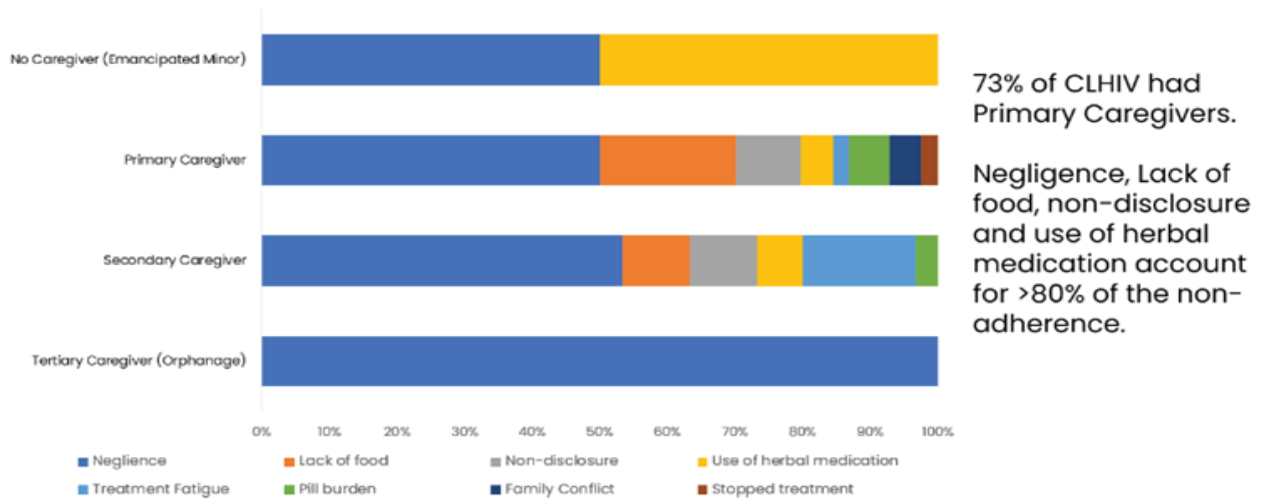


Figure 14: Reasons for non-adherence among unsuppressed children <15 years

Adolescent Care: During the reporting period, the team supported adolescent-responsive service delivery including the provision of psychosocial support for adolescents and young persons living with HIV. The project teams empowered adolescent peer supporters and healthcare workers in delivering services attuned to the needs of adolescents. 45% (n=22,785) of the 50,375 HIVST kits distributed, went to individuals aged 10 to 24 years, a 16% increase compared to the preceding period. Regular capacity-building sessions and review meetings were conducted for the adolescent peer supporters aimed at enhancing their skills. The peer supporters conducted group counselling to support AYPLHIV who experienced treatment fatigue, alongside one-on-one follow-up sessions.



← Figure 15: Review Meeting with Adolescent Peer supporters

The ECEWS ACE-5 team continued to ensure adolescents were enrolled in the Operation Triple Zero Initiative and group meetings served as a platform to raise awareness about sexual and reproductive health, including menstrual health, and combat stigma. School sensitization programs focusing on HIV prevention and sexual and reproductive health were also conducted to enhance awareness and knowledge, with 235 adolescents between 12 and 19 years reached.

Activity 2.4: Increased access and uptake of PMTCT services

Prevention of Mother-to-Child Transmission of HIV (PMTCT)

In alignment with the National PMTCT Scale-up plan, the ECEWS ACE-5 team implemented a differentiated PMTCT approach where HIV testing services were provided both in health facilities and community birth centres across both states. Among the mapped community birth centres, HIV testing services were provided to pregnant women at 663 sites, including 500 traditional birth centres, 124 congregational centres, and 39 healthcare worker-manned birth centres. The team completed the validation of the baseline assessment on equipment and supplies required for providing the minimum package of antenatal care. 244 of these facilities were supported with IPAC consumables. Additionally, 133 health workers at community birth centres were trained on the national cPMTCT standard of operation curriculum and 34 healthcare worker-manned community birth centres were registered for HTS external quality assessment and Quality Control.

A total of 127,010 pregnant women received HIV testing services (HTS), out of which 2,472 were diagnosed with HIV, with 48% of cases being newly identified infections and 52% previously diagnosed individuals. The team also conducted third-trimester maternal retesting for 1,966 pregnant women who previously tested HIV negative at 1st ANC.

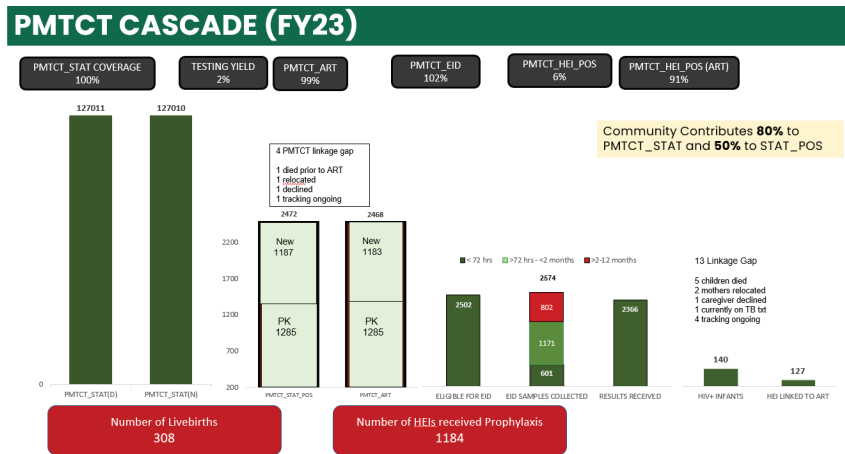


Figure 16: The State team presenting consumables to the coordinator of the community birth centres.



Figure 17: Practical demonstration on measuring Gestational Age during the training of healthcare workers in community birth centres

As a result, eight additional women were diagnosed with HIV and linked to treatment. cPMTCT contributed to 80% of the pregnant women tested and 50% of pregnant women diagnosed with HIV. 16 mentor mothers-led support groups were established for HIV-positive pregnant and breastfeeding women, and 211 women are currently enrolled in these groups.



← Figure 18: ECEWS ACE-5 FY23 PMTCT Cascade

Figure 16: ECEWS ACE-5 FY23 PMTCT Cascade

The team also developed and distributed Quick User Guides for PMTCT implementation and clinical diagnosis of HIV among HIV-exposed infants. Additionally, the team created and disseminated Information Education and Communication materials, focusing on the triple elimination of mother-to-child transmission of HIV, Syphilis, and Hepatitis B, among other important initiatives.

Efforts towards the Triple Elimination of Mother-to-Child Transmission of HIV: 97% of pregnant women (n=111,690) received syphilis testing, and 5,778 women were tested for Hepatitis B. All those who tested positive for Syphilis and Hepatitis B respectively were linked to treatment.

Optimization of Services for HIV-Exposed Infants: The ECEWS ACE-5 team has achieved significant progress in monitoring HIV-exposed infants, scaling up birth testing and ensuring data accuracy by cross-referencing facility records and analyzing laboratory data for all Dried Blood Spot (DBS) samples collected from HIV-exposed infants (HEIs). As a result, samples for early infant diagnosis from 2,574 infants were collected, with 69% of these samples obtained before the infants reached 2 months of age. Birth testing was substantially increased, with 23% of the first Early Infant Diagnosis (EID) samples collected within 72 hours. Although in-facility delivery was poor with only 379 live births by women living with HIV, HEIs were promptly tracked, and 951 infants received ARV prophylaxis within 72 hours of birth while 607 infants received it after 72 hours. Out of the 2,366 EID results received, 140 infants were diagnosed with HIV, resulting in a mother-to-child transmission (MTCT) rate of 6%. 91% (127) of these infants were successfully linked to Antiretroviral Treatment (ART). Of the remaining 9% (13) who were not linked to treatment, 1 child had TB/HIV co-infection, 5 died before ART

initiation, 2 mothers relocated to different states, one caregiver declined treatment, and 4 are being tracked actively to provide the necessary care. Factors identified as contributing to MTCT of HIV in both States include the absence of antenatal care, late presentation for Antenatal Care (ANC), delayed initiation of ART among mothers, and non-adherence among previously diagnosed pregnant women.

HIV Exposed Infant Final Outcome: Out of the 2,356 HIV-exposed children enrolled in the birth cohort between October 2020 to September 2021, 94% have documented final outcomes at 24 months, representing a 5% improvement from the previous fiscal year. Among these children, 2,045 exited the PMTCT program with a negative HIV status, and 90 were diagnosed with HIV and linked to treatment. Final outcomes could not be established for 135 HEIs due to maternal transfers from facilities.

Enhanced Expert Support Initiative (E2SI): The ECEWS ACE-5 teams utilised its Enhanced Expert Support Initiative to provide expert care for clients in rural settings through in-person and teleconsultations. A total of thirty-five children benefited from this initiative. 34 of these children have significantly improved in health. Additionally, the initiative extended support to seven caregivers of CLHIV and their clinical teams in primary and secondary health facilities, aiding them in the disclosure process. Capacity-building sessions were organized for adolescent peer supporters, enhancing their ability to deliver integrated and tailored services for adolescents and young individuals.

Participation in National and State TWG Meetings: The ECEWS ACE-5 team participated in key stakeholder meetings such as the National PMTCT and Paediatric Scale-up expanded stakeholders meeting, the PEPFAR Interagency PMTCT TWG meeting, and the National Quarterly PMTCT review meeting. The team ensured valuable feedback from these meetings was shared with USG implementing partners in both States, underlining the significance of aligning donor-driven initiatives with the national program. The ECEWS ACE-5 project also assisted in establishing PMTCT technical working groups in both States and participated in the State-led paediatric technical working group meetings. The team also supported the State Ministry of Health in designing the Maternal Retesting Protocol and the State Paediatric Surge Framework to align with the national framework.



← *Figure 19:
ECEWS ACE 5 team
participating in the newly
set-up PMTCT Technical
Working group meeting.*

National Paediatrics Stakeholders Meeting for the Development of Job Aids for Age-appropriate Disclosure Tools: The ECEWS ACE-5 team participated in a NASCP-led meeting to develop training tools, including job aids and Standard Operating Procedures (SOPs), that will guide healthcare workers in facilitating age-appropriate disclosure of HIV status and providing essential psychosocial support.

The meeting brought together a diverse group of stakeholders, including academia, the Ministries of Health in Rivers and Lagos States, civil society groups, and implementing partners. The collaborative effort aimed to create standardized tools tailored to the national context.



Figure 20: ECEWS ACE-5 team participating in the National meeting for the development of age-appropriate disclosure tools.

Strengthening Multi-sectoral Partnership

The project teams took steps to strengthen multi-sectoral partnerships and conducted advocacies to various organizations, including the Orphan and Vulnerable Children (OVC) program, the Neglected Tropical Disease program, the US President’s Malaria Initiative (PMI), and the Sexual and Reproductive Health program. The focus of the engagements was to adopt a more holistic approach to addressing the diverse needs of these vulnerable populations. Biweekly meetings were held with the OVC partners to improve coordination and optimise resources for children. Among the 5,201 CLHIV under 18 years old, 88% are currently enrolled in the OVC program.



← Figure 21: Advocacy visit to the President’s Malaria Initiative

Activity 2.5: Increasing Access and Uptake of Cervical Cancer Screening Services

Increased efforts were dedicated towards the provision of cervical cancer (CXCA) screening services to eligible women living with HIV (WLHIV) aged 25 to 49 years across all supported healthcare facilities. Comprehensive training on cervical cancer screening and treatment of pre-cancerous lesions was provided to healthcare workers across all supported LGAs, following the receipt of 49 thermal ablation machines from USAID. By employing the “screen-and-treat” approach, a total of 8,832 eligible WLHIV were screened, 16 WLHIV were identified with precancerous lesions and they all received appropriate and timely treatment. Rigorous quality improvement initiatives were implemented across the project to ensure that the highest level of cervical cancer screening treatment and care is provided to eligible WLHIV. Expert-led training from tertiary healthcare facilities was facilitated through the E2SI initiative to improve knowledge and skills. Daily patient education initiatives were instituted in ART clinics to enhance awareness and acceptance, and a system of weekly commodities redistribution to facilities was implemented to prevent stockouts and ensure continuous service provision. Furthermore, the project team commemorated International Women’s Day on March 8th, 2023, with a cervical cancer awareness campaign, through focused health talks, sharing of educational materials, and creating demand for service uptake among eligible WLHIV.

Activity 2.6: Increased Access and Uptake of TB/HIV Services

The ECEWS ACE-5 instituted measures to improve access to TB preventive services, active TB case identification, prompt TB diagnostics, and treatment services through active referral systems. The project emphasized accessible HIV testing services for all presumptive and TB cases, aiming to mitigate the mortality and associated risks linked to TB/HIV co-infection.

Strengthening TB/HIV Service integration

The following steps were taken by the ECEWS ACE-5 teams to strengthen TB/HIV integration across the project-supported states:

Improving HIV Testing and TB Screening Rates at DOT Centres and Comprehensive Sites:

The ECEWS ACE-5 project integrated TB and HIV services across all supported sites, ensuring

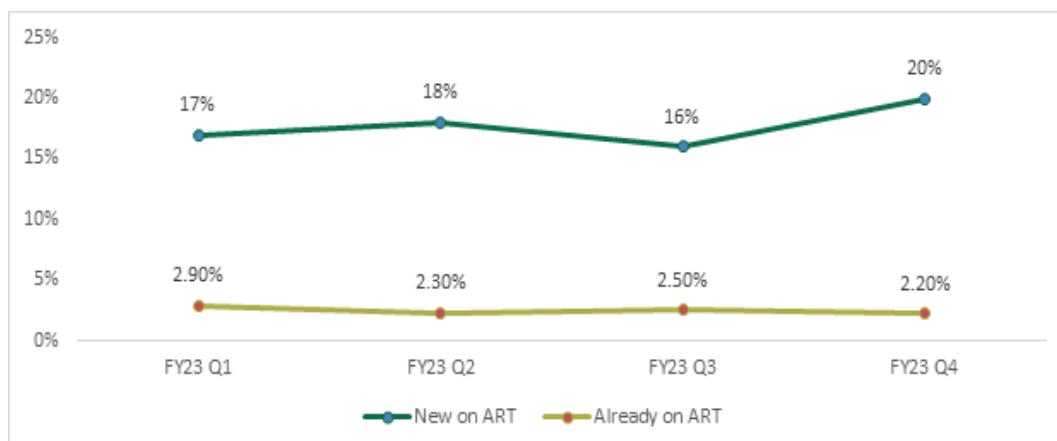


Figure 22: Advocacy visit to the President’s Malaria Initiative

routine TB screening for PLHIV at every clinic visit. This integration encompassed various program areas and service delivery points such as PMTCT, OVC, adolescent, index testing, and differentiated service delivery model (DSDM) to improve screening coverage among clients in care. Additionally, active TB case finding was integrated into HIV case finding within communities where all newly diagnosed HIV-positive clients were screened for TB and the presumptive clients offered an assisted referral to the Laboratory/DOT clinic. Cross referrals were also made for TB patients identified in DOT centres to receive adequate care and antiretroviral treatment for HIV/AIDS including cotrimoxazole preventive therapy. In FY23, 130,272 RoCs (adults, children and pregnant-positive mothers) who had a clinic visit were screened for TB using the WHO Symptom Screening and 2,972 presumptive cases were identified, with 2,820 referred for TB diagnosis. The presumptive TB cases not tested for TB were lost after referral to the TB laboratories. The proximity of the ART clinic to the TB laboratory and long waiting time were reasons for the incomplete referral. 5693 coinfecting patients were identified and commenced TB treatment. The use of chest x-ray as a screening and diagnostic tool for TB, especially in CLHIVs with a high index of suspicion, further proved to be effective in improving TB case finding within this age group

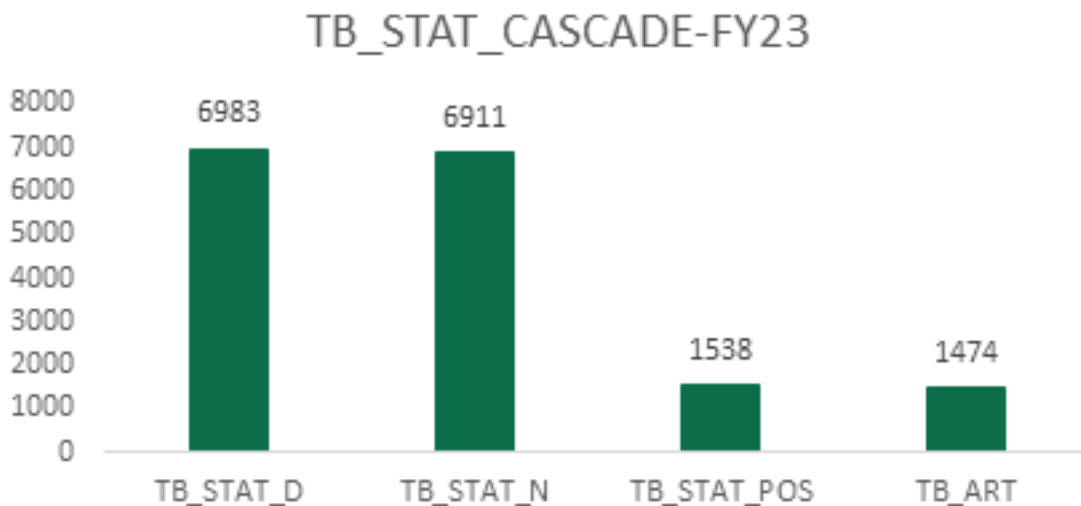


Figure 23: Advocacy visit to the President’s Malaria Initiative

Building Capacity of Health Care Providers: The project teams developed and deployed a comprehensive TB/HIV algorithm, standard operating procedures, as well as job aids and tools, at health facilities and community care sites. These measures were designed to ensure that TB service provision adhered to both national and global guidelines and practices. The team built the capacity of TB/HIV service providers through targeted training covering a wide spectrum of TB and HIV services, including infection prevention and control. Supportive supervisory visits were conducted to sites, to provide hands-on mentoring on good clinical practice founded on evidence and recognized best practices.

TB/HIV Inter Collaboration: The ECEWS ACE-5 teams collaborated with other programs to expand TB/HIV case finding and improve resource efficiency. The project supported the childhood Tuberculosis testing week and collaborated with other TB partners to screen a total of 5,024 children, identifying 831 children presumptive to TB (17% presumptive yield). A total

of 802 samples were sent for TB evaluation and 9 were reported as positive for TB. The team also leveraged this opportunity to offer HIV testing services to adults and presumptive TB children identified during the TB testing week. 980 individuals were offered HTS (798 Children and 182 adults) and 7 tested positive for HIV (3 children and 4 adults) and they were all promptly linked to treatment.

Similarly, the ECEWS ACE-5 team participated in the planning and execution of the National TB Testing Week across the two supported states. Various activities were organized to promote TB education, screening, and testing. Key highlights of



Figure 24: Advocacy visit to the President's Malaria Initiative



Figure 25: Advocacy visit to the President's Malaria Initiative

the event included a radio talk show aimed at enlightening the people on TB/HIV co-infection and the need for infection prevention control protocol across the hospitals in the state to minimize the spread of infection. During the event, a total of 3,887 persons were screened for TB, and 836 presumptive TB cases were identified with a presumptive yield of 22%. 94% (787) of the presumptive cases identified were sent for TB evaluation and 54 of them identified TB positive giving a TB positivity yield of 7%.

Scaling up TB Preventive Therapy to Increase Uptake

The integration of TPT with ART adherence counselling resulted in enhanced adherence and successful completion of TB medication throughout FY23. During this period, a new TPT regimen, 3HP, administered for 3 months to prevent Tuberculosis among PLHIV, was introduced. This regimen was extensively scaled up following a guidance meeting led by USAID, emphasizing its robust evidence of promoting treatment adherence and successful completion. A total of 2292 eligible clients commenced on TPT this reporting period, with a linkage rate of 100% while 4886 clients who completed their TPT course successfully were monitored.

National and Zonal TB/HIV Meetings: The ECEWS ACE-5 team actively participated in collaborative meetings at both national and state levels. These gatherings provided valuable platforms to discuss accomplishments, and innovations, and identify opportunities for enhanced collaboration. A notable meeting during this period was the state coordination meeting held in commemoration of the National Child Tuberculosis Testing Week. This meeting played a crucial role in aligning work plans for effective Integrated TB motorized campaigns during the event. Additionally, the team took part in quarterly TB zonal meetings, offering partners within the same zone an avenue to review performance, address challenges, and share ideas and innovations to improve program implementation.

USAID TB/HIV Consultant Visit to ECEWS ACE-5 Sites: To strengthen and assess the quality of TB services offered across ECEWS ACE-5 supported sites, a TB/HIV specific visit was organized in FY23Q4, led by the USAID TB/HIV consultants. They conducted site visits to various supported facilities, including Ibenno Cottage Hospital and Immanuel General Hospital in Akwa Ibom state, as well as Calabar General Hospital and Enamate Pharmacy in Cross River State. The discussions during these visits focused on effective TB screening and evaluation, the availability of TPT medications and SOPs, the knowledge level of service of the service providers on the recently introduced 3HP, follow-up and referral processes for presumptive TB clients, pharmaceutical care service provision for ART clients, provision of drug information services as well as collaboration with hub sites and engagement with other implementing partners. The recommendations arising from the visit emphasized the need for enhanced quality in screening and the utilization of TB-specific Information, Education, and Communication materials for public awareness, particularly at community pharmacies and other DSD sites. The team was also urged to strengthen collaboration with sister IPs supported by USAID to facilitate resource sharing wherever applicable.

Activity 2.7: Increasing Support to HIV/AIDS/TB Laboratory Service

In the reporting period, ECEWS ACE-5 mainstreamed HIV/AIDS and TB laboratory services across all supported facilities and strengthened PCR laboratory optimization. The team ensured consistent delivery of high-quality laboratory services in line with established guidelines and standards, including strengthening quality management systems toward accreditation.

Implementation of the Rapid Test Continuous Quality Improvement Initiative (RTCQII): ECEWS ACE-5 continued to implement quality assurance measures to improve the quality of laboratory and point-of-care testing for HIV across its 154 supported facilities and community structures. An audit and competency assessment were conducted at various testing points focused on compliance with standard operating procedures, national testing algorithm, quality control requirements, prompt and timely documentation on daily worksheets, retesting for verification of all positives before initiation of treatment, and participation in proficiency testing program using the dried tube specimen (DTS) technology. The nationally harmonized competency assessment tool and Stepwise Process for Improving the Quality of HIV Rapid Testing (SPI-RT) checklist were used. This assessment was done in collaboration with the State Quality Assurance Champions Team (SQACT). Table 2 presents the outcome of this assessment.

Table 2: Outcome of RTCQII Assessment

Levels	% Score	#Testing Points Akwa Ibom State	#Testing Points Cross River State	Description of results
Level 0	< 40%	0	1	Needs Improvement in all areas and immediate remediation
Level 1	40% - 59%	8	5	Needs improvement in specific areas
Level 2	60% - 79%	15	15	Partially eligible
Level 3	80% - 89%	57	5	Close to national site certification
Level 4	90% and above	1	0	Eligible for national site certification

The team also collaborated with the State Quality Assurance Champions Team (SQACT) to develop proficiency testing panels and quality control panels for Cycle 3. Proficiency testing panels were distributed to all testing points in supported facilities and community teams to assess testers' performance. The outcomes will be reviewed for corrective actions to be implemented in areas where gaps were identified. In total, 8,250 DTS panels were produced and packaged along with the respective buffers for reconstitution. Quality control panels were also distributed to testing points to ensure the weekly control of HIV rapid test kits, thereby confirming the validity of the test kits used for testing.

Viral Load Optimization: The ECEWS ACE-5 team utilised a line list of clients eligible for viral load testing, ensured the availability of sample collection commodities, conducted weekly data review meetings to monitor the sample collection rate, and collaborated with the National Integrated Sample Referral Network (NISRN/3PL) on sample transfers to the PCR Laboratory, in a bid to achieve 100% viral load (VL) sample collection and testing. Utilizing the Laboratory Information Management System (LIMS) platform across supported health facilities, the team ensured 100% remote sample logging (RSL) of all collected samples before shipment to the analyzing PCR laboratories. Progress made with analyses of the samples was monitored daily through LIMS to ensure immediate printing of results once they were available. This has further improved the turnaround time to within 2 weeks for about 80% of samples collected for analysis from less than 40% previously.

During the quarter, the PCR laboratories received a total of 138,981 viral load samples. Of these, 147,244 samples were analyzed, and 138,238 results were dispatched by the end of September 2023. The variance in the number of samples received and analyzed can be attributed to pending samples from Q3. Ongoing efforts are focused on ensuring that all results are dispatched within the first month of FY24. In Q4, the sample collection rate stood at 99%, with a viral load coverage of 97% and a 99% sample suppression rate.

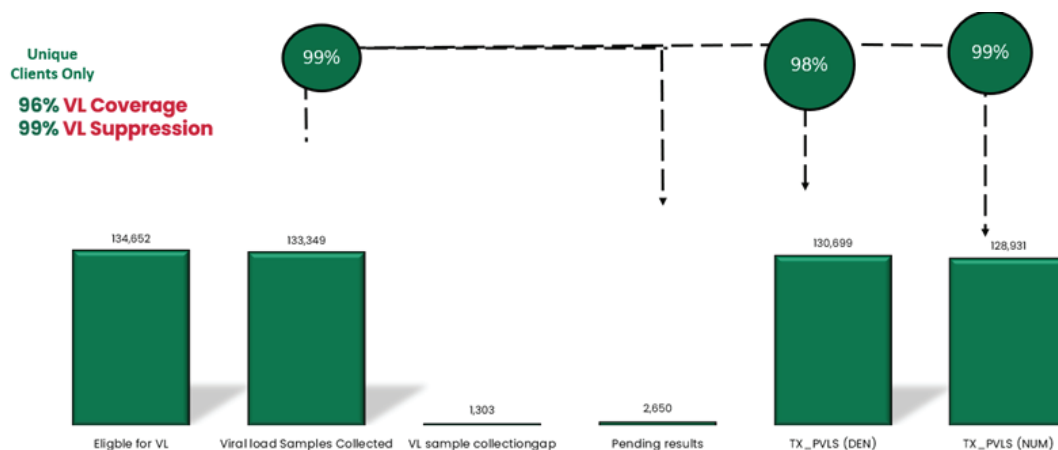


Figure 26: ECEWS ACE-5 FY23 Q4 Viral Load Cascade

Operationalizing the Alinity M Testing Platform: During the reporting period, the PCR Laboratories completed the verification process for the Abbott Alinity M molecular testing platform, meeting all accuracy and precision criteria. This platform demonstrated remarkable performance in analyzing HIV viral load assays with its user-friendly interface. This achievement promises enhanced diagnostics, increased efficiency, shorter turnaround times, and ultimately improved patient care as it becomes an integral part of the routine clinical testing platform. Following the successful verification exercise, the Abbott Alinity M platform was fully integrated into the regular sample analysis processes alongside the Abbott m2000 and Hologic platforms. This milestone not only expanded the laboratory’s daily testing capacity but also elevated the overall quality of services provided. The integration of these advanced platforms represents a significant leap forward in optimizing the project’s diagnostic capabilities and improving patient care. It underscores the project’s unwavering commitment to providing cutting-edge healthcare solutions and achieving better outcomes for recipients of care. Full optimization of these capabilities is set to commence in the first quarter of FY24.

Point of Care Early Infant Diagnosis Testing: During the reporting period, the ECEWS ACE-5 team continued its support for GeneXpert in Early Infant Diagnosis (EID) testing. The process included a robust tracking system for samples sent to these GeneXpert sites to augment the testing services offered by the PCR laboratory. In total, 674 DBS samples were tested across all EID testing laboratories for early case identification of HIV-exposed infants. Subsequently, 754 results were dispatched (including results from a previous quarter), and 15 positive infants were identified (Table 3). As part of a national plan to scale up EID testing, four health facilities were assessed for m-PIMA machines.

Samples received	Number of samples tested	Number of samples untested	Result Outcome			Total result dispatched
			Positive	Negative	Invalid	
674	674	0	15	739	0	754

PCR Laboratory National Accreditation Preparation: In line with PEPFAR’s directive to achieve accreditation for all PCR laboratories across the country by September 2023, the ECEWS ACE-5 project enrolled UUTH and COOUTH in the accreditation process. A pre-registration assessment has been conducted for COOUTH, while the Medical Laboratory Science Council of Nigeria (MLSCN) has communicated plans for an assessment visit to UUTH in the first week of October 2023.

Equipment Functionality and Maintenance: The ECEWS ACE-5 laboratory team collaborated with Abbott to conduct a series of training designed to enhance laboratory best practices and equipment maintenance. During the period under review, the average equipment functionality rates were as follows: the Abbott Alinity M testing platforms stood at 86%, the Abbott m2000 platform at 88%, and GeneXpert at 94%. Additionally, the Hologic, Abbott M2000, and GeneXpert equipment boasted a high functionality rate of 100% during the same period. Furthermore, routine Plan Preventive Maintenance (PPM) activities were conducted by Abbott Application Specialists and Field Service Engineers (FSE) on all the Abbott equipment installed in both laboratories. This comprehensive approach ensured the consistent upkeep of the laboratory equipment and sustained high-quality laboratory services.

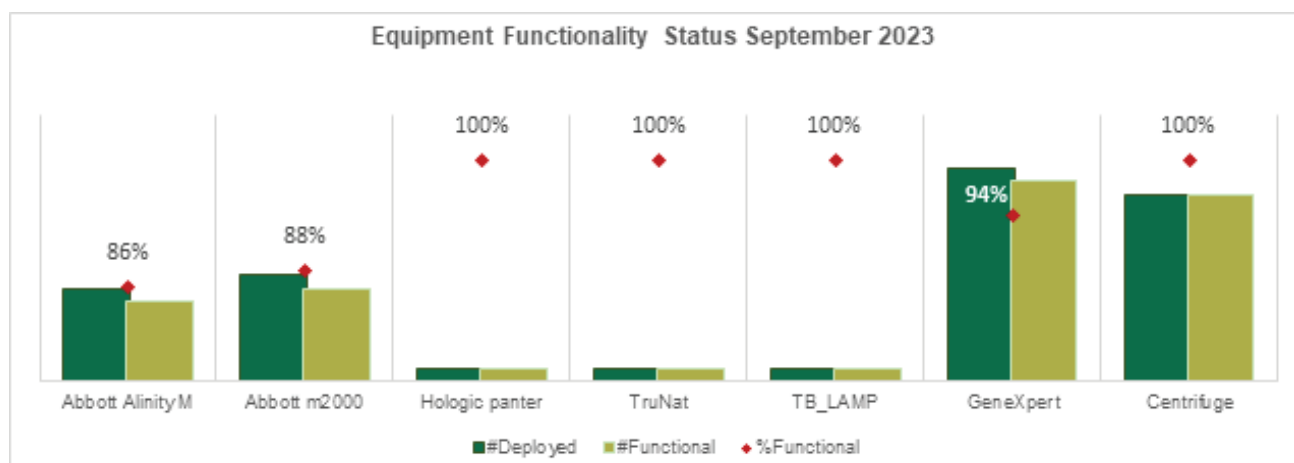


Figure 27: ECEWS ACE-5 FY23 Q4 Equipment Functionality Status

Activity 2.8: Health Systems Strengthening to Support Clinical Services

The ECEWS ACE-5 team provided technical support to strengthen the security of commodities, employing several strategies. These strategies included prompt and accurate reporting of consumption data to the Global Health Supply Chain (GHSC), monitoring the movement of drugs in and out of the supported health facilities, and organizing and retrieving drugs (ARV and OI medications) from storage in adherence to the First-to-Expire-First-Out (FEFO) principle, thus minimizing product expiration. To further strengthen the system, the project teams team engaged in mutual learning visits between the two project states. These exchange visits allowed the teams to gain valuable insights from innovative approaches that could help address their specific challenges while also sharing their effective practices. One of the best practices learnt during the visit to Cross River State was the “shoe rack strategy”

for EAC Cascade monitoring.

Activity 3.1 Integration of HIV into Routine Primary Healthcare

In the quarter under review, the project team remained committed to advancing service integration at supported primary healthcare facilities (PHCs). This involved close collaboration with PHC staff to develop and implement plans for the seamless integration of different health services. The team continued the routine integration of HIV services with immunization, malaria, nutritional and other services using the care and support checklist to screen and refer PLHIV to these services at the primary health care centres. To ensure the success of this integration, the State Primary Health Care Development Agency (SPHCDA) and the ECEWS ACE-5 team conducted joint supportive visits to PHCs to monitor progress on service integration and to provide the needed technical assistance.

KEY RESULT 3:

Increasing Access and Provision of HIV/AIDS Prevention and Treatment Services Within Primary Health Care Interventions

Activity 3.2: Community Access to HIV/AIDS Care and Treatment

In the reporting period, clients were offered devolved to self-chosen DDD models. This devolvement has consistently reduced clients' out-of-pocket costs for accessing medication refills, decongested high-volume sites, reduced the workload for healthcare providers and ultimately improved client satisfaction and treatment outcomes. Additionally, the team expanded the number of community ART refill points and re-devolved clients from the unsustainable healthcare worker-led community refill model to more sustainable models. In Akwa-Ibom State, 361 (158M; 203F) recipients of care under the unsustainable healthcare worker-led community refill model were linked to the more sustainable Hub and Spoke model and CPAR model. Notable achievements within the quarter include the devolvement of 750 (244M, 506F) eligible and willing clients to various models as follows: CPAR (50), Hub and Spoke (619), CARG-{PLHIV-led} (72) and CARG {HCW-led} ⑨. Also, two PHCs were activated as Spoke model sites in Cross River State.

Activity 3.3: Community Ownership of the HIV/AIDS Response

To stimulate demand for key routine HIV services across traditional, community, and religious structures, the ECEWS ACE-5 team conducted visits to community leaders in Nsit Atai, Okobo, Uyo, Udung Uko, and Mbo. Additionally, the team engaged with youth councils through meetings held at the youth councils in Uyo, Okobo, Oron, and Nsit Atai LGAs. These meetings sensitized youth groups on HIV prevention, identification, and treatment services available at health centres/communities, and promoted demand for and uptake of HIV services. As a result of these engagements, the project secured assurances of a peaceful and enabling operational environment and support to extend sensitization using local methods. Similarly, the ACE team conducted sensitization and advocacy visits to security formations in supported local government areas (LGAs) to increase project visibility and awareness. On July



Figure 27: Visit by the Oruk Anam LGA project team leadership to the Divisional Police Headquarters in Ikot Okoro, Orum Anam LGA.

26, 2023, the Oruk Anam LGA team visited the Divisional Police Officer to sensitize members of the security sector on the importance of referring survivors of intimate partner violence to obtain a minimum package of care in supported health facilities, while also providing HIV prevention and treatment messaging.

Activity 3.4: Community Knowledge of HIV

Within the quarter, the ECEWS ACE-5 team continued to promote community knowledge of HIV and TB through the work of Community ART Management (CAM) clinicians/teams. A major responsibility of the CAM team is educating and counselling potential clients as well as guiding family members of newly diagnosed clients. The CAM teams conducted outreach activities including home visits, group counselling sessions, and awareness campaigns to share information about HIV/TB transmission, prevention, testing resources, and treatment options. In Akwa-Ibom State, the team participated in a 4-day free medical outreach organized by the Kampala Foundation in the Eyokponung community in Udung Uko LGA. The team used the platform to create awareness of HIV, and the need for HIV testing and treatment to members of the community who thronged the venue of the program.

Implementation Challenges

During the quarter under review, some project activities were negatively impacted as a result of the following challenges.

- The need for caregiver assent was a major barrier to testing minors, to forestall this, the team targeted settings and timing when caregivers and children could be seen at the same time.
- Insecurity experienced in some local government areas (Ibena, Eastern Obolo, Bakassi, Akamkpa, and Obubra) led to the displacement of clients and interruption in treatment. However, working with the community structures, the team was able to link them back to

treatment.

- Loss of trained service providers for cervical cancer services due to retirement or transfers. In response, the ECEWS ACE-5 team collaborated closely with relevant state authorities to address this issue. The team's approach focused on continuous capacity building, considering the remaining years of service for healthcare providers, and finding solutions to the ongoing problem of frequent transfers.
- Manual transmission of DBS results for early infant diagnosis adversely impacted the turnaround time. In the interim, the team strengthened the feedback mechanism between the facility and the analyzing laboratories.
- The intermittent stock-out of Dual HIV/syphilis test kits affected service delivery in line with the triple elimination of Mother-to-Child transmission of HIV, Syphilis and Hepatitis. However, the team leveraged commodities through the State Ministry of Health and ensured timely redistribution of commodities to minimize the effect of the stock-out.
- The sheer number of community birth centres in both states exceeds our funding capacity. Using the Pareto principle, the project supported selected community birth centres based on their antenatal attendance.
- Intermittent breakdowns of the laboratory centrifuges led to reduced testing output. Increased frequency of maintenance services was introduced, and prompt repairs were conducted to avoid testing disruptions.
- Stock-out of Hologic Aptima reagent, resulting in under-utilization of the Hologic testing platform. The team continued to engage with GHSC-PSM to improve supply chain management.

Monitoring, Evaluation and Learning

In the reporting period, ECEWS ACE-5 maintained an efficient, responsive and robust monitoring and evaluation system for real-time data reporting, analysis and proper monitoring and management of client records across the HIV continuum of care. Efforts were sustained to improve data quality, high-quality reporting into the electronic medical records (DHIS2, LAMISPlus and NDR) and data use for decision-making and feedback. Highlights of key M&E activities conducted within the period under review are presented below.

High-Frequency Reporting: During the reporting period, the ECEWS ACE-5 team employed the Daily Performance Tracker (DPT) of the DHIS2 to monitor and track daily and weekly project achievements. Weekly assessments were carried out to evaluate key indicators related to case finding, treatment, and viral suppression. This rigorous monitoring process ensured the accuracy and completeness of reported data. During FY23Q4, there was a remarkable improvement in data quality when compared to previous quarters. This improvement was largely attributed to the innovative use of the Daily Report Automation (DiRA) bot by the state teams. The bot streamlined the data entry process in the DPT, resulting in increased efficiency and a significant reduction in data gaps. In fact, for several weeks, certain sites reported no data gaps, while others experienced only minimal discrepancies. In FY24, the team will further refine the M&E system to minimize the occurrence of data gaps and outliers. Technical

support will be provided where necessary to ensure the highest data quality standards are maintained.

Use of Data for Real-Time Decision-Making: In the reporting period, service data was routinely queried and analyzed, upon which outcomes were used to inform changes and realignment of program strategies, initiatives and innovations. ECEWS ACE-5 teams participated in several strategic and coordination meetings that required analysis and presentation of real-time program data to show the rate of progress across critical indicators. Analysis from real-time data was used to objectively determine progress towards target achievements and to scale up evidence-based interventions for closing areas where weakness was observed. The daily and weekly data monitoring and review meetings helped to identify gaps and tracking of corrective measures to address service gaps where applicable. The team conducted data profiling on a daily, weekly, and monthly basis across multiple reporting platforms to ensure data consistency and accuracy and identify areas for improvement. To further strengthen the data-driven culture, a Monitoring and Evaluation Bootcamp was organised. The goal of this boot camp was to enhance participants' capacity to make data-driven decisions that will lead to improved program outcomes. The boot camp strengthened participants' understanding of various reporting tools, indicator matrices, and data analysis techniques, and enhanced their grasp of data quality dimensions.

Capacity Building for Efficient Data Reporting and Management: The ECEWS ACE-5 teams closely monitored the key performance indicators for increased uptake and reporting of HIV services. Various training sessions were conducted to familiarize the teams with the changes in both monthly and daily DHIS2 instances and to instruct them on how to effectively utilize the MER 2.6 guide for indicator derivation. Trainings were conducted in person and virtually to build field staff capacity on using the new LAMISPlus EMR. Also, the DATA.FI team visited the State to conduct trial runs of the new modules of LAMISPlus and other features on the EMR.

Data Quality Assurance: In preparation for the Annual progress report (APR) for FY23 and in line with PEPFAR guidance for a routine comprehensive audit of M&E systems and processes, the ECEWS ACE-5 team conducted a data quality assessment in the reporting quarter. The assessment covered ECEWS ACE-5 supported facilities in Akwa-Ibom and Cross River states, to verify the accuracy and reliability of the reported data for the Q3 reporting period. Additionally, the team tracked the progress in implementing the corrective action plan based on the previous quarter's DQA and conducted a thorough detailed validation of the line list for newly initiated ART clients within the same period. A review of data quality assessment conducted across 44 high-volume health facilities across the supported states reveals sound optimal data quality and reporting for all indicators of intervention. However corrective measures plans were developed for the few facilities with data gaps.

Optimizing the Electronic Medical System: During the review period, the ECEWS ACE-5 team participated in the LAMISPlus boot camp. The team activities included the modification of the code for the biometric proxy service within the EMR, which now incorporates

fingerprint identification and deduplication of recaptured fingerprints. The team also undertook the development of SQL queries to address various data migration issues, such as the migration of data from LAMIS 3 to LAMIS Plus for DSD models, cervical cancer, chronic care date, and TPT, including modifications to the RADET SQL query to enable the extraction of specific information from the database for integration into the RADET file. Commitment extended to ensuring that all EMR modules were kept up to date across all 153 supported sites.

The ECEWS ACE-5 project also provided additional hardware to improve the application of LAMISPlus for real-time data entry. Additional biometric devices were deployed to field teams and the various DSD sites to ensure real-time capture of client biometrics at ART enrolment and recapture at every clinic encounter.

INTEGRATION OF CROSSCUTTING ISSUES

Gender and Social Inclusion

ECEWS ACE-5 teams took deliberate measures to ensure gender integration and mainstreaming in all project activities. In FY23, a total of 8,864 survivors of gender-based violence received post-GBV care. This translates to a 193% achievement of the assigned GEND-GBV target for FY23. As part of efforts to improve the quality of post-GBV services provided to survivors, training on GBV case identification and provision of post-GBV care and reporting was conducted for service providers across the two project states. Knowledge gained from this training led to improvement in the identification and reporting of GBV cases and the provision of quality post-GBV care services in line with the minimum standard care package.

As part of a comprehensive package of HIV care services, PLHIV and PrEP clients were routinely screened for Intimate Partner Violence and other forms of GBV to identify those who are at risk or experiencing GBV with subsequent care provided to clients in need including first-line support (LIVES) and minimum package post-GBV care in line with recommended guidelines and standards. The project also conducted a gender study in both project states to inform gender strategy design and implementation approaches across key program areas. The overall objective of the study was to identify the extent to which gender roles and norms affect access to and utilization of the HIV continuum of care. The preliminary findings revealed cultural, religious, and socioeconomic factors that promote gender inequalities, including how these inequalities predispose girls and young women to HIV infection. Following the release of the detailed analysis report in FY24, ECEWS ACE-5 will design and implement specific activities to change harmful gender norms, promote positive gender norms relative to HIV, identify ways the program can narrow gender gaps, address inequalities, and promote gender-related policies and laws that increase legal protection of PLHIV.

During the reporting period, the ECEWS ACE-5 team participated in high-level stakeholder engagements at the national and state levels. These efforts were geared towards

strengthening government involvement and coordination of interventions related to gender-based activities. Below are notable highlights of these meetings:

Sensitization Meeting on the Use of National GBV Dashboard: In a concentrated effort to enhance reporting and utilization of the National GBV dashboard, the Federal Ministry of Women Affairs (FMoH) organized a one-day sensitization meeting with the Akwa-Ibom State Ministry of Women Affairs. The primary agenda was to present the state's scorecard concerning GBV reporting. Key resolutions reached were to improve Akwa Ibom State reporting on the national GBV dashboard.

Third (3rd) Quarter National Technical Working Group M&E Meeting: The National Technical Working Group on Gender-Based Violence (GBV) was established to guide the Federal Ministry of Women Affairs in the multisectoral national response to GBV, pooling technical expertise from various sectors, donors, development partners, and civil society organizations. ECEWS ACE 5 actively participated in the 3rd quarter meeting of the NTWG held from 9th to 11th August 2023. The primary goal of this meeting was to assess activities and data concerning Gender-Based Violence. Discussions during the meeting primarily highlighted deficiencies in reporting and the absence of coordinated meetings at the state level. Consequently, a directive was issued for states to rejuvenate Technical Working Group meetings at the state level, aiming for effective coordination of GBV activities. The subsequent actions agreed upon in the meeting included organizing step-down training for reporting to the National dashboard at the state level, establishing login access to the National GBV dashboard for service providers, distributing incidence and service provision forms for real-time documentation and reporting of provided GBV services, and implementing monitoring measures on the national dashboard platform to ensure regular usage.

National GBV Dashboard Reporting Step Down Training: Following resolutions from the 2023 2nd Quarter National Technical Working Group M&E meeting, the ECEWS ACE 5 project supported the Ministry of Women Affairs in training GoN staff, Implementing Partners (IPs), Civil Society Organizations, and law enforcement agencies in both Akwa-Ibom and Cross-River States. The training, which occurred on August 29th and September 1st for Akwa-Ibom and Cross-River States respectively focused on using the incidence and service delivery forms and electronic reporting to the national dashboard. A clear reporting pathway for the State dashboard was established, with GoN staff at various LGAs tasked to lead data validation for subsequent reporting to the State. The immediate next step following the training was for the Ministry of Women Affairs to provide the names of the trained organizations to the Federal Ministry of Women Affairs for profiling and issuance of login access codes.

23rd National Council Meeting on Women Affairs: The primary objective of the National Council on Women is to advocate for government action in developing legislation that safeguards women from violence, ensures prosecution of domestic violence cases, provides domestic violence training, and promotes the economic, social welfare, and progress of women, youth, people with disabilities, and children, with a specific focus on education and

training. A four-day meeting was convened from August 21st to August 24th, 2023, at the Calabar International Conference Centre (CICC) to address these objectives. Distinguished attendees included the Honorable Minister of Women Affairs, the First Lady of Cross River State, and the wife of the Deputy Governor of Bauchi State. The event was also graced by Commissioners of Women Affairs, delegates from the 36 states, representatives from the Mariam Babangida National Centre for Women Development, and delegates from USAID, UN, and UNICEF. Additionally, Implementing Partners, members of Civil Society Organizations (CSOs), and other eminent personalities were in attendance. The 23rd National Council Meeting on Women Affairs held in Calabar strongly emphasized the collective dedication to advancing gender equality, social inclusion, and economic development throughout Nigeria. The event underscored the necessity of collaborative endeavours to drive positive change for women and society at large. A significant moment during the meeting was the acknowledgement and commendation of implementing partners, CSOs, and other state actors for their steadfast collaboration and support for the Ministry’s programs.

STAKEHOLDER PARTICIPATION AND INVOLVEMENT

In the quarter under review, the ECEWS ACE-5 continued collaboration with relevant stakeholders both at the national and sub-national levels in the delivery of quality services and interventions geared towards the achievement of the project’s development objectives. Highlights of key stakeholders’ involvement in the reporting period include but are not limited to;

Participation in Akwa Ibom State Quarterly PMTCT Technical Working Group (TWG): The State Ministry of Health facilitated a TWG on the 4th of August 2023 to among other things, review PMTCT implementation milestones and achievements by IPs between January – June 2023 with emphasis on maternal retesting and spoke site implementation. The ACE-5 team showcased the triple elimination approach of combatting HIV, Syphilis, and Hepatitis B Virus (HBV) and highlighted efforts to track and report the outcomes. The approach essentially prevents the vertical transmission of the listed viruses from mother to child. Also, the project collaborates with 19 facilities implementing the HBV to obtain the requisite data to monitor, track, and report Syphilis infection outcomes. The meeting had in attendance the State AIDS and STI Control Program Coordinator (SAPC)-Dr. Ime Usanga, SASCP M&E Officers, thematic



← Figure 28: Participants at the state PMTCT TWG held at the AKSMoH

focal persons in the Ministry, and representatives of IPs including RISE, UNAIDS, CHAI, and Civil society groups - APYIN, ASHWAN and NEPHWAN. The SAPC commended the ACE-5 team on the donation of Infection Prevention (IPAC) consumables to community structures, especially the Traditional Birth Attendants (TBA) as well as capacity building on infection prevention for the 133 supported TBAs.

SASCP Led Advocacy to Traditional Rulers Council in Akwa Ibom State: To address declining clinic attendance at the Primary Health Care Center in Odot Nsit Atai due to poor access road, the SASCP team led by Mrs. Emem Xavier visited the Traditional Rulers Council (TRC) on July 28, 2023 along with partners from ECEWS ACE-5, AHF, and UNAIDS. The purpose was to solicit the Chiefs' support in lobbying the Local Government Area council to facilitate repairs of the only access road to the hospital. The hospital has seen low patronage for months due to the deplorable road conditions worsened by heavy rains, which hampers facility-level interventions and impacts care for people living with HIV enrolled there. As a result, the TRC pledged to present the request for infrastructure repairs to the LGA council and mobilize youths for a temporary clean-up of the area to improve accessibility.



← Figure 29:
Mrs. Emem Xavier
representing SASCP
during engagement with
the village council of Ikot
Akpe Enang in Nsit Atai
LGA

Participation at PSM and Gender Technical Working Group Meetings (TWG): During the review period, the state logistics team participated in the Procurement and Supply Chain Management Technical Working Group (PSM TWG) meeting on Health Commodities, which was held on July 20, 2023 at the Conference Hall EDP Complex in Calabar. The meeting



← Figure 30:
Representative of Hon
Minister, Fed MOWA, Mallam
Ilyasu Omar Zubair
lamenting on unfortunate
increase of Sexual Violence
in the country since the COVID
19 Pandemic.

objectives focused on integrating efforts, mobilizing resources, and sharing knowledge among supply chain partners within the state. Relatedly, the Federal Ministry of Women Affairs, in collaboration with UNFPA, organized a meeting with the Cross River State Ministry of Women Affairs (MOWA) GBV Technical Working Group and GBV responders on September 29, 2023 at Beelaj Event Center and Lounge in Calabar. The ECEWS ACE-5 team was in attendance. The meeting deliberated on the increasing cases of sexual violence in the country since the COVID-19 pandemic. The representative of the Honorable Minister of Women Affairs, Mallam Lliyasu Omar, encouraged the implementing partners present to do their best to end this menace. The state Commissioner of Women Affairs, Hon. Edema Irom, charged participants to conduct more research to gain new insights and technologies to tackle GBV issues. She solicited a team approach to achieving this objective.

MANAGEMENT AND ADMINISTRATIVE ISSUES

During the reporting period, a joint team comprising the human resources, compliance and operations units conducted a collaborative supervisory and capacity-building visit to Cross River State. The purpose of this visit was to conduct physical verification of ancillary staff, review organisational processes at the state level to ensure it is in line with the donor policies and identify areas for capacity building and process refinement.

In line with ECEWS's business process re-engineering vision, which is aimed at enhancing organizational processes, systems, and structures to achieve dramatic improvements in areas such as efficiency, quality, service, and cost-effectiveness, the Information and Technology team in close collaboration with the human resources unit developed and deployed an electronic timesheet management system innovation. This system aims to improve the accuracy, efficiency, compliance, and overall management of time tracking on the ECEWS ACE-5 project. The electronic timesheet system will reduce the need for paper-based records, filing, and storage, making the process more environmentally friendly and less cluttered. The big picture is to integrate other human resources and project management functions, eliminate manual efforts, enhance visibility, and provide real-time data for analysis and decision-making.

In the context of the ECEWS ACE-5 and TMEC/RISE transition process, the human resources unit conducted a validation process for adhoc staff who were slated to transition from the RISE project to ACE-5. Consequently, a total of 160 ad-hoc personnel across Cross River and Akwa-Ibom States were seamlessly integrated into the ECEWS ACE-5 project. These individuals were provided with official contract letters, certifying their employment within the organization. Similarly, 30 vacant positions were meticulously filled through a transparent and highly competitive recruitment process in line with the ECEWS policy principle that prioritizes fairness and equity.

LESSONS LEARNED

The use of performance data for resource allocation in HIV case-finding approaches was a pivotal strategy for improving testing efficiency and increasing the HIV positivity yield across community HTS service delivery points. The spectrum estimates for ART unmet needs, used in comparison to HIV testing and case-finding data across subpopulations and geographic locations enabled testing teams to target underserved populations and optimize testing efforts where they were most needed.

- Flexibility and adaptability in implementing strategies were key. Being able to modify approaches based on real-time feedback and emerging challenges greatly enhanced project outcomes.
- Engaging the relevant stakeholders at every stage significantly improved program acceptance and effectiveness. Their involvement in decision-making and implementation fostered a sense of ownership and sustainability.
- Leveraging data analytics and real-time reporting allowed for informed decision-making. Data-driven insights empowered the ACE-5 team to refine strategies for better results.
- Leveraging experts from the Enhanced Expert Support Initiative significantly improved the quality of care provided to children living with or exposed to HIV.
- Involvement of the community of persons living with HIV such as the adolescent peer supporters and allocating HIV self-test kits to adolescents and young persons increased the proportion of HIVST distributed to young persons from 21% in FY22 to 49% in FY23
- The use of standardized SOPs and simplified algorithms in the implementation of the package of care for advanced HIV disease was key to strengthening the capacity and monitoring of implementation approaches by service providers. The use of the algorithm streamlined the processes involved in screening and managing AHD and ensured consistent adherence to recommended guidelines.
- The integration of screening for non-communicable diseases (NCDs) including cervical cancer, diabetes, hypertension and mental health with ART services significantly improved the diagnosis and management of NCDs among PLHIV. Leveraging experts at tertiary health facilities for the management of these NCDs also improved the overall management of PLHIVs, as well as the capacity of the service providers at primary healthcare centres to screen for NCDs.
- Proactive redistribution of HIV self-test kits was instrumental in sustaining access to HIV testing services among populations with lower contact with health structures, including adolescents and men. This approach, as well as commodity forecasting also enabled the availability of recency test kits for newly diagnosed PLHIV across the various community and facility structures providing HIV testing services, when the commodity was available on the project.

PLANNED ACTIVITIES FOR NEXT QUARTER

As the project continues implementation in the subsequent quarter towards meeting critical benchmarks and milestones, a list of high-impact and result-oriented activities has been identified for execution in line with the project mandate of fast-tracking the attainment of the 95:95:95 goals and achieving epidemic control in the project states. Below are highlights of these priority activities.

- Develop and share strategic technical guidance documents on approaches to status-neutral HTS, integrated services and HIV prevention to field teams, to aid the contextual implementation of new approaches in FY24.
- Support the federal and state governments in the commemoration of the 2023 World AIDS Day
- Commence the implementation of a comprehensive care package for Elderly individuals Living with HIV (ELHIV) that includes prevention, screening and management of age-related adverse health outcomes
- Scale up the implementation of the integrated packages of care for Diabetes Mellitus and Mental Health and Psychosocial Support, to all supported health facilities on the project.
- Participate in the National PrEP subcommittee meeting to review progress in National PrEP implementation, and plan for the roll-out of new PrEP options
- Commence maternal re-testing at the mapped community birth centres.
- Support trained healthcare workers in community birth centres in the 38-activated cPMTCT structure to provide HIV testing services independently.
- Strengthen timely service delivery for HIV-exposed infants irrespective of their care options.
- Conduct Quarterly PMTCT meetings for TBAs PMTCT FPs in collaboration with SMOH
- Continuous capacity building for focal persons on GBV case identification, documentation and reporting
- Sustained engagement with relevant stakeholders in project planning, strategy design, implementation and monitoring processes for greatest impact
- Commemoration of 16 days of gender activism and World AIDS Day across project states
- Commence viral load sample collection across all supported facilities for eligible clients within the quarter and follow up for the complete retrieval of results for samples sent.
- Strengthen and improve VL and EID sample testing with real-time result dispatch.
- In collaboration with relevant stakeholders, conduct DTS PT panel production and distribution.
- Review logistics documentation for improved commodity monitoring and updates on logistics documentation tools including appropriate quarantining of all expired commodities, and stock management and accurate quantification to ensure commodity security.
- Strengthen Quality Management System implementation across supported laboratories through monitoring of the laboratory quality indicators and documentation process.

PROGRESS SUMMARY

PMP Indicator progress - USAID Standard Indicators and Project Custom Indicators

SUMMARY OF ACE-5 PERFORMANCE									
Performance Indicators	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4	Annual Performance Achieved to Date (%)	Reporting Frequency	Comments
Intermediate Result 2: Increased uptake and Retention of HIV/AIDS/TB services									
IR 2.1: Increased HIV Case finding and linkage									
2.1.1: Increased HIV Case finding									
Number of individuals who received HIV Testing Services and received their test results (HTS_TST)	786,883	810,650	185222	216,697	208919	199812	103%	Quarterly	
Number of individuals who tested positive to HIV (HTS_TST_POS)	13,374	11,911	2923	3,202	3007	2779	89%	Quarterly	
2.1.2: Scaled up assisted partner notification services and index testing									
Number of individuals who were identified and tested using Index testing services and received their results (HTS_INDEX)		60,359	10,127	27,195	13,895	9142	0%	Quarterly	
Number of individuals who were identified and tested using Index testing services and received their results HTS_INDEX- HTS Modality (New Positive + Negative Only)		60,359	10,127	27,195	13,895	9142	0%	Quarterly	
Number of HIV+ from index testing (New)		2,685	389	913	691	692	0%	Quarterly	
Percentage of all HIV+ coming from index testing		23%	14%	29%	23%	22%	0%	Quarterly	
2.1.3: HIV Self-Testing introduced and expanded									
Number of individual HIV self-test kits distributed (HTS_SELF)	78,803	53,385	16036	12236	19339	5774	68%	Quarterly	
2.1.4: HIV recency testing introduced to improve case finding and surveillance activities									
Number of newly diagnosed HIV-positive persons who received a test for recent infection with a documented result during the reporting period (HTS_RECENT)	8,902	6,500	431	1396	2166	2507	73%	Quarterly	

2.1.5: Implementing interventions and measures to ensure > 95% linkage to treatment for newly diagnosed HIV-positive persons									
Number of clients with documented linkage to care and treatment		11,860	2,885	3,111	3064	2800	0%	Quarterly	
Number of newly diagnosed adults initiated on ART on same day and within 1 week of initial HIV diagnosis		11,860	2,885	3,111	3064	2800	0%	Quarterly	
IR 2.2: Improved Adult HIV Care and Treatment									
Number of adults newly initiated receiving antiretroviral therapy (ART) (TX_NEW)	11,524	11,860	2,885	3,111	3064	2800	103%	Quarterly	
Number of adults currently receiving antiretroviral therapy (TX_CURR)	204,414	131,191	188,810	185,584	171,384	131191	64%	Quarterly	
Number of clients on TLD among all eligible clients current on ART		650,073	181,677	179,679	166,770	121947	0%	Quarterly	
Number of ART patients with no clinical contact since their last expected contact (TX_ML)		20,998	1231	6,844	5,827	7096	0%	Quarterly	
IIT		2,955	441	1,318	329	867	0%		
Died		2,378	377	515	493	993	0%		
Transferred out		13,741	298	4485	4746	4212	0%		
Stopped		1,645	115	247	259	1024	0%		
Number of patients who are lost to TX_CURR for more than 28 days past the last expected clinical contact who return to treatment and restart ARVs in the reporting period. (TX_RTT)		1,211	132	309	489	281	0%	Quarterly	
IR 2.3: Improved Pediatric/Adolescent HIV/AIDS Care and Treatment									
2.3.1									
Number of adolescents and children newly initiated receiving antiretroviral therapy (ART) (TX_NEW)	1,891	784	216	233	119	216	41%	Quarterly	
Number of adolescents and children currently receiving antiretroviral therapy (TX_CURR)	8,124	18,710	5,124	4,910	4,606	4070	230%	Quarterly	

Number of clients on TLD among all eligible clients current on ART		15,354	1,816	4,901	4,606	4031	0%	Quarterly	
Number of ART patients with no clinical contact since their last expected contact (TX_ML)		842	165	280	208	189	0%	Quarterly	
IIT		205	51	77	39	38	0%		
Died		178	45	44	45	44	0%		
Transferred out		382	50	132	108	92	0%		
Stopped		77	19	27	16	15	0%		
2.3.2 GBV									
Number of cases of GBV identified	4,599	8,864	3959	1901	1565	1439	193%	Quarterly	
Physical/Emotional	3621	7,710	3493	1676	1330	1211	213%	Quarterly	
Sexual Violence	978	1,151	464	225	234	228	118%	Quarterly	
Number of people receiving post-GBV clinical care based on the minimum package (GEND_GBV)	4,599	8,864	3959	1901	1565	1439	193%	Quarterly	
Sub IR 2.4: Increased access and uptake of PMTCT services and PrEP									
2.4.1: PMTCT									
Percentage of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC) (PMTCT STAT)	100%	0	%	1%	1%	2%	2%	Quarterly	
The number of women with a previously known HIV status (both known HIV positive and known negative) attending their first ANC visit (ANC1) for a new pregnancy over the last reporting period	66920	1,379	422	365	333	259	2%	Quarterly	
Numerator: Number of pregnant women with known HIV status at first antenatal care visit (ANC1) includes those who already knew their HIV status prior to ANC1) PMTCT_STAT_N	66,920	130,004	39,352	35,699	28,284	26669	194%	Quarterly	
ANC (Tested)		128,100	38,353	35,370	27,967	26410	0%	Quarterly	
L&D (Tested)		1,629	440	348	457	384	0%	Quarterly	
Postpartum (Tested)		15	7	3	5	0	0%		

The number of women attending ANC1 who were tested for HIV and received results (Negative)		126,905	37,965	35,061	27,711	26168	0%	Quarterly	
Denominator: Number of new ANC clients in the reporting period	67,702	129,031	38,354	35,721	28,285	26671	191%	Quarterly	
PMTCT_STAT_POS: Number of pregnant women with HIV+ status	2851	2,555	810	671	573	501	90%	Quarterly	
Positives (AN-C+L&D+PP)		1,221	397	315	264	245	0%	Quarterly	
ANC		1,195	388	309	256	242	0%	Quarterly	
HTS_TST_POS from the Post ANC1		26	9	6	6	5	0%	Quarterly	
L&D		11	2	4	2	3	0%	Quarterly	
Post partum		15	7	2	6	0	0%	Quarterly	
Known positives at entry (ANC)		1,354	422	356	317	259	0%	Quarterly	
Pregnant Women retested after negative HIV Test (ANC)		2,507	316	0	1232	959	0%	Quarterly	
Percentage of infants born to HIV-positive women who received a first virologic HIV test (sample collected) by 12 months of age	100%	144%	140%	219%	118%	133%	144%	Quarterly	
Numerator: Number of infants who had a first virologic HIV test (sample collected) by 12 months of age during the reporting period PMTCT_EID	2,741	2,624	557	684	705	678	96%	Quarterly	
PMTCT_EID <2 Months		1,830	359	444	523	504	0%		
PMTCT_EID 2-12 Months		794	198	240	182	174	0%		
Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age. PMTCT_HEI_POS		679	557	56	51	15	0%		
PMTCT_HEI_POS <2 Months		46	8	15	21	2	0%		
PMTCT_HEI_POS 2-12 Months		95	11	41	30	13	0%		

Positive, confirmed initiated ART by age at virologic sample collection PMTCT_HEI_POS Linkage		116	11	44	46	15	0%		
PMTCT_HEI_POS Linkage < 2 months		38	8	10	18	2	0%		
PMTCT_HEI_POS Linkage 2-12 months		86	11	34	28	13	0%		
Denominator: PMTCT_STAT_POS + HTS_TST_POS from the Post ANC1	2875	1,818	397	313	597	511	63%	Quarterly	
Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy		1	100%	98%	100%	100%	0%	Quarterly	
(PMTCT ART)		0					0%		
Numerator: Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy		2,548	810	660	574	504	0%	Quarterly	
New on life-long ART		1,207	397	308	258	244	0%	Quarterly	
Already on life long ART at the beginning of the current pregnancy		1,341	413	352	316	260	0%	Quarterly	
2.4.2: PrEP									
Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting (PrEP_NEW)	12,766	16,440	5,970	4159	3,912	2399	110%	Quarterly	
Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis to prevent HIV during the reporting period (PrEP_CURR)		0	0	0	0	0	0%	Quarterly	
IR 2.5 Increased access and uptake of cervical cancer screening services									
Number of HIV-positive women on ART screened for cervical cancer (CXCA_SCRN)	19,002	26,293	7069	5460	7,398	6366	138%	Semi-annual	
IR 2.6: Increased Access and uptake of TB/HIV Care									

Proportion of ART patients screened for TB in the semiannual reporting period who start TB treatment. (TX_TB)		314,677		183,486		131191	0%	Semi-annual	
New on ART TB+		1,318		308		1010	0%	Semi-annual	
New on ART TB-		7,633		2,766		4867	0%	Semi-annual	
Already on ART TB+		7,779		3096		4683	0%	Semi-annual	
Already on ART TB-		297,899		177,268		120631	0%	Semi-annual	
Percentage of new and relapse TB cases with documented HIV status (TB_STAT)		1	99%	99%	100%	99%	0%	Quarterly	
Numerator: Number of new and relapsed TB cases with documented HIV status, during the reporting period	3,218	6,866	1180	1715	1975	1996	213%	Quarterly	
Negative		5,363	905	1274	1595	1589	0%	Quarterly	
New Positives		471	27	38	6	400	0%	Quarterly	
Known positives at entry		1,032	248	403	374	7	0%	Quarterly	
Denominator: Total number of new and relapsed TB cases, during the reporting period	3,218	6,903	1196	1724	1976	2007	215%	Quarterly	
Proportion of HIV-positive new and relapsed TB cases on ART during TB treatment (TB_ART)		96%	96%	92%	99%	97%	0%	Quarterly	
Numerator: Number of TB cases with documented HIV-positive status who start or continue ART during the reporting period	191	1,439	264	407	375	393	753%	Quarterly	
New		131	28	53	25	25	0%	Quarterly	
Already on ART		1,308	236	354	350	368	0%	Quarterly	
Denominator: TB_STAT_POS Number of TB cases with documented HIV-positive status	197	1,503	275	441	380	407	763%	Quarterly	

Proportion of ART patients who started on a standard course of TB Preventive Treatment		0		71%		76%	0%	Semi-annual	
(TPT) in the previous reporting period who completed therapy (TB_PREV)		0					0%		
Numerator: Number of ART patients who started on a standard course of TB Preventive Treatment		8,535		3,649		4886	0%	Semi-annual	
(TPT) in the previous reporting period who completed therapy		0					0%		
New on ART		6,844		3,052		3792	0%	Semi-annual	
Already on ART		1,691		597		1094	0%	Semi-annual	
Denominator: Number of ART patients who were initiated on any course of TPT during the previous reporting period		11,584		5,140		6444	0%	Semi-annual	
Number of ART patients who were newly started on TPT	29221	13,174	2,971	5,140	2771	2292	45%	Quarterly	
New on ART		11,284	2,471	4,242	2430	2141	0%	Quarterly	
Already on ART		1,890	500	898	341	151	0%	Quarterly	
IR 2.7: To optimize efficient and timely laboratory services									
2.7.1 Viral Load Scale Up									
Viral load coverage	95%	95%	96%	94%	95%	95%	95%	Quarterly	
2.7.2: National laboratory network optimization, sample transport, and results return (clinical)/laboratory interface) strategy for VL and EID scaled up									
Percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/ laboratory information systems (LIS) within the past 12 months (TX_PVLS)		0	96%	94%	99%	99%	0%	Quarterly	

Numerator: Number of ART patients with suppressed VL results (<1,000 copies/ml) documented in the medical or laboratory records/LIS within the past 12 months	136,268		179,639	174,664	159,993	121012	89%	Quarterly	
Denominator: Number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months.	145,548		181,225	176,101	161,669	122737	84%	Quarterly	
Number of ART patients with unsuppressed viral load who had enhanced adherence counseling			1,586	1,437	1,676	1725	0%	Quarterly	
Number of clients switched to second line regimen			0	0	0	0	0%	Quarterly	
IR 2.8: Strengthened HSS support to clinical services									
2.8.1: Routine M&E activities supported									
Number of DQAs conducted		0	153	153	153	153	0%	Quarterly	
Number of PEP-FAR-supported facilities that have an electronic medical record (EMR) (EMR_SITE)		0				153	0%	Annually	
Number of sites receiving supportive supervision on M&E, data analysis and use		0				153	0%	Quarterly	

2.8.2: Strengthened State and LGA health systems							
Number of health workers who are working on HIV-related activities and are receiving any type of support from PEPFAR (HRH_CURR)		0			2355	0%	Annually
Number of PEP-FAR-supported laboratory-based testing and/or Point-of-Care Testing (POCT) sites engaged in continuous quality Improvement (CQI) and proficiency testing (PT) activities (LAB_PTCQI)		0			116	0%	Annually
The number of adult and pediatric ARV bottles (units) dispensed by ARV drug category at the end of the reporting period (SC_ARVDISP)		0			62783	0%	Semi-annual
The current number of ARV drug units (bottles) at the end of the reporting period by ARV drug category (SC_CURR)		0			81072	0%	Semi-annual

