



Accelerating Control of the HIV Epidemic in Nigeria

ACE 5: Akwa Ibom, Cross River, and Lagos States

QUARTERLY REPORT

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PROJECT SUMMARY

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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, 2024 – September 30, 2024

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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 implementing these services and activities in 225 PEPFAR-supported facilities spread across 49 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.



Group Photo of ECEWS Staff, AKSACA Staff and Community Leaders at the One-day Workshop on the Role of Stakeholders in Ending HIV Epidemic



Cross section of participants at the logistic management training in Akwa Ibom State



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.

ECEWS ACE-5 implementation strategies and interventions are guided by three overarching objectives:

- Objective 1: Increasing Resiliency, Responsiveness, and Accountability of the Health System
- Objective 2: Increasing the Quality of HIV/AIDS/TB Services
- Objective 3: Increasing Access and Provision of HIV/AIDS Prevention and Treatment Services Within Primary Health Care Interventions

Summary of Results to Date

Standard Indicators	Baseline FY23	Annual Target FY24	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Cumulative Achievement	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
HTS_TST	822,449	538,947	190490	171,275	101709	116387	579861	108%	Y
HTS_TST_POS	11,920	11,508	2759	2,935	2636	2645	10975	95%	Y
HTS_RECENT	5,962	2,710	2028	2212	2229	2223	8692	321%	Y
TX_NEW	11,861	11,315	2794	2965	2670	2683	11112	98%	Y
TX_CURR	130,871	252,649	163945	168367	172387	176732	176732	70%	Y
TB_ART	1,498	919	595	739	618	336	2288	249%	Y
TB_PREV_N	9,722	10,401	N/A	5707	N/A	5009	10716	103%	Y
TB_PREV_D	11,584	10,947	N/A	6403	N/A	5403	11806	108%	Y
TB_STAT	7,289	3,979	2682	2585	2392	1961	9620	242%	Y
PMTCT_STAT	130,004	145,020	26896	36348	44043	40220	147507	102%	Y
PMTCT_STAT_POS	2,530	2,627	605	695	655	652	2607	99%	Y
PMTCT_ART	2,522	2,626	604	693	655	655	2604	99%	Y
PMTCT_EID	2,657	2,731	853	960	1188	781	3782	138%	Y
PREP_NEW	16,335	13,480	3644	4508	3312	2229	13693	101%	Y
TX_PVLS (N)	120,883	227,373	148477	154298	160063	166649	166649	73%	Y
TX_PVLS (D)	122,496	239,338	151973	159234	163824	169032	169032	71%	Y
GEND_GBV	8,864	7,270	2122	3760	2545	1705	10132	139%	Y
CXCA_SCRN	70,308	39,958	5776	11667	13677	11518	42638	107%	Y
HTS_SELF	53,375	122,292	26878	2435	72888	42333	144534	118%	Y

ACTIVITY IMPLEMENTATION PROGRESS

Progress Narrative

In FY24, the ECEWS ACE-5 project collaborated closely with host government entities, implementing partners, and private sector groups to ensure access to high-quality prevention, care, and treatment services for people living with HIV across 49 Local Government Areas (LGAs) and 225 supported health facilities. Throughout the fiscal year, the project navigated unique learning opportunities across each quarter. The first quarter focused on maintaining service delivery at legacy sites while expanding services to 15 additional LGAs due to the TMEC/RISE transition. Key emphasis was placed on client verification in alignment with the “Getting the Data Right” initiative, directing efforts towards optimizing resources for priority and underserved populations. Frontline service providers were trained on delivering integrated ART services and were supported with technical assistance across the full continuum of care, from HIV testing to facility service delivery point optimization. This comprehensive support ensured the provision of prevention services, integrated care, and treatment. At the community level, efforts concentrated on targeted HIV testing, Decentralized Service Delivery (DSD), and increasing access to viral load testing.

During the year, the ECEWS ACE-5 project provided HIV testing services (HTS) to 579,861 individuals, achieving 108% of the FY24 target. A total of 10,975 people were diagnosed with HIV, representing a positivity yield of 2%. Provider-Initiated Testing and Counselling (PITC) contributed 26% to the overall HTS, with 3,190 positives identified through this approach. Additionally, 39,859 individuals were offered Index Testing services, resulting in 2,655 new HIV diagnoses. The project also expanded targeted community-based approaches to reach underserved populations, particularly children, adolescents, and elderly individuals, with 3,161 new persons diagnosed with HIV.

A total of 11,112 persons, including some previously diagnosed persons, were linked to antiretroviral therapy (ART). The overall continuity in treatment rate for the FY was 94%, due largely to program adjustments due to getting the data right. However, quarter-on-quarter retention was 100% due to significant efforts to reduce interruptions in treatment. The viral load (VL) suppression rate improved from 97% in Q2 to 99% in Q4, with Enhanced Adherence Counselling (EAC) provided to 553 virally unsuppressed persons. The viral re-suppression rate following EAC was 97%, with suboptimal adherence responsible for the deficit. Pharmacovigilance activities identified 66 clients experiencing moderate to severe adverse drug reactions (ADRs) which were promptly managed and reported to the National Agency for Food and Drug Administration and Control (NAFDAC).



USAID Team carrying out data assessment at Afaha Offiong during a supportive visit





GBV refresher training for GBV focal persons, GoN , and project staff at Eket.



The rate of mother-to-child transmission (MTCT) decreased by 1%, from 6% in Q3 to 5% in Q4, demonstrating the ongoing impact of the differentiated PMTCT services. Additionally, 754 infants were born HIV-negative, contributing to a total of 3597 for the fiscal year. Utilizing the reverse mapping approach, the project provided support to 32 community birth centres where mother-to-child transmission had occurred. As a result of our interventions, no further transmissions have been reported at these sites. Also, 2,427 who were monitored over two years had HIV-negative outcomes and were discharged from PMTCT.

The project continued to strengthen TB/HIV service integration, with 100% screening of recipients of HIV care for TB, identifying 349 co-infected persons and linking 96% (336) to treatment. Screening at the TB units yielded 1,886 new and relapsed TB cases with 100% of clients having a documented HIV status. Infection Prevention and Control committees were reactivated at 37 supported health facilities, to improve adherence to safety standards and reduce nosocomial infections.

Activities were carried out to enhance the capacity of the host government structures to effectively lead the implementation of the HIV response. As part of an initiative by the Federal Ministry of Health, 1,533 frontline healthcare workers were trained in integrated medical services. Additionally, 90 ART coordinators received training in integrated ART management, HIV/TB co-infection, and the delivery of PMTCT services. Furthermore, faith-based organizations were provided with training in financial management and sustainability, equipping them with essential skills to maintain their HIV/TB programs.

To ensure evidence-based decision-making, several interventions were implemented to enhance data quality, simplify programs, and support real-time data availability, reporting, and analysis. A Digital Reporting Assistant (DiRA) was introduced to automate the transcription of electronic medical records data into DHIS2. Additionally, a connector was created to facilitate automation and link DHIS2 with the Power BI dashboard for data visualization. Furthermore, documentation tools were streamlined, resulting in the retention of 97 tools, the removal of 52 tools, the modification of 10 tools, and the addition of three new tools. As part of this process, 157 data elements were removed from the daily reporting platform. Regular data profiling, validation, and performance reviews were conducted across platforms to ensure high data quality and reliability.

The major challenge experienced was the continuous availability of rapid test kits (RTKs), and the dual HIV/syphilis test kits. This greatly limited testing capacity, although HIV self-testing (HIVST) was used to mitigate this gap. Other challenges included gaps in documentation for Advanced HIV Disease (AHD) screening and TB/HIV services, as well as delayed maternal retesting due to stockouts.

Implementation Status

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

As part of ongoing efforts to promote sustainability in the HIV/AIDS response, the team intensified its focus on building and strengthening partnerships with the private sector through strategic engagement and integration. Advocacy initiatives emphasized increasing domestic funding for the HIV response and expanding community-based HIV testing and awareness campaigns. These efforts were further amplified by the involvement of key public figures who partnered with the team to champion HIV/AIDS testing services at the community level.

The team also participated actively in meetings with various stakeholders, including State Ministries, Departments, and Agencies (MDAs) and the Akwa Ibom State Legislature. These meetings, often organized by USAID partner IPs, aimed to promote budget

transparency, accountability, and efficiency in using resources for HIV programs. In Cross River State, a Resource Mobilization Technical Working Group Meeting was convened to streamline efforts and foster effective resource mobilization for HIV interventions.

These engagements provided critical platforms for the project to showcase the strong collaboration and support offered to the states in advancing HIV programs. These efforts aim to drive increased state ownership of HIV programs, ensure sustainability, and advocate for policy reforms informed by data and collective insights.

ECEWS ACE-5 Partners with Akwa Ibom House Committee Chairman and Other Organizations to Conduct Medical Outreaches for Community Health Enhancement:

In the reporting period, the ECEWS ACE-5 team actively supported key health initiatives to boost domestic resource mobilization for HIV/AIDS programs. In collaboration with Honourable Moses Essien, the Akwa Ibom State House of Assembly Committee on Health's Chairman, and partners such as CCCRN, the team participated in a comprehensive medical outreach in Ikot Uba, Ibiono Ibom LGA. The outreach provided various healthcare services, including surgeries, HIV screenings, and general health

KEY RESULT 1

Increasing Resiliency, Responsiveness and Accountability of the Health System



Figure 1: ECEWS ACE-5 Team providing HIV screening services for beneficiaries of the Moses Free medical Outreach



consultations. Of the 700 individuals screened for HIV, 3 new cases were diagnosed and immediately enrolled in lifelong antiretroviral therapy (ART), while 167 individuals were referred for additional care. This initiative aligns with the state's ARISE Agenda and advocates for a dedicated HIV/AIDS intervention budget.

Similarly, from August 23rd to September 6th, 2024, the team joined forces with EMOIMEE and local healthcare workers for a 10-day medical outreach in Mkpato Enin LGA, serving over 2,000 individuals. EMOIMEE, an initiative of the Nigerian National Petroleum Corporation (NNPC), is committed to supporting host communities through health interventions and community development. Led by Prof. Etete J. Peter, the outreach identified 13 new HIV-positive cases, all of whom were successfully linked to ART services. A follow-up surgical outreach, conducted in partnership with the Helen Keller Foundation at Asong Cottage Hospital, treated 50 patients, identified 3 new HIV cases, and ensured all were linked to care. These collaborative efforts significantly expanded access to healthcare in underserved communities while reinforcing HIV prevention, diagnosis, and treatment services, contributing to the overall goal of enhancing community health and reducing the impact of HIV/AIDS in Akwa Ibom State.

ECEWS ACE-5 Partners with Pharma Plus to Improve Treatment Outcomes for Recipients of Care:

As part of ongoing advocacy with pharmacy organizations, Pharma Plus Nigeria Limited made a generous donation of 156 packs of RELOAD Immunity Formula Capsules, valued at over N4 million, to the ARV Out-Patient Department of the University of Uyo Teaching Hospital (UUTH). These capsules are designed to strengthen the body's seven immune systems—Cellular, Lymphatic, Epidermal, Digestive, Respiratory, Systemic, and Circulatory—by providing essential vitamins and minerals. The donation specifically aims to boost the immunity of Recipients of Care with unsuppressed viral loads, helping to lower their viral load and improve their health outcomes. Both the ECEWS ACE-5 team and the UUTH Pharmacy team expressed their appreciation for Pharma Plus' contribution, emphasizing the potential impact of the RELOAD Formula in enhancing viral suppression among beneficiaries. This initiative underscores the vital role of Private-Public Partnerships in advancing HIV/AIDS treatment and improving the overall quality of care for people living with HIV/AIDS.



Figure 2: The ECEWS ACE-5 Pharmacy team taking delivery of the RELOAD Immunity Formula



ECEWS ACE-5 Partners with Cross River SACA to Boost Resource Mobilization for HIV Programs:

In a bid to secure sustainable funding and enhance local ownership of HIV programs, the Cross River State Agency for the Control of AIDS (SACA), in collaboration with the ECEWS ACE-5 project and key stakeholders, held the quarterly Domestic Resource Mobilization Technical Working Group (TWG) meeting. The gathering focused on mobilizing resources from government, private sector, and local sources to ensure uninterrupted HIV service delivery. Key discussions included policy advocacy, optimizing resource allocation, and promoting local ownership of the HIV response. The meeting also reviewed the composition of the TWG to ensure diverse representation, appointed leaders for sub-committees, and set action points with specific timelines. ECEWS ACE-5 remains committed to supporting the execution of the state's Domestic Resource Mobilization strategy for the HIV response, ensuring a sustainable and community-driven approach to combating HIV/AIDS.

ECEWS ACE-5 Supports Faith-Based Implementing Agencies in Developing Sustainability Roadmaps:

During the quarter under review, the ECEWS ACE-5 project organized a 5-day Finance Management and Sustainability Training for administrators and ART coordinators from nine faith-based implementing agencies across Akwa Ibom and Cross River States. The training was designed to enhance financial management skills and focus on sustaining HIV/TB programs within these non-profit organizations, which operate without government funding. The sessions covered critical areas including Financial Sustainability, Organizational Systems, Resource Mobilization, and Communication and Advocacy strategies. Participants gained valuable insights into community engagement, strengthening internal controls, and adhering to USG finance regulations. Practical workshops on grant writing, proposal development, and Monitoring & Evaluation (M&E) were also conducted to prepare the agencies for future funding opportunities and promote transparency. A key outcome of the training was the creation of sustainability roadmaps for each agency, ensuring a clear path toward financial resilience and long-term sustainability. This initiative underscores ECEWS ACE-5's commitment to empowering its partner organizations with the tools necessary to maintain their HIV/TB programs and continue delivering essential services.



Figure 3: A cross section of participants at the financial management and sustainability training



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

ECEWS ACE-5 Project Strengthens Community Engagement and Advocacy for Increased Uptake of HIV Services: During the reporting period, the ECEWS ACE-5 team in Akwa Ibom State conducted strategic visits to village councils in Eyo Uliiong and Udung Esio (Udung Uko LGA) to engage community leaders in promoting HIV service uptake. The discussions highlighted the availability of HIV services. They underscored the critical need to end the stigma against People Living with HIV (PLHIV), especially with the state's anti-stigma law awaiting the Governor's assent. The community leaders, representing women, men, and youth, are committed to raising awareness and encouraging residents to access HIV testing and treatment services. On August 26th, 2024, the ECEWS team met with Chief Patrick Okon Uko, the village head of Ebighi Anwa Ikpi (Okobo LGA), to strengthen community involvement in HIV prevention and care. Chief Uko expressed full support and agreed to collaborate on outreach initiatives, particularly focusing on sensitization efforts in markets and churches to educate residents about HIV testing and care. This collaboration emphasized the value of community-driven approaches in improving health outcomes.



Figure 4: The ACE-5 SBCC FP-Emmanuel Abang addressing the Eyo Uliiong council members.

In Ikot Akpan (Nsit Atai LGA), the team facilitated a community dialogue to raise awareness about HIV Testing Services (HTS) and other healthcare options. Residents were encouraged to use available services to enhance their overall health. Similarly, in Ibiaku Uruan (Uruan LGA), the team organized a sensitization session with local worshippers, discussing the importance of HIV testing and the need to reduce stigma against PLHIV. These efforts fostered a more inclusive and supportive environment for PLHIV while

promoting greater access to essential HIV services.

ECEWS ACE-5 Supports GON to Reactivate Infection Prevention and Control (IPC) Committee Meetings in Supported Health Facilities: Infection Prevention and Control (IPC) committee meetings play a crucial role in reviewing infection control measures, maintaining high-quality healthcare standards, and promoting collaboration among various health facility units. However, over time, the effectiveness of IPC meetings in some facilities had diminished due to rapid staff attrition caused by retirements and transfers. To address this challenge, the ECEWS ACE-5 team partnered with the Government of Nigeria (GON) to reactivate 37 IPC committee meetings between September 9 and 11, 2024. During this initiative, 653 participants, including government health workers and implementing partner staff, were trained on the importance of IPC in healthcare settings. The training emphasized the development of customized IPC policies, ensuring that facilities adopted actionable infection prevention protocols. Ongoing capacity building was also implemented to equip committee members with the necessary skills to uphold infection control standards. In addition to revitalizing the committees, the project supported government-led assessments of waste management practices to ensure compliance with USAID's environmental regulations. An effective incident response procedure was established to strengthen service integration across all supported health facilities, further enhancing the region's quality of care and infection control measures.



Figure 5: GoN-led IPAC Reactivation meeting in Itu LGA



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

ECEWS ACE-5 Trains ART Coordinators on Integrated ART to Strengthen Healthcare System Resilience:

During the reporting quarter, the ECEWS ACE-5 project conducted a three-day Integrated Antiretroviral Therapy (ART) training in Akwa Ibom and Cross River States. The goal was to address knowledge gaps in HIV treatment and care and to bolster the resilience of the healthcare system. The training was aligned with national guidelines and focused on key areas such as HIV/AIDS care innovations, managing HIV-TB co-infection, Prevention of Mother-to-Child Transmission (PMTCT), and responding to Gender-Based Violence (GBV). A total of 90 participants (52 from Akwa Ibom and 38 from Cross River) took part in the training, which included interactive sessions, practical tests, and group activities. This led to a remarkable 62% increase in participants' knowledge. The training tackled service integration challenges, including insufficient training and organizational silos, and introduced new initiatives like the caregiver-centered "Andikpeme Initiative" and USAID's "Primary Impact Initiative" to promote greater collaboration in HIV response efforts. To ensure sustainability, a network of facilitators was formed to disseminate the knowledge gained to health facilities across the states. A subsequent batch of 34 healthcare professionals in Akwa Ibom also received targeted training on managing HIV/TB co-infection, further promoting local ownership of HIV services. The training concluded with practical solutions to existing challenges and a strengthened commitment to improving healthcare outcomes in both states.



Figure 6: Cross Section of participants at the integrated ART Training for Healthcare workers



ECEWS ACE-5 Trains Primary Healthcare Directors on Leadership and Financial Management in Akwa Ibom State:

The ECEWS ACE-5 team, with funding from USAID's Primary Impact Initiative, conducted a 5-day Leadership and Financial Management training for Primary Health Care (PHC) Directors in Akwa Ibom State from August 16th to 28th, 2024. The training engaged 80 participants, including Dr. Eno Attah, Executive Secretary of the Akwa Ibom State Primary Healthcare Development Agency (AKSPHCDA), and heads of facilities from all ECEWS ACE-5 sites. The training aimed to strengthen the primary healthcare system by equipping PHC leaders with essential skills in leadership, financial planning, record-keeping, and resource utilization. This focus is critical for successfully implementing the Primary Impact Initiative, ensuring enhanced service delivery and program sustainability. Participants from 31 Local Government Areas (LGAs) benefited from various instructional methods, resulting in significant knowledge gains. Key topics included leadership in health, team management, human resource management for healthcare, and continuous quality improvement. The sessions offered insights into best practices and protocols for healthcare implementation while enhancing participants' understanding of available resources in the state, ultimately contributing to improved health outcomes.



Figure 7: Cross Section of Participants at the Leadership and Financial Management Training



ECEWS Partners with Akwa Ibom State Ministry of Health and NAFDAC for Logistics Refresher Training:

In August 2024, the USAID-funded ECEWS ACE-5 project, in collaboration with the Akwa Ibom State Ministry of Health's Logistics Management Coordination Unit and the National Agency for Food and Drug Administration and Control (NAFDAC), organized a two-day refresher training on logistics management



Figure 9: Cross section of participants at the GBV Orientation held at General Hospital Ikot Ekpene

for Medical Laboratory Scientists and Pharmacists in Akwa Ibom State. The training aimed to strengthen the capacity of Government of Nigeria (GON) medical professionals in managing essential health commodities, including antiretroviral (ARV) drugs, rapid test kits (RTKs), condoms, lubricants, and other critical supplies. The key objectives were to improve participants' understanding of logistics management

principles, equip them with practical skills for handling health commodities, and promote the exchange of best practices across primary, secondary, and tertiary healthcare facilities. The training also emphasized fostering collaboration among healthcare professionals from various Local Government Areas (LGAs).

Participants, including Medical Laboratory Scientists, Pharmacists, Supply Chain Managers, and Health Administrators, represented healthcare facilities from all 31 LGAs in the state. The training was designed to be highly interactive, with a mix of presentations, group discussions, case studies, and practical exercises, creating an engaging and practical learning environment. Attendees reported significant improvements in their knowledge and skills related to logistics management, particularly in effectively handling and distributing essential health commodities. This initiative is expected to enhance healthcare delivery across Akwa Ibom State by ensuring a more efficient and reliable supply chain system in supported health facilities.

ECEWS ACE-5 Facilitates Refresher Orientation Training on Gender-Based Violence (GBV) for Security agencies and Facility Focal Persons: During the reporting period, the ECEWS ACE-5 team conducted a two-day refresher orientation on Gender-Based Violence (GBV) for 138 key stakeholders in Akwa Ibom State, including GBV focal persons, health facility staff, police desk officers, and representatives from the Ministry of Justice, Ministry of Women Affairs, FIDA, and the Christian Association of Nigeria (CAN). The training aimed to enhance the capacity of participants to implement effective GBV interventions and support survivors. Using interactive methods such as role plays and case studies, participants gained insights into the referral system, survivors' rights, and the importance of gender equity. The training emphasized USAID's LIVES approach (Listen, Inform, Validate, Enable, Support) for providing first-line support and post-GBV care. In collaboration with the International Federation of Women Lawyers (FIDA), it also addressed the practical and legal aspects of GBV response, including understanding between healthcare providers, forensic experts, and legal professionals.

A significant outcome was the introduction of the Akwa Ibom State GBV Unified Response Protocol and Referral Pathway (URPRP), which ensures coordinated services for survivors, including medical care, legal assistance, and counselling. The role of Sexual Assault Forensic Examiners (SAFE) was highlighted, with commitments from the Ministry of Justice and the Ministry of Health to cover forensic medical examination costs, thus removing financial barriers for survivors. Overall, the training strengthened the referral systems and collaboration necessary for improving GBV interventions, promoting gender-sensitive care, and ensuring justice for survivors.

KEY RESULT AREA 2:

Increased uptake and Retention of HIV/AIDS/TB services

In FY24, the ECEWS ACE-5 project expanded its program implementation to include health facilities and communities transitioned from the RISE project. Newly onboarded facility and community teams received orientation and comprehensive mentoring support to enhance service delivery across all communities and facilities. To increase access to HIV testing services (HTS) among underserved populations, several targeted strategies were implemented, including provider-initiated testing and counselling (PITC), index testing, community-based targeted testing, and HIV self-testing (HIVST). These approaches were closely monitored through high-frequency performance dashboards at the

LGA, cluster, state, and project levels to enable timely adaptations and improvements.

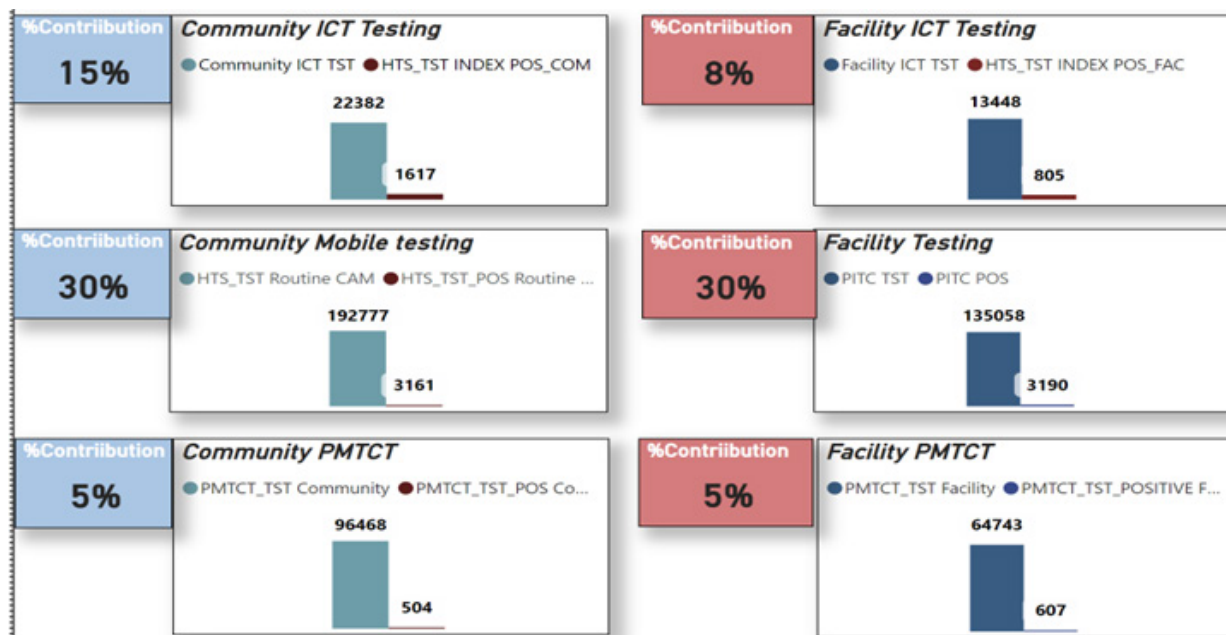


Figure 10: Contribution to HIV case finding across HTS modalities in FY24

To boost case-finding efforts, frontline targets were adjusted, prioritizing testing efficiency to optimize the use of available test kits and minimize waste. Despite experiencing low stocks of rapid test kits (RTKs) during the second and third quarters of FY24, the team leveraged HIVST kits to maintain access to HTS, supplementing the limited RTKs. The Government of Nigeria also donated 1,120 ‘Wondfo’ test strips and 400 Stat-Pak HIV test kits to support testing efforts. In September 2024, all project-supported Counselor Testers underwent training at the LGA level on providing ethical HIV testing services in line with national standards. This training aimed to improve the quality of HTS offered in community and facility settings. As a result of these initiatives, HTS was provided to 579,861 individuals, achieving 108% of the FY24 target. A total of 10,975 individuals tested positive for HIV, representing a 2% positivity rate, and 11,112 were successfully linked to antiretroviral therapy (ART), including HIV-exposed infants who were diagnosed with HIV.

Provider-Initiated Testing and Counselling (PITC): HIV testing services (HTS) were offered at all supported health facilities through the optimization of service delivery points (SDPs). Individuals attending outpatient departments (OPDs), inpatient units, tuberculosis (TB) services, malnutrition programs, family planning clinics, and emergency units were all provided with HTS. At SDPs with low positivity rates, risk stratification was implemented to target testing efforts effectively. Conversely, based on historical site-level data, all attendees at SDPs with higher positivity rates were encouraged to receive HTS. Facility teams were supported in conducting regular reviews of SDP attendance against HTS uptake, enabling them to identify and address missed opportunities for HIV case finding. In total, 135,058 individuals received HTS through this modality, which accounted for 26% of all HTS conducted in FY24. Notably, 3,190 individuals tested positive for HIV through PITC, contributing 30% to overall HIV case finding during the reporting period.

Index Testing: In FY24, index testing accounted for 24% of all new HIV diagnoses. Its contribution to HIV case finding was 26% in Q1 but decreased to 23% by Q4. Performance reviews and Continuous Quality Improvement assessments revealed capacity gaps and missed opportunities as significant challenges in implementing index testing. Additionally, some health facilities lacked audiovisual privacy and routine

screening for intimate partner violence, which were identified as areas for improvement. These issues were addressed through supportive supervisory visits, engagement with health facility staff on ethical, rights-based index testing, hands-on capacity-building sessions for frontline service providers, and an increased focus on index testing during weekly data reviews. Index testing services were sustained by routinely listing partners for contact tracing and testing through epidemic response teams. As a result, 39,859 individuals were offered index testing services, with 33,012 (83%) accepting. A total of 48,416 contacts were elicited, 34% of whom were children. Out of all elicited contacts, 35,830 (74%) were tested for HIV, leading to the diagnosis of 2,655 individuals living with HIV (PLHIV), who were subsequently linked to treatment. Furthermore, the team conducted a 10-day genealogy data abstraction for children living with HIV from family index testing. This activity provided valuable insights into offer rates, enumeration, testing gaps, and the potential for retaining or recalibrating targets for local government areas (LGAs).

Targeted Community Testing: Epidemic Response teams were supported with capacity building on targeted HTS for case finding, and testing targets were recalibrated across all supported LGAs to align with historical performance. Case finding in the community focused on priority populations, including children, adolescents, and the elderly. Through LGA-level microplanning, routine community strategies, including HTS at spoke health facilities, creek and camping settings, and hinterlands, were sustained to contain the HIV epidemic. Additionally, ward-level mapping was employed to identify previously unreached locations and locations with low treatment coverage. A total of 192,777 persons received HTS via community testing, with 3,161 diagnosed with HIV and linked to treatment, at 1.6% positivity. Community testing played a significant role in case finding, accounting for 37% of all HTS and contributing 30% to the new positives identified.

Recency Testing: With the scale-up of recency surveillance to include the transitioned LGAs, the project team focused on leveraging data for performance improvement. The team facilitated weekly review meetings with capacity-building sessions. It also strengthened the use of data to improve surveillance by incorporating recency surveillance data in routine performance dashboards across all levels of implementation. During the period, 90% (8,692) of newly diagnosed PLHIV (>15 years old) were provided recency tests, resulting in the identification of 143 RTR recent infections. Of these, 139 had viral load tests done, and 69 were confirmed RITA recent, making up 0.8% of newly diagnosed PLHIV ≥15 years. The team achieved 321% of the FY24 target for recency testing. Also, the project continued engagement with DataFi and PHIS3, through the LAMISPlus community of practice (CoP) to address the challenge where recency testing data was not adequately reflected on the EMR and National Data Repository

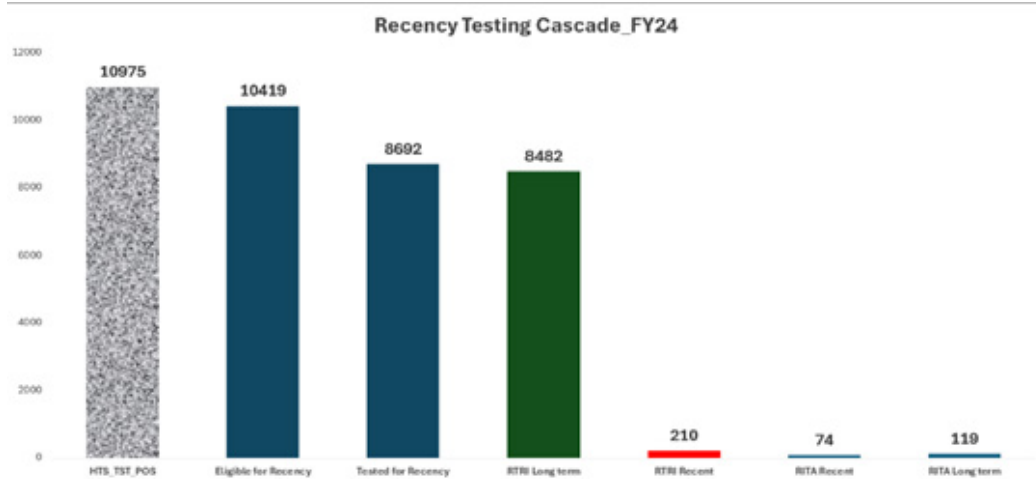


Figure 11: Recency Testing Cascade for Individuals aged 15 and older in FY24

(NDR). This resulted in improvements in recency data quality on the EMR, whereas the challenges with data on the NDR persisted throughout the FY. The project also participated in the NASCP-led National Surveillance TWG meeting in Nasarawa from September 18th to 20th, 2024, during which the project shared best practices and lessons learned from recency surveillance. The critical next step from the meeting was a planned TOT on recency surveillance to be done by NASCP for all stakeholders in December 2024.

HIV Self Testing (HIVST): Throughout FY24, HIVST was deployed to enhance access to HTS, especially among populations not easily reached by conventional testing, including adolescents and men. 60% of HIVST kits were assigned for HTS among adolescents and distributed by adolescent peer supporters across communities in supported LGAs. There was a shortage of HIVST kits during the second quarter due to a limited supply, resulting in a decrease in HIVST kit distribution from 26,878 in Q1 to only 2,435 in Q2. As the team continued to engage the GHSC-PSM team, the available kits were prioritized for distribution to adolescents and young persons, partners of pregnant women living with HIV, and partners of newly diagnosed PLHIV who could not be reached through conventional HTS. Peer-to-peer distribution and leveraging the private sector kits (total market approach) have been critical to the achievements during the FY. Following a resupply of HIVST kits in Q3, distribution increased to 72,888 in Q3 and 42,333 in Q4. In total, 144,534 HIVST kits were distributed to priority populations, including adolescents and young persons (AYP) aged 10-24 years, men from the general population, partners of pregnant women living with HIV, and partners of index PLHIV. 724 individuals reported reactive HIVST results, 723 of whom were confirmed positive and linked to treatment.

FY24 HIVST Distribution Trends

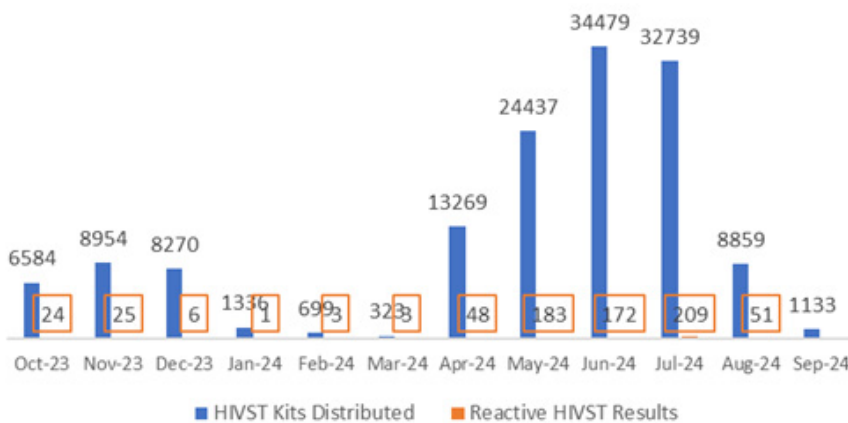


Figure 12: Monthly HIVST Distribution in FY24

Finding and Engaging Men: The ECEWS ACE-5 team sustained efforts to improve male involvement in the uptake of HIV services through male-friendly clinics at the University of Uyo Teaching Hospital, Methodist General Hospital- Ituk Mbang, and the “Meeting-the-Men” (MTM) initiative. These male-friendly clinics were utilized effectively to provide a range of services, including prostate cancer and GBV/IPV screenings, blood pressure checks, blood sugar tests, BMI checks, and HTS, all aimed at enhancing male involvement in healthcare. During the FY, three MTM forums were organized, resulting in 19,220 men being tested for HIV and 359 positives identified and linked to care and treatment. Furthermore, these initiatives have significantly improved the uptake of prevention services by men, as evidenced by the distribution of 514 condoms and the acceptance of PrEP services by 163 men. Additionally, efforts served to refill 11,210 men and enabled the collection of 1,037 viral load samples.

Pre-Exposure Prophylaxis (PrEP) Services: Biomedical approaches to HIV prevention were a key focus during the FY. Individuals who tested negative following HTS were offered combination prevention options, including oral PrEP. Priority populations for PrEP were individuals at substantial risk for HIV

acquisition, including adolescents, negative partners of index clients, and pregnant women. The team intensified stakeholder engagement, monitored PrEP progress, and conducted capacity-building sessions to improve the PrEP_NEW and PrEP_CT performance in the program. To ensure the effectiveness of this intervention, risk reduction counselling was provided to the targeted individuals; continuous follow-up was conducted to identify individuals who seroconvert for timely and appropriate intervention. In addition, clients placed on PrEP were reevaluated routinely to ascertain their ongoing risk levels for HIV infection. Those with no significant risk were safely discontinued from the PrEP regimen. The team developed and deployed a simplified algorithm for the delivery of PrEP to at-risk individuals. In total, 14,252 individuals were counselled and offered Oral PrEP, and 13,693 eligible individuals were commenced on oral PrEP. This led to a 101% achievement of the PrEP NEW target for the FY.

Activity 2.2: Improved Adult HIV Care and Treatment

During the FY, clients were continuously engaged to maintain access to quality care and minimise treatment interruptions. There was an initial decrease in the number of clients receiving treatment between October 2023 and December 2023, mainly because of the client revalidation exercise in the transitioned LGAs. The team actively addressed these losses through client reclassification validation. It employed a 3-track approach to minimize transitions into IIT pools, where clients are initially tracked for appointment reminders. Those who miss their appointments are tracked again, and those who, despite these, have treatment interruptions are tracked a third time. To ensure adherence to refill appointments, pharmacy appointment diaries and refill line lists generated from the EMR were used to profile clients based on their ARV refill date and used to place pre-appointment reminder calls to these recipients of care.

Strategies to support client continuity in HIV treatment included case management for all clients on treatment, client-centred counselling and adherence support, diagnosis and management of Advanced HIV Disease among newly diagnosed clients, those restarting treatment after 6 months or more, and those with virologic failure; prompt ART initiation, facilitated referrals, and frequent performance reviews to address gaps in linkage to ART. The team supported GoN clinical staff to provide clinical care to new and returning PLHIV, including pre-ART initiation counselling, screening for Adverse Drug Reactions (ADRs) and medication errors, dispensing ARVs to new and old clients on ART, and medication adherence counselling. By the end of the quarter, the project identified and successfully linked 11,112 newly diagnosed PLHIV and retained 176,732 clients in care. The continuity in treatment for the FY was 94%, with 9405 interruptions in treatment, 3213 transfers out to other health facilities, 1712 stopping treatment, and 3,048 reported deaths.

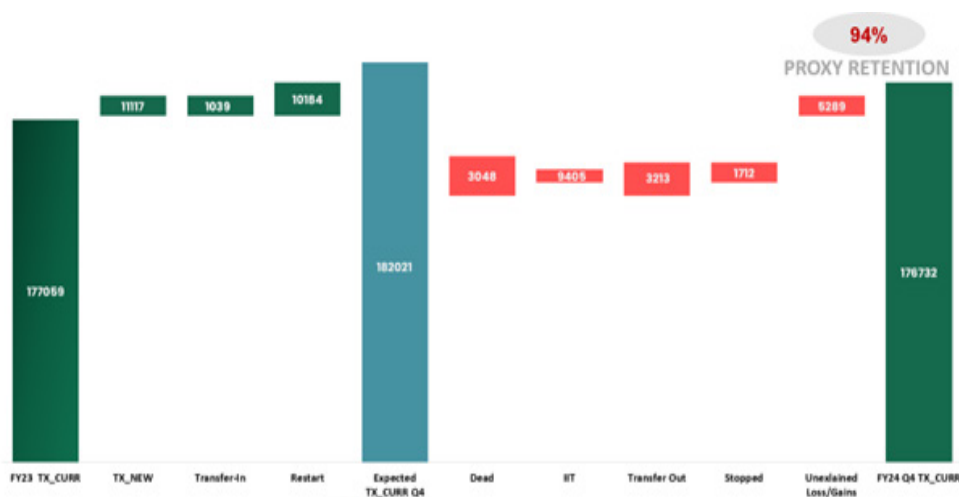


Figure 13: ECEWS ACE-5 FY24 Waterfall analysis showing treatment gains and losses

The team conducted a client-level audit, assessed feedback on the reasons for treatment interruptions, and implemented mitigation plans for the most common reasons for client losses. The identified reasons from clients reached include temporary and permanent relocation outside of the location of care, treatment refusal for religious or cultural reasons, and lack of transportation to the health facility. Clients who relocated were supported in identifying proximal health facilities at their new locations and completing a transfer of care to that location. A DSD scale-up plan addressed challenges with distance to the health facility, and the team engaged with community and religious leaders to address sociocultural and religious reasons for treatment interruptions.

The Enhanced Expert Support Initiative (E2SI) was also leveraged to address clinical reasons, including comorbidities that posed challenges to treatment continuity among PLHIV in care. Beginning in April 2024, the team held weekly meetings to address unsuppressed viral load on the project, with overall viral suppression improving from 97% in Q2 to 99% in Q4. The team also developed an online project-level accountability matrix for case managers in July 2024 to enhance performance monitoring and improve overall quality of care. The number of individuals receiving ART on the project increased from 168,779 in Q1, to 176,732 at the end of Q4. This was primarily due to clients restarting treatment after a period of treatment interruption. During the FY, the project developed and deployed job aids and IECs across the continuum of HIV care and treatment and developed a guide to adaptive case management to provide a structured approach to implementing HIV case management.

Advanced HIV Disease (AHD): To address morbidity and mortality in individuals with AHD, the WHO-recommended care package for AHD screening and management was implemented, including screening, treatment, prophylaxis for opportunistic infections, rapid ART initiation, and intensified adherence support. CD4 testing was provided to all individuals aged 5 years or older who newly started ART, as well as those restarting ART after 6 months or more and those with virologic failure. Individuals with CD4 <200, and new clients aged <5 or who had WHO stage 3 or 4 disease were diagnosed with AHD. The ECEWS ACE-5 team maintained on-site technical assistance and weekly data review meetings with service providers to monitor AHD progress. Through timely reporting on the Electronic Medical Records platforms, improvements were recorded in the use of data for decision-making, thereby closing testing gaps along the AHD cascade. The team identified and clinically staged 11,002 newly diagnosed PLHIV during the FY, and 10,657 (99%) of those eligible had access to CD4 testing. In total, 3,478 (32%) of all newly diagnosed PLHIV were diagnosed with AHD; 89% were tested for TB, and 39% of those aged 10 years and above who had AHD were tested for CrAg. There were challenges with reporting AHD screening data on the EMR, some of which were resolved through the LAMISplus community of practice. Challenges with the testing documentation for CrAg persisted throughout the FY, limiting the ability to review the true testing uptake through the EMR.

The team recorded improvements across all indicators of the AHD cascade due to strategic weekly line-listing, profiling of identified gaps and team accountability via weekly review meetings. The team also participated virtually in the NASCP-led AHD update meeting on April 16th, 2024, during which state-level AHD implementation across Nigeria was reviewed. A key action point was the need to facilitate refresher training on AHD for service providers across the project-supported sites. This was done across the project in Q4 of FY24 as part of the Integrated ART training and included ART coordinators across all 225 supported sites and stakeholders from SASCP, SACA, and SPHCDA.

Differentiated Service Delivery (DSD): The ECEWS ACE-5 project supported the implementation of differentiated service delivery DSD across various National models, including 249 decentralised spokes, 251 healthcare worker-led community ART refill groups, 683 client-led ART refill groups, and 105 community pharmacies. The project teams conducted technical assistance (TA) and supportive

supervisory visits within the period to community teams, health facilities, hub and spoke sites, and community pharmacies (CPs) across the state to monitor service delivery and documentation practices. A major focus of the TA visits was to mentor the GoN pharmacy focal persons (FPs) to be fully involved in initiating newly diagnosed clients on ART and providing refills to old ones. GoN pharmacist ownership of the Know Your Client (KYC) initiative of the ECEWS ACE-5 project was also monitored during the visits. Inventory management practice, documentation of drugs dispensed in the pharmacy daily worksheet, and appointment scheduling were supported and monitored during the TA visits. Hands-on TA was provided to improve their capacity to provide quality services to RoCs and perform real-time documentation in pharmacy data-capturing tools. The team supported refill services, drug logistics, and documentation practice in the existing DSD structures in a bid to improve access to ARV refill services, reduce clients' cost of transportation to health facilities, decongest high-volume hub sites, reduce workload for GoN healthcare providers, and improve clients' satisfaction and treatment outcomes. The ECEWS ACE-5 team in Akwa Ibom collaborated with GoN pharmacy leads from the Hospital Management Board, Pharm Ini-Obong Josiah, and the State Ministry of Health (SMoH) Pharm. Etim Udam, to facilitate the training of 17 Focal Persons (FPs) across the different models between August 26th and September 17th, 2024. These trainings empower GoN health workers to lead on DSD implementation and monitor service delivery to devolved RoCs. In addition to promoting GoN ownership of DSD implementation, the initiative will foster better health outcomes and ensure the effective implementation of ART services in supported facilities.



Figure 14: Cross sections of E2Si consultants on the E2Si consultants during the first review meeting



Enhanced Expert Support Initiative: The Enhanced Expert Support Initiative (E2SI), which aims to enhance health equity across vulnerable populations, was implemented across all project LGAs, with full expansion to Cross River. Site teams at primary and secondary health facilities were mentored on demand creation for the E2SI experts, and clients who were identified to need expert services were linked with the experts at tertiary health facilities through virtual and in-person consultations. The team commenced the development of an E2SI mobile app to serve as a tool for electronic recording, tracking and monitoring of E2SI appointments and consultations. During the FY, 105 individuals requiring expert consultations were reviewed by experts across paediatrics (23 clients), internal medicine (33 clients), nephrology (8 clients), obstetrics and gynaecology (7 clients), psychiatry (18 clients), public health (7 clients), Urology (1 client), Endocrinology (2 clients), and Cardiology (6 clients).

To consolidate and improve the concept, ECEWS ACE-5 facilitated the first edition of the E2SI review meeting with 13 participants including 7 consultants from UUTH in Pediatrics, Gynecology, Endocrinology, Cardiology, Psychiatry, and Infectious Diseases units. A key objective of the review was the need to have consultant feedback on their engagement with the clients. The outcome of the discussions included suggestions to disseminate the final health outcomes of clients who benefit from the initiative to the experts involved to allow for further clinical evaluations where needed. The project also developed and deployed a technical brief on the E2SI concept.

Non-Communicable Diseases (NCDs): During the FY, blood pressure checks were routinely provided as part of a comprehensive care package aimed at screening for hypertension. This service is provided to adult PLHIV (≥15) on ART at supported facilities and DSD sites. Digital Sphygmomanometers were supplied to all healthcare worker-led differentiated service delivery models during the FY, to facility BP screening as part of DSD. In total, 121,906 (71%) of adult clients who had clinic contacts during the FY were screened at least once. Among these adults, 503 (0.4%) had high blood pressure readings and were promptly referred for further evaluation and management by clinical experts. Screening for Diabetes Mellitus was also integrated with ART services with scale-up to additional LGAs following the successful pilot in five LGAs in Akwa Ibom state. Services included DM symptoms screening, health education, blood sugar testing, counselling, and referral for expert care for individuals with elevated blood sugar. All PLHIV who received care were screened for DM symptoms at every contact; 49 screened positive during the FY and were referred for specialized care.

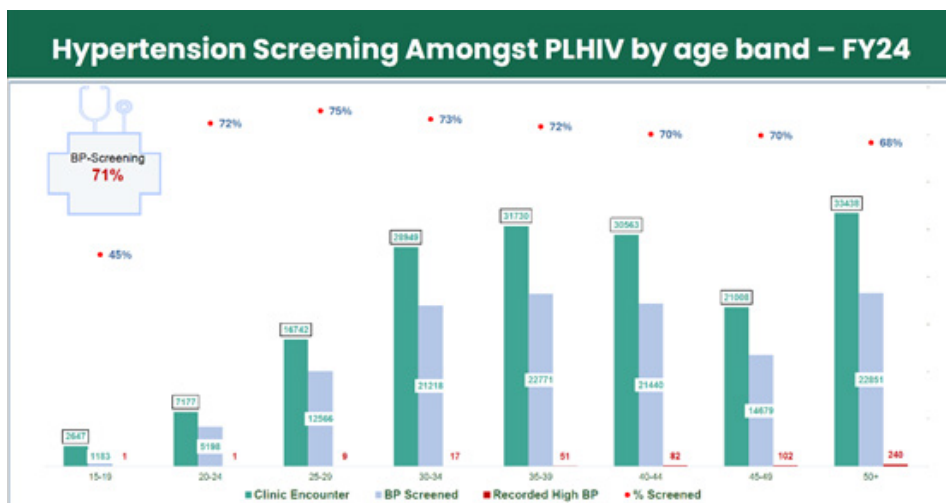


Figure 15: Screening for hypertension among clients in care, disaggregated by age bands

Mental Health and Psychosocial Support Services (MHPSS): As part of strategies to maintain high-quality, person-centred services for clients on the project, the ECEWS ACE-5 team conducted training across the project in Q2 on MHPSS involving service providers across all project sites. The team also conducted weekly analysis of MHPSS indicators and ensured screening using the updated care and support checklist. Following the training, 159,820 individuals who received care were screened for mental health illnesses; 57 individuals screened positive for at least one mental health disorder: 14 screened positive for depression, for PTSD, 6 for anxiety, 16 for sleep disorder, 7 for substance abuse, and 1 for suicide. All individuals with clinical symptoms were referred for expert management by mental health experts. Leveraging the E2SI mechanism, the team engaged a Consultant Psychiatrist and mental health expert at UUTH, to provide services to PLHIV who screened positive for Mental Health conditions in Ibeno and Esit Eket LGAs and required expert care. In recognition of the progress in mental health intervention for PLHIVs on the project, the ECEWS ACE-5 team was invited to participate in a Key

Informant Interview (KII) conducted by ACHIEVE/PACT and the RECONNECT team in collaboration with CCCRN, aimed at enhancing capacity to address mental health needs among PLHIVs, through effective screening, support, and referral services.

Drug and Therapeutic Committee (DTC) Meetings: During the reporting period, the ECEWS ACE-5 team supported a total of 114 Drug and Therapeutic Committee meetings across both states. These meetings were predominantly led by GoN healthcare workers and focused on key agenda items, including the optimization of pediatric ARVs for newly initiated paediatric Recipients of Care (RoCs), enhanced adherence counselling for unsuppressed RoCs, and the review of Enhanced Adherence Counselling (EAC) failures due to barriers such as medication non-adherence and religious beliefs. Other critical discussions centred on sub-optimal pre-emptive/pre-appointment client tracking, EAC and Adverse Drug Reaction (ADR) monitoring, as well as improving the screening, identification, management, and documentation of ADRs.

Enhanced Adherence Counselling (EAC): In Q4, the ECEWS ACE-5 project achieved an improved VL suppression rate of 98%, and a re-suppression rate of 97% among previously non-suppressed RoCs, marking a significant increase from the 90% achieved in Q3. During the review period, 642 unsuppressed VL results were received, and 553 RoCs were initiated on Enhanced Adherence Counselling (EAC1). A total of 599 RoCs completed the third session of EAC within the quarter. Additionally, the project received 950 post-EAC viral load results, with 919 individuals achieving re-suppression.

Pharmacovigilance Surveillance: To ensure the safety of clients on ART, the ECEWS ACE-5 team supported pharmacovigilance surveillance activities across supported facilities in the project states. These efforts focused on preventing and managing identified adverse drug reactions (ADRs). Throughout the reporting period, RoCs on multi-month dispensing (MMD3 and MMD6) who refilled their prescriptions at both facility and community sites underwent ADR screening at every pharmacy service delivery point. As a result, 66 RoCs (29 male, 37 female) reported experiencing ADRs—49 cases from Akwa Ibom and 17 from Cross River. Of these, 49 cases were classified as moderate to severe and were reported using NAFDAC pharmacovigilance forms, while 17 cases were mild.

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

During the reporting period, ECEWS ACE-5 implemented family-centered and age-appropriate strategies to support children living with HIV across the continuum of care. A total of 102,163 children under 15 years were tested for HIV, with 430 children diagnosed. Compared to the previous fiscal year, the number of children tested dropped by 55% (224,267 previously) due to a shortage of rapid test kits. However, the 45% decline in diagnoses was mitigated by the increased use of HIV self-test kits for eligible children. All children diagnosed with HIV were promptly linked to treatment, with 56% identified through index testing and 60% identified within community settings. Despite the decrease in testing, the project recorded 5,421 recipients of care in the 0-14 age group, higher than the previous year's total of 4,070. This increase was attributed to active client re-engagement strategies and the transitioning of 651 children into the adult care system. All pediatric patients were placed on a DTG-based regimen, achieving a 98% continuity on treatment (CoT) rate. Viral load coverage increased from 95% to 98%, with viral suppression improving from 96% to 97%.

The project also involved young people in the clinical team to support their peers. These peer navigators assisted in distributing HIV self-test kits and providing psychosocial support to adolescents receiving antiretroviral therapy. A virtual meeting was conducted with peer supporters to evaluate program performance. The discussions revealed barriers such as low-risk perception, stigma, stockouts of HIV

Peer Supporters: What we think can work

HIV Prevention and Testing

- Design and dissemination of e-messaging (e-flyers) on HIV and treatment literacy.
- Conduct awareness and sensitization in schools and others other organized settings for AYP.
- Access to HIV prevention services, especially condoms.
- Regular supplies and availability of HIVST

Client Continuity on Treatment

- Collection of usernames on social media platform in addition to basic bio-data information.
- WhatsApp group for AYP especially those that are not regular OTZ attendees.
- Short video clips that captures the effect of adherence and non-adherence on AYP. "...they see me so well, and some don't believe I am living with the virus too..."
- Linkage of AYP to skill acquisition program
- Engagement of religious leaders especially the young ones.

Figure 16: Recommendation from AYP peer supporters on program implementation

self-test kits, treatment fatigue, frequent relocation of young clients, and non-disclosure issues, all of which negatively impacted the continuity of treatment. The team also proposed possible solutions, outlined in Figure 14 above.

Supporting the Peer Supporters: Based on the expressed needs and recommendations from peer supporters during the interactive meeting, measures were implemented to improve access to psychosocial support. The Enhanced Expert Support Initiative (E2SI) linked peer supporters to mental health experts. A virtual platform was also created to enhance cross-learning and peer support among the peer supporters.

Review Meeting with Adolescent Peer Supporters: Quarterly review meetings were conducted for the peer supporters, and this platform was used to review progress across the continuum of care focused on young persons. This platform was also utilized for re-orienting the peer supporters on their roles and expectations, identifying and addressing challenges affecting program implementation.

Optimisation of Resources through Collaboration: To address non-health-related determinants of health among children and adolescents living with HIV (CALHIV), 85% of CALHIV are enrolled on the OVC program, a 5% increase from the previous quarter. Through collaboration with the OVC program, assisted referral services were provided to CALHIV, facilitating viral load sample collection for 1,429, medication refill for 2,050 and biometric capturing for 191 children. Additionally, 109 CALHIV received emergency medical support for other comorbidities and 563 households benefitted from the Income Generating Activity.

Activity 2.4: Increased Access and Uptake of PMTCT Services

In alignment with the National PMTCT Scale-up plan, the ECEWS ACE-5 team implemented a differentiated Prevention of Mother-to-Child Transmission (PMTCT) approach, delivering HIV testing services (HTS) in both health facilities and community birth centres across Akwa Ibom and Cross River States. These services were available to pregnant women through all supported health facilities, 137 spoke facilities, and 636 community birth centres. A total of 147,507 pregnant women were tested for HIV during the FY. Among them, 2607 were diagnosed as living with HIV, with 41% (1,069) identified during their index pregnancy. Community-based PMTCT efforts contributed significantly, accounting for 55% of the pregnant women tested and 28% of those diagnosed with HIV. Additionally, the team conducted maternal retesting for 3,902 pregnant women who had previously tested HIV negative during their first antenatal care visit—representing a 95% increase in retesting from the previous fiscal year.

Efforts towards the Triple Elimination of Mother-to-Child Transmission of HIV: A total of 38,691 (88%) pregnant women received syphilis testing, and 2,591 (5%) women were tested for Hepatitis B. The proportion of women who were tested for syphilis was lower compared to the previous FY (97%) and



USAID TB Consultants technical briefing at the ACE-5 State office in Akwa Ibom State



this is because of the stock of the dual HIV syphilis test kit. However, all those who tested positive for Syphilis and Hepatitis B were referred for treatment.

Optimisation of Diagnostic, Care, and Treatment Services for HIV-Exposed Infants: The ECEWS ACE-5 team has achieved significant progress in monitoring HIV-exposed infants through the effective use of mentor mothers, optimisation of near-point-of-care laboratories, and routine data triangulation between health facilities and diagnostic laboratories. During the reporting period, samples for the first Early Infant Diagnosis (EID) were collected from 3,782 infants, with 79% of these samples obtained before the infants reached 2 months of age—a 10% increase from 69% in the previous fiscal year. Additionally, birth testing saw a 5% increase compared to last year, with 27% of the first EID samples collected within 72 hours of birth. A total of 1,067 infants also had their samples collected for subsequent EID tests. Although in-facility delivery rates were relatively low, with only 689 live births by women living with HIV, HIV-exposed infants (HEIs) were promptly tracked, and 1,278 received ARV prophylaxis. Of the 3,978 EID results received, 186 infants were diagnosed with HIV, leading to a mother-to-child transmission (MTCT) rate of 5%—a 1% decline from the previous fiscal year. Of those diagnosed, 92% (171 infants) were successfully linked to Antiretroviral Treatment (ART), marking a 1% improvement over the prior year. Unfortunately, eight of the 15 infants who were not linked to ART died before initiation, with 50% of these deaths occurring in infants under two months of age. The remaining seven infants are being actively tracked to ensure they receive the necessary care.

Additionally, the team closely monitored mother-to-child transmission (MTCT) of HIV to understand better the underlying factors contributing to vertical transmission across the project states. Key drivers of transmission included suboptimal coverage of HIV testing services (HTS) among pregnant women, particularly those who did not receive prenatal care or received care at unsupported community birth centres. To address this, 32 community birth centres (CBCs) where mothers of HIV-diagnosed infants had received care were identified and supported to provide HTS. This early identification effort for pregnant women living with HIV aimed to prevent vertical transmission, and no infants have since been diagnosed with HIV at these supported sites.

HIV-Exposed Infant Final Outcome: Of the 2,471 HIV-exposed children enrolled in the birth cohort between October 2021 and September 2022, 95% have documented final outcomes at 24 months, marking a 1% improvement over the previous fiscal year. Among these children, 89% (2,197) exited the PMTCT program with a negative HIV status, while 2% (56) were diagnosed with HIV and promptly linked to treatment, reflecting a 2% decline in new diagnoses compared to the previous fiscal year. Final outcomes could not be determined for 5% (134) of HIV-exposed infants, primarily due to maternal transfers from facilities. Additionally, 3% (84) of the children died before their final outcomes could be established.

Supporting Infection Prevention and Control (IPC) and the Minimum Package of Antenatal Care: To strengthen Infection Prevention and Control (IPC) in supported community birth centers, the project team, through the State PMTCT leads, distributed essential supplies such as sanitizers, gloves, and disinfectants. In addition, key commodities, including blood pressure apparatus, weighing scales, measuring tapes, digital thermometers, haemoglobin color paper, and sonicaid devices, were procured and distributed to community birth centers and hub PMTCT health facilities. These items were provided to facilitate the identification of pre-existing health conditions and the early detection of complications among pregnant women, in alignment with the WHO's minimum package of care. To further enhance access to differentiated service delivery for pregnant and breastfeeding women on ART, the team developed an operational guide for mentor mother-led support groups. Additionally, capacity-building sessions were organized for mentor mothers and clinical teams supporting PMTCT implementation at the local government level. These sessions aimed to deepen their collective knowledge and address challenges related to PMTCT service delivery. Key areas of focus included clarifying the roles and responsibilities of mentor mothers and clinical teams and improving the effective use of mentor mother support groups to increase the uptake of PMTCT services among pregnant and breastfeeding women living with HIV.



Figure 17: The State PMTCT Focal Person receiving the IPC commodities for community birth centres



PMTCT Technical Working Group (TWG) Meetings: ECEWS ACE-5 supported the quarterly State-level PMTCT Technical Working Group (TWG) meetings, which brought together key stakeholders, including representatives from the Association of Women Living with HIV (ASHWAN), UNAIDS, NEPWHAN, KNCV, and CHAI. The meetings focused on improving HIV testing and treatment coverage for pregnant women, enhancing maternal retesting, and ensuring accurate reporting at spoke health facilities through the

National Data Reporting System (NDARS). Several challenges were highlighted during the discussions. The low stock of test kits impacted the implementation of dual HIV/Syphilis testing and maternal retesting efforts. Additionally, downtime of the NDARS platform and a lack of access for implementing partners posed significant barriers to effective reporting and monitoring of the PMTCT Scale-up program.



Child-friendly center at GH Calabar furnished by AEE-5 with Funding from USAID



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

Cervical cancer screening and treatment of pre-invasive lesions among women living with HIV (WLHIV) were fully integrated into routine HIV treatment services. During the fiscal year, 42,638 women were screened for cervical cancer, significantly increasing cervical cancer screening coverage for the priority population (women aged 25-49) from 45% to 81%. A total of 90% (203) of supported health facilities were equipped to provide integrated cervical cancer screening services. Of the women screened, eight were diagnosed with precancerous lesions and successfully treated, while two women with suspicious cervical cancer lesions were referred for further evaluation. Efforts were intensified to improve both recipient awareness and healthcare workers' capacity for cervical cancer screening. A total of 92 healthcare workers were trained on the "screen and treat" approach for cervical cancer screening through the Enhanced Expert Support Initiative. Screening commodities, personal protective equipment (PPE), and infection prevention and control (IPC) materials were provided to all screening sites. To further enhance awareness, integrated messaging on cervical cancer screening was promoted in ART clinics, and social and behavioural change materials were adapted to support the HPV vaccination campaign, particularly for young girls, including those living with HIV.

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

ECEWS ACE-5 made notable improvements in enhancing access to TB/HIV services and improving TB case identification and treatment outcomes among People Living with HIV (PLHIV) across its supported sites. The project's activities revolved around optimising TB/HIV service integration, enhancing TB screening and diagnosis, scaling up TB preventive services, and fostering collaboration with key stakeholders and implementing partners.

TB Screening and Case Detection: TB screening was routinely integrated into all program areas, including PMTCT, OVC, adolescent, and differentiated service delivery models, ensuring consistent screening at every clinic encounter. Throughout the FY, the project screened 175,579 clients (including

adults, children and pregnant positive women) who had a clinic visit and identified 3,741 presumptive clients and sent 3,692 of them for TB diagnosis. To minimize the gap in the diagnostic cascade, the team provided assisted referrals for clients presumed to have TB. Of the 3,692 referred for TB diagnosis, 85% had their samples evaluated using the Molecular WHO-recommended Rapid Diagnostic tests (mWRDs), and 2408 were diagnosed positive for TB, with a positivity yield of 4%. 95% of these clients were initiated on TB treatment, reflecting a high linkage-to-treatment rate. The use of chest X-rays, both as a screening tool and diagnostic tool, particularly in CLHIV with high TB suspicion, and the use of urine LF-LAM to screen for TB in AHD clients has proven to be effective in improving TB case finding within this age group. To ensure sustained quality, the project regularly reviewed TB screening outcomes, providing targeted training for healthcare workers in facilities with persistently suboptimal performance. This ongoing effort has sustained presumptive TB yields among screened clients, with an average Tx_ New yield of 21% and 2% for clients already on ART, significantly improving TB diagnosis across the program.

Optimisation of HIV Prevention and Testing Services among TB Patients and Linkage to ART:

As part of its ongoing collaborative efforts, the ECEWS ACE-5 project continued to optimise its hub-and-spoke model to enhance access to HIV testing across both supported and unsupported sites within the project states. This progress was achieved mainly by ensuring the consistent availability of Rapid Test Kits (RTKs) at all hub-and-spoke locations, alongside the continuous on-site mentoring of Directly Observed Treatment (DOT) officers who provide HIV Testing Services (HTS) and HIV prevention services at these facilities. During the fiscal year, the project reported 1,886 new and relapsed TB cases, with 100% of these clients having a documented HIV status. Of these, 349 individuals tested positive for HIV, while 1,555 tested negative and received HIV prevention services, including education on condom use and risk reduction strategies. Among those who tested positive, 331 were successfully linked to antiretroviral therapy (ART) units to initiate appropriate care and treatment for HIV/AIDS, including access to Cotrimoxazole Preventive Therapy (CPT). The remaining 18 clients, who have not yet been linked to treatment, are being actively tracked for follow-up and initiation of care. Looking ahead, the team is prioritising strengthening referral mechanisms between TB and ART units to minimise losses within the care cascade in the upcoming fiscal year. This includes enhancing the coordination and communication between these units to ensure a more seamless and timely linkage to treatment and care for all identified HIV-positive individuals, thereby reducing treatment delays and improving overall health outcomes for TB-HIV co-infected patients.



Engagements with the GoN pharmacy FP during the USAID TB consultants' visit to GH Iqita, Oron



USAID TB/HIV Consultant Visit to ECEWS ACE-5 Facilities in Akwa Ibom State: In collaboration with the Government of Akwa Ibom State, ECEWS ACE-5 hosted USAID TB/HIV consultants for a one-week field visit from August 12th to 16th, 2024. The purpose of the visit was to assess the technical competencies and support systems in place for implementing TB/HIV activities at selected facilities in Akwa Ibom State. The consultants also aimed to evaluate the knowledge of TB care and treatment among healthcare providers, community service providers, and peer support groups while identifying enablers and barriers to routine TB screening, Tuberculosis Preventive Therapy (TPT) initiation, and completion. The visit commenced with an entrance meeting that brought together key stakeholders in the TB program, including the Akwa Ibom State Tuberculosis and Leprosy Control Program (AKSTBLCP), Akwa Ibom State Agency for the Control of AIDS (AKSACA), and Akwa Ibom State AIDS and STI Control Program (AKSASCP). Discussions centred on collaborative efforts between implementing partners and the GoN, focusing on avoiding duplication of activities and promoting resource sharing. The USAID team emphasized the importance of sustaining and enhancing collaboration among all stakeholders to improve program outcomes.

During the field visit, the team assessed various facilities, including General Hospital Oron, Infectious Disease Hospital Ikot Ekpene, and Jerbenice Pharmacy. The assessment covered key service delivery points such as the ART and DOTS units, GeneXpert laboratories, and pharmacy stores. Discussions at the facilities highlighted the need for improved documentation, better access to chest X-ray services for screening and diagnostics, and resolving issues with the electronic medical records (EMR) system to ensure comprehensive documentation. Key recommendations from the visit included strengthening collaboration with the State Tuberculosis and Leprosy Control Program (STBLCP) for training and free chest X-ray utilization in the upcoming fiscal year. The team also recommended building the capacity of healthcare workers in using the WHO symptom checklist and improving access to clinical evaluations and free chest X-rays for Xpert-negative presumptive TB clients, all of which are crucial for enhancing TB case detection and management.

Scaling up TB Preventive Therapy: To strengthen TB prevention efforts among PLHIV, ECEWS ACE-5 team scaled up TPT uptake by creating demand and conducting routine folder reviews to identify clients who had missed TPT initiation. This approach was further reinforced by aligning ART refill schedules with various Differentiated Service Delivery (DSD) models. By incorporating TPT into DSD models, the team significantly increased uptake. During the reporting period, 4,712 out of 5,207 clients who initiated a TPT course successfully completed it, resulting in a 90% completion rate. These clients were closely monitored to ensure adherence and successful completion of their treatment.

National TB, Leprosy, and Buruli Ulcer Control Programme (NTBLCP) Quarterly Zonal Review Meeting:

ECEWS ACE-5 participated in the NTBLCP quarterly zonal review meeting held from July 24th to 26th, 2024. The meeting brought together over 52 participants involved in TB and HIV programs across the South-South geopolitical zone. This platform provided a valuable opportunity for a comprehensive review of data, discussion of challenges, and the exchange of best practices to improve the overall TB program. A key focus of the meeting was introducing the COBAS machine as a diagnostic tool for TB, particularly its ability to detect INH resistance. The planned distribution of these machines across the six geopolitical zones was also emphasised. Additionally, the meeting addressed the recent stockout of TB medications, prompting the development of redistribution plans and a temporary matrix to mitigate the impact on patients. The long turnaround times for TB sample evaluations were also a concern. However, following recommendations to reroute samples, the average turnaround time for sputum sample evaluations improved, reducing to approximately 72 hours within the quarter.

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

During the reporting period, ECEWS ACE-5 achieved significant milestones in strengthening laboratory services for HIV/AIDS and TB across all supported facilities. Notably, the team successfully integrated HIV/AIDS and TB laboratory services, optimised PCR laboratory processes and activities, and implemented an enhanced quality management system for overall laboratory efficiency and effectiveness while adhering to established guidelines and national standards for improved patient outcomes.

Implementation of the Rapid Testing Continuous Quality Improvement Initiative (RTCQI): The ECEWS ACE-5 project continues to align with Nigeria's National HIV serology quality assurance initiative, the HIV Rapid Test Continuous Quality Improvement Initiative (RTCQI), which aims to enhance the quality and reliability of HIV rapid testing at various testing points. The RTCQI framework adopts a structured approach, incorporating fundamental quality management principles to ensure accurate HIV diagnosis across healthcare settings. These principles include the consistent application of standard operating procedures (SOPs), conducting on-site supervisory visits, competency assessments, participation in proficiency testing (PT), and the use of quality control (QC) materials to monitor testing accuracy and reliability. During the reporting period, significant improvements were noted in key RTCQI indicators for Akwa Ibom and Cross River States. Out of the 640 supported HIV testing points (333 in Akwa Ibom and 181 in Cross River), the reporting rate improved from 87% in July 2024 to 97% by September 2024, with Akwa Ibom state showing the most notable progress. The uptake of HIV serology internal quality control (IQC) measures and HIV retesting increased by 34% and 5% over the same period. Notably, the concordance rate between initial testing and retesting remained at 100%, with no invalid test results reported throughout the quarter.

Production and Distribution of HIV Serology Dried Tube Specimen Panels for Proficiency Testing and Quality Control: The ECEWS ACE-5 team, in collaboration with the Government of Nigeria's State Quality Assurance Champion Team (SQACT), successfully produced HIV serology Trial 0324 Proficiency Testing and Quality Control Panels using Dry Tube Specimen (DTS) technology. This production occurred at the Dr. Lawrence Henshaw Memorial Hospital in Calabar from September 2nd to 6th, 2024. The team, comprised of two government representatives and five project staff, created and packaged 668 proficiency testing panels and 3,380 quality control panels for distribution across 517 HIV testing points in Akwa Ibom and Cross River States. Additionally, the team supports all enrolled testing points by ensuring timely submission of proficiency testing results for evaluation. This initiative reinforces the accuracy and reliability of HIV rapid testing, contributing to the overall improvement of testing outcomes.



Figure 18: Trial 0324
PT DTS Panel
Production in Dr
Lawrence Henshaw
Memorial Hospital
Calabar

Viral Load Monitoring: In the reporting period, the ECEWS ACE-5 team maintained active coordination with facility and community structures across supported states to engage clients using a family/client-centred approach for scheduled viral load monitoring, literacy on viral load, and self-care support. The team also prioritised improving pre- and post-analytical processes to improve turnaround times for results and minimise sample rejection rates. Key strategies included strengthened collaboration with third-party logistics for sample shipment, partnerships with PCR laboratories for prompt analysis and result return and efficient communication of viral load results to clients at supported health facilities. These efforts significantly boosted viral load coverage across the project. By the end of FY24 Q4, 99% (168,764) of all eligible care recipients had their blood samples collected for viral load testing, resulting in a viral load coverage rate of 98% and a suppression rate of 98.6%. In pediatric cases, the 12-month viral load coverage rate stood at 97.6%, with a suppression rate of 96.7%.

Point of Care Early Infant Diagnosis Testing: To improve access to HIV diagnosis, reduce result turnaround times, and enhance the management of HIV-exposed infants, PEPFAR emphasizes the importance of point-of-care (POC) testing, mainly using GeneXpert and m-PIMA technologies for Early Infant Diagnosis (EID). In line with this, the ECEWS ACE-5 team has strengthened the EID system by engaging stakeholders at multiple levels to optimize testing across supported platforms. The project operates 17 GeneXpert and 5 Abbott m-PIMA sites across both states, providing essential diagnostic services for HIV-exposed infants. In Q4 FY24, 99.8% (1,299) of EID samples received at these laboratories were analyzed, with results returned within an average turnaround time of two days. Of the 1,231 EID samples received and processed from the ECEWS ACE-5-supported facilities, 35 infants were diagnosed as HIV-positive, indicating a transmission rate of 2.8%. Notably, 76% of the positive cases came from infants aged two months and older, with the highest transmission rates observed in samples from infants over 12 months, particularly in Akwa Ibom State (14%) and Cross River State (6%). These findings underscore the critical need for early identification, diagnosis, and prompt management of HIV-exposed infants to reduce transmission rates.

Equipment Functionality and Maintenance: To ensure optimal testing throughput, the ECEWS ACE-5 team rigorously monitored laboratory quality indicators by implementing daily assessments of equipment functionality and adhering to routine maintenance schedules as prescribed by technical experts. These measures were designed to maintain the continuous operational efficiency of key diagnostic platforms. Additionally, the team received regular technical support and troubleshooting assistance from the Abbott Field Service Engineer (FSE) to promptly address any equipment-related challenges. During the reporting period, the team encountered equipment issues affecting functionality rates across various platforms. The Abbott m2000 testing platforms maintained a 100% functionality rate, ensuring consistent performance. However, the Hologic equipment operated at 70% functionality, while the Alinity M platforms had a functionality rate of 86.6%. These challenges required diligent efforts to optimize performance and minimize disruptions in laboratory activities. Despite these issues, the team implemented swift corrective actions, including system recalibration, component replacements, and strategic equipment rotation to ensure continuity in testing operations. By prioritizing equipment optimization and closely collaborating with technical service providers, the ECEWS ACE-5 team successfully minimized downtime, preventing any significant interruptions in the critical laboratory processes that underpin the overall service delivery value chain. These efforts contributed to maintaining the quality and reliability of diagnostic services essential for achieving the project's outcomes.

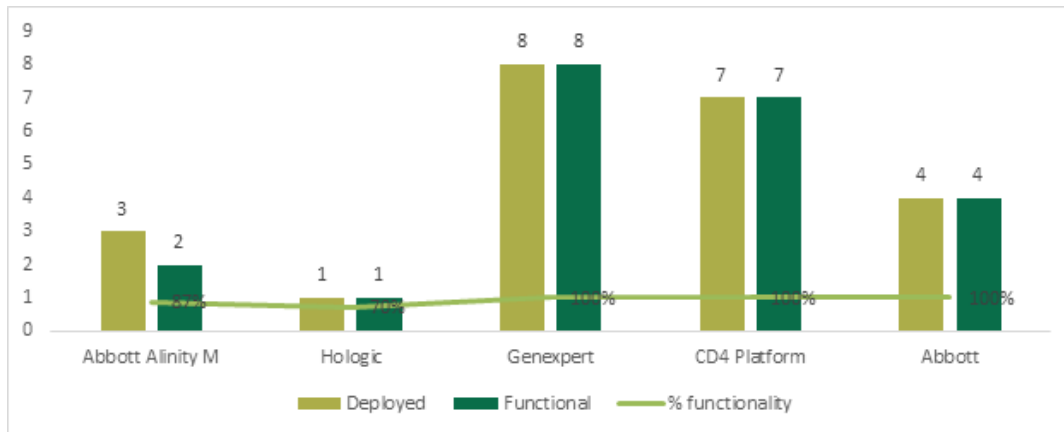


Figure 19: Laboratory Equipment Functionality Status

USAID Environmental Compliance Team Visit to Akwa Ibom State: The United States Agency for International Development (USAID) environmental compliance team, including the AOR, the Environmental Mission officer, the Clinical Lab Manager and other USAID staff conducted a week-long environmental compliance visit to Akwa Ibom State From August 19th to 23rd. During the visit, a comprehensive review of the facilities’ waste management systems and protocols was conducted to ensure compliance with best practices and safety standards. The team evaluated the disposal methods for biological, chemical, and other waste and environmental management protocols, highlighting the importance of minimizing ecological impact while upholding strict safety standards.

Abbott mPIMA EID POC Testing Activation and Equipment Users Retraining: Following the installation of the Abbott mPIMA EID point-of-care testing device in five ECEWS ACE 5-supported facilities—three in Akwa Ibom State and two in Cross River State, Abbott in collaboration with SASCP, successfully conducted on-site user training for 19 laboratory staff in Akwa Ibom State from July 20th to July 25th, 2024, and for four laboratory staff in Cross River State on July 31st, 2024. These trainings formally activated the sites to begin EID point-of-care testing using whole blood rather than the more convenient DBS samples typically used for GeneXpert. The training included instruction on equipment operation and maintenance, sample management, and uploading analysis data (results) to the Laboratory Information Management System (LIMS) through Node technology.

NASCP led Need Assessment for GeneXpert Site Activation: As part of efforts to enhance access to Early Infant Diagnosis (EID) point-of-care testing using GeneXpert in Akwa Ibom and Cross River States, NASCP, in collaboration with NTBLCP and IHVN, conducted another round of health facility and diagnostic laboratory assessments in July 2024. During this visit, five health facilities (two in Akwa Ibom and three in Cross River) and one diagnostic laboratory were evaluated. The assessments focused on infrastructural components such as power stability, personnel, equipment functionality, supply chain management, testing capacity, and hub-and-spoke potential. Three ECEWS ACE 5-supported facilities (1 in Akwa Ibom and 2 in Cross River) met the criteria and were recommended for activation.

Collaboration with State Biomedical Engineers to Repair Faulty Centrifuges: In collaboration with the Biomedical Engineering Department of the Akwa Ibom State Ministry of Health, the ACE 5 project successfully facilitated the repair of nine faulty centrifuges across supported facilities in Akwa Ibom State in September. This strategic intervention highlights the organization’s commitment to sustainable programming and the Government of Nigeria’s commitment to ownership and sustainability in the HIV/ AIDS program. Plans to extend similar collaborations for laboratory equipment repairs and preventive maintenance to Cross River State are also underway, further enhancing the capacity of health facilities in the states.

Supportive Supervisory Visit to Abbott m-PIMA EID Testing Health Facilities: Following the mPIMA user training for laboratory personnel in July 2024, the laboratory team conducted technical assistance visit to two Abbott m-PIMA EID testing clinical laboratories—Eja Memorial Hospital Itigidi and Cottage Hospital Akpet—between August 11th and August 14th, 2024. Similarly, GH Oron and GH Etinan were visited from September 17 to September 26, 2024, as part of routine supervisory support to enhance service delivery. These visits provided an opportunity to engage with hospital management, laboratory staff, and frontline health workers to establish systems for optimizing the Abbott m-PIMA device for EID testing services in both hub and referring facilities. Discussions centred on demand creation, developing an effective workflow for sample referral and result return, and documentation for m-PIMA, considering the unique aspects of using whole blood samples instead of the conventional dried blood spots for EID testing. Following the technical assistance provided, the Abbott m-PIMA EID testing platform was utilized to receive, analyze, and dispatch results for six samples during the month.

Activity 2.8: Health Systems Strengthening to Support Clinical Services

During the reporting period, the Continuous Quality Improvement (CQI) team facilitated a facility-level physical integration self-assessment across all 225 supported health facilities. This assessment serves as the baseline for the next phase of programming aimed at improving access and reinforcing the Strategic Transition for Accelerating a Government-led Response to the HIV Epidemic (STAGE). At the end of September 2024, the assessment revealed significant progress in service integration, with 83% of ART clinics, 96% of ANC/PMTCT services, 95% of ART laboratories, 72% of services, and 45% of medical records integrated into the health facilities. These findings provide critical insights that will inform the direction for FY25, driving efforts to enhance access to quality HIV services, particularly at primary and other healthcare levels. Additionally, the team developed the ECEWS ACE-5 Service Integration and Sustainability Plan, which is currently under review by project leadership. The plan is informed by global, donor, and national models and aims to guide the integration of health services, ensure long-term sustainability, and foster private sector engagement and domestic resource mobilization. Furthermore, ECEWS ACE-5 contributed to the concept development for the USAID Central Training Platform. This platform is designed to continuously improve the capacity of USAID-supported programs and healthcare personnel in Nigeria, ensuring that the health workforce has the skills and knowledge needed to advance the HIV response and broader healthcare objectives.

Planning for and measuring long-term success

Self assessment of physical integration across supported health facilities in both states, September 2024

	No of Facilities	ART Clinic	ART			
			ANC/PMTCT services	laboratory co-located	ARV drugs co-located	medical records co-located
Central	13	85%	100%	92%	62%	15%
Eket	35	94%	97%	97%	91%	74%
Ikot Ekpene	61	92%	93%	97%	79%	61%
Northern	11	18%	100%	100%	73%	27%
Southern	40	65%	95%	88%	48%	15%
Uyo	65	91%	98%	95%	74%	43%
Grand Total	225	83%	96%	95%	72%	45%



Figure 20: Service Integration Assessment across supported HF

Activity 2.9: Strengthening Private Sector Collaboration

The ECEWS ACE-5 project successfully established a strategic partnership with the current leadership of the Association of Nigerian Private Medical Practitioners (ANPMP) in Cross River State to enhance the private sector's involvement in the project. This collaboration ensures private healthcare providers adhere to national HIV policies and guidelines while actively contributing to the project's goals. Through this partnership, the ECEWS ACE-5 team seeks to mobilize local resources and improve the integration of HIV services within private medical facilities, thereby expanding the reach and effectiveness of HIV programming in the state. This partnership will also open opportunities for joint capacity-building efforts, awareness campaigns, and resource mobilization to sustain the HIV response. Going forward, the ECEWS ACE-5 project plans to explore further collaborations with ANPMP to strengthen private sector involvement in the HIV continuum of care, ensuring more comprehensive and accessible services for communities across Cross River State.

Activity 2.10: Evidence Generation through Operations and Implementation Research

The ECEWS ACE-5 team participated in the International Workshop on Paediatrics and HIV and the 25th International AIDS Conference, held in Munich, Germany, from July 18–19 and July 22–26, 2024, respectively, with pre-conference sessions for IAS 2024 on July 19–20. The IAS pre-conference and conference sessions focused on a range of critical topics, including advancements in HIV vaccine development, expanding differentiated service delivery (DSD) models beyond HIV treatment, recent breakthroughs in HIV cure research, community-led monitoring, and addressing the unique needs of children exposed to HIV perinatally. The conference underscored the continued necessity for strong leadership, supportive policies, and sustained funding to achieve global HIV targets, emphasizing that the HIV pandemic persists, with new infections and deaths still occurring at significant rates.



Figure 21: ECEWS ACE-5 team making presentation at the 2024 IAS Conference in Germany



The ECEWS team contributed to the conference by presenting various abstracts and participating in a PEPFAR-hosted satellite session on behavioral science. Selected project staff had the opportunity to showcase their work. For instance, Dr. Onwah Oghenezuazo delivered an oral presentation on how implementing a quality framework improved access to TB testing among children with Advanced HIV Disease. Pharm. Sheriff Arthur shared insights during the PEPFAR satellite session, presenting lessons from the community pharmacy ARV refill model of differentiated service delivery, and highlighting behavioural barriers and facilitators for HIV prevention and treatment. Additional poster abstracts were presented by Dr. Esther Nwanja, Dr. Otoyoy Toyo, Dr. Erica Aloro, and Orthomjah Ibitham during the conference.

Furthermore, the team developed and submitted a manuscript titled “Treatment Outcomes among Young Persons Living with HIV Who Transitioned to Adult Care in Southern Nigeria: A Retrospective Cohort Study” to a peer-reviewed journal. The team also utilized the SI boot camp to enhance the skills of project staff in using data generated during project implementation to develop abstracts, further strengthening their research and presentation capabilities.

KEY RESULT 3:

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

Activity 3.1 Integration of HIV into Routine Primary Healthcare

ECEWS ACE-5 Collaborates with the Cross River State Primary Health Care Development Agency (CRSHCDA) and Akwa Ibom State Primary Health Care Development Agency (AKSHCDA) to Train Frontline Healthcare Workers: On August 12th, 2024, the Government of Nigeria, led by the National Primary Health Care Development Agency (NPHCDA), in collaboration with the Cross River State Primary Health Care Development Agency (CRSPHCDA) and supported by ECEWS, conducted a 10-day refresher training for frontline healthcare workers across all 18 LGAs of Cross River State. The training focused on integrated Primary Health Care (PHC) services. This initiative aimed to enhance the Government of Nigeria’s ownership, responsiveness, and resilience in healthcare delivery while improving service provision at the ward level across the three clusters of the state. The program aligned with the Nigerian Government’s Renewed Health Sector Vision 2023–2026, which seeks to upskill health workers in integrated service delivery and support sustainable workforce development and retention in the PHC sector.

The participants included PHC Directors, LACA Coordinators, Heads of Facilities, Doctors, Nurses, CHOs, CHEWs, and other key stakeholders from the Cross River State health sector. The ECEWS ACE-5 team co-facilitated sessions during the training, which covered various topics, including HIV epidemiology, case identification, counselling techniques, and optimizing prevention, care, and treatment services. Additionally, the training provided an opportunity for PHC heads to refresh their skills in emergency management, patient referrals, and quality care optimization in their respective facilities. The training successfully enhanced the integration of ART services into routine facility operations, thereby strengthening the Government’s active involvement in healthcare provision.

Similarly, the Akwa Ibom State Primary Health Care Development Agency (AKSPHCDA), with support from the United States Agency for International Development (USAID), organized a 10-day training for frontline healthcare workers from July 8th to July 15th, 2024. This training, held at various primary health



Figure 22: Cross Section of the participants during the training in Ikom LGA of Cross River State



centres across all the 31 LGAs. The ECEWS ACE-5 team provided technical support and facilitated sessions, ensuring collaboration with the Government of Nigeria to achieve HIV epidemic control. The initiative aimed to strengthen the skills of healthcare workers in publicly owned PHC facilities, including nurses and community health extension workers, thereby improving health service delivery and health outcomes through the proposed Primary Impact Initiative.

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

During the period under review, proactive interventions and collaboration with Community Birth Centers (CBCs) in Calabar Municipal, Biase, Ikom, and other LGAs resulted in significant progress. Partnerships between local teams and CBCs across all clusters have enhanced the community's capacity to support the Prevention of Mother-to-Child Transmission (PMTCT) of HIV. Training sessions for CBC staff and healthcare workers have improved their knowledge and skills, improving their ability to respond efficiently to new HIV cases. In a related effort, Akwa Ibom State team organized a targeted orientation in the reporting period to align CBC activities with the PMTCT objectives of the ECEWS ACE-5 project. The sessions were designed to equip participants with essential knowledge on HIV/AIDS, including transmission and prevention methods, and to strengthen collaboration between Community-Based Organizations (CBOs) and CBCs. This initiative aimed to improve the support provided to pregnant women in the community. Given the critical role of PMTCT services, the sessions emphasized the importance of early identification of HIV-positive women and their timely referral to health facilities for treatment and care. Health commodities were distributed to further strengthen the partnership and support ongoing HIV prevention and care efforts in the community.

Activity 3.3: Community Ownership of the HIV/AIDS Response

On Thursday, August 8th, 2024, the ECEWS ACE-5 team in Akwa Ibom State supported the Akwa Ibom State Agency for the Control of AIDS in conducting the final phase of the "HIV and Community Leadership: The Role of Stakeholders" workshop for traditional rulers in the Ikot Ekpene Senatorial District. This followed the successful completion of the first two phases in Eket and Uyo Senatorial Districts. The workshop which held at St. Nath Hotel Ikot Ekpene, was attended by 63 participants, including Paramount Rulers, Village and Clan Heads, youth leaders, family heads, and representatives of ECEWS ACE-5, the State Ministry of Health, UNAIDS, Heartland Alliance, FHI 360, and the Akwa Ibom Impact Survey team.



Figure 23: cPMTCT Intervention in Biase LGA of Cross River State



The primary focus of the workshop was to educate participants on HIV basics, dispel common myths, address community practices that contribute to the epidemic, and promote community engagement and mobilization. Participants were also introduced to HIV self-testing, with a demonstration of the HIV self-test kit provided. Additionally, the workshop served as a platform to inform participants about the upcoming Akwa Ibom Impact Survey scheduled to hold in this reporting period. The session was highly interactive and participatory, allowing participants to ask questions, which were addressed in detail.

This final phase of the workshop further strengthened the role of traditional rulers as key stakeholders in the fight against HIV, emphasizing the importance of their leadership in fostering community awareness and support for HIV prevention and treatment initiatives.

Activity 3.4: Community Knowledge of HIV

In Akwa Ibom State, the team conducted a targeted outreach initiative for youth groups in Mbo Local Government Area, with the aim of raising HIV awareness and understanding among this key demographic. The session covered essential information about HIV, including its causes, symptoms, and prevention strategies. Emphasizing the importance of HIV testing, early detection, and prompt treatment, the outreach aimed to dispel fears and misconceptions about HIV, fostering a supportive environment for People Living with HIV (PLHIV). The team also addressed concerns about stigmatization, reaffirming the project's commitment to creating an inclusive and supportive environment for PLHIV. Various HIV prevention methods, such as condom use and Pre-Exposure Prophylaxis (PrEP), were discussed, along with the importance of adhering to treatment protocols. Participants were encouraged to recognize the impact of early treatment on quality of life and the prevention of further HIV transmission.

Implementation Challenges

Although several challenges arose during the quarter that impeded certain project activities, adaptive strategies and timely interventions were put in place to minimize their effects and keep the project on track. To mitigate the impact and ensure minimal disruption to progress, workarounds were swiftly implemented. These challenges included;

- The stockout of Determine rapid test kits negatively impacted efforts related to maternal retesting as well as pediatric and adolescent case finding.
- Insufficient supplies of critical tracer commodities, including TDF/3TC/DTG 300/300/50mg, ABC/3TC 600/300mg, and ABC/3TC 120/60mg, hindered pharmacy services during the reporting quarter.
- The reliance on a paper-based monitoring system for the PMTCT program adversely affected the effectiveness of follow-ups and longitudinal reporting.
- The lack of food resources and the unavailability or forgetfulness of caregivers remain significant challenges in managing children on ART.
- Linking infants diagnosed with HIV to ART continues to be problematic due to the absence of point-of-care testing.
- Persistent data synchronization issues between the EMR and the NDR for the AHD cascade continue to pose challenges.

Monitoring, Evaluation and Learning

During the reporting period, ECEWS ACE-5 continued to foster a robust data analytics and utilization culture, driving improvements and innovation across the care cascades. The team upheld an adaptive, efficient, and technology-driven monitoring and evaluation system, facilitating real-time data reporting, analysis, and smooth client record management throughout the HIV care continuum. Daily data profiling and validation across all reporting platforms ensured data reliability, supporting informed program performance assessments and strategy adjustments when needed. In addition, several capacity-building initiatives were rolled out to strengthen staff and service providers' understanding of data quality standards, reporting protocols, and essential data validation and triangulation techniques. Key monitoring and evaluation activities conducted during this period are outlined below

Ongoing Biometric Authentication for Service Delivery: To ensure the deduplication of ART clients and guarantee that recipients of care under the ACE-5 project have their biometrics successfully captured and matched in the National Data Repository (NDR), the team implemented a robust monitoring and validation system. This system uses a "biometric incidence form" to track and verify that each client has a valid biometric match outcome while also documenting the reasons for any failed biometric captures or recaptures. Also, the team provided continuous support for capturing and recapturing biometrics for all clients without previous biometric records. These efforts included uploading the data to the NDR and conducting analytics to address discrepancies or concurrence gaps in the system.

Performance Review Meetings and Routine Data Analytics

The ECEWS ACE-5 project leverages data to guide implementation and enhance project performance through data-driven decision-making, employing cutting-edge methods to ensure data quality and real-time reporting of project outcomes. During the reporting period, the Strategic Information (SI) team participated in multiple strategic and coordination meetings, where they analyzed and presented real-time program data to demonstrate progress across key performance indicators. This real-time data analysis allowed for an objective assessment of progress toward targets, enabling the project to scale up evidence-based interventions and address areas of observed weaknesses. As part of the strategy to improve learning through routine interactions with program data for cause corrections and constant quality improvement, the SI team facilitated project-wide weekly data review meetings. State teams and health facilities were also supported to conduct data review meetings with a mix of multidisciplinary teams across states and facilities. These meetings were useful in communicating data quality standards and prompt programmatic guidelines for improved outcomes and learning.

Strategic Information Bootcamp: Improved Quality, Improved Outcomes

In alignment with the ECEWS ACE-5 goal of strengthening data management systems to improve program decision-making and reporting, the team organized a 5-day intensive Strategic Information (SI) Bootcamp. This training was designed to build the capacity of 116 project staff members, focusing on enhancing their skills and knowledge to better meet the demands of the new fiscal year. The boot camp covered the following key objectives:



Figure 24: Cross section of Participants at the SI Bootcamp

- Understanding the Service Delivery Flow for Each Thematic Area: Highlighting the modifications and adaptations made to service delivery processes based on current or FY25 implementation directions.
- Implementation Expectations for the New Fiscal Year: This segment, tailored specifically for M&E personnel, addressed the roles and deliverables expected in the upcoming fiscal year.
- Clarifying Implementation Challenges: Providing a platform for staff to discuss and resolve questions arising from implementing thematic services, ensuring unified direction.
- Reporting Requirements: A detailed review of data elements related to thematic services across all platforms, ensuring a streamlined reporting process.
- Basic Data Validation and Triangulation: Training staff to validate and triangulate key data elements relevant to the thematic services of focus.
- Related Indicators and Data Analytics: Understanding key indicators, their computation, and the analytic cascade for the thematic services of focus.

Some of the resolutions and action points from the boot camp for improved programming in the new fiscal year included institutionalizing peer-to-peer learning between the SI staff to strengthen collective expertise, developing an M&E community of practice for continuous collaboration and support among M&E personnel, intentional data use in driving responsive and adaptive program implementation, empowering local leadership within teams to take ownership of project goals and drive forward initiatives, and implementing structured performance management and capacity-building program for ancillary staff to ensure alignment with overall project goals. Overall, the Strategic Information Boot Camp laid the groundwork for improved data-driven decision-making and enhanced program outcomes for the new fiscal year.

Program Tools Modifications and Dissemination Meeting: As HIV service delivery continues to evolve, there has been a growing need to revise Implementing Partners (IP)-specific data collection tools to better align with emerging practices. During the reporting quarter, the team organized a dedicated session with the implementing teams to review and discuss the updates to existing data capture tools. This meeting focused on providing clear guidance on the inclusions and exclusions applied to the tools,

ensuring uniform understanding and consistency in data collection across all teams. The session aimed to enhance the accuracy and efficiency of data management, supporting improved program outcomes. At the end of the session, a total of 97 tools were retained, 52 tools were removed, 10 tools were modified, and 3 new tools were introduced.

Quality Improvement Activities Focused on Enhancing Data Quality (DQAs): Accurate and reliable data is essential for informed decision-making, program evaluation, and the efficient allocation of resources. The team supported state-level efforts to strengthen data quality by conducting Data Quality Assessments (DQAs) across 49 supported health facilities in Akwa Ibom and Cross River States. These assessments focused on validating and verifying data across 22 key indicators reported during the quarter, including patient-level verification for PLHIV newly initiated on ART, those interrupting ART, and tracking remediation efforts to address data quality gaps identified in FY24 Q3. The coordinated efforts aimed to improve the reliability and integrity of reported data, thereby driving better program outcomes.

LAMISPlus System Enhancements: During the reporting period, the LAMISPlus system underwent several key enhancements to improve its performance and functionality. These upgrades included optimizing the system's performance through JVM memory tuning and garbage collection, significantly enhancing patient management response times. The team supported EMR module deployment and troubleshooting at the state level to ensure smooth operations. The National Data Repository (NDR) file generation process was enhanced with asynchronous, multi-threaded processing, drastically reducing generation times. SQL queries were optimized to prevent duplicate records and increase speed, with indexes added to key tables for improved database performance. Furthermore, concurrent processes were implemented to efficiently manage background tasks and long-running operations, ensuring smoother system functionality.

Review of Data Elements on the Daily Performance Tracker: The Daily Performance Tracker (DPT) is critical in recording and monitoring key health indicators and data elements. Regular reviews of these elements help remove redundancies and ensure that only relevant data is collected to effectively track performance and ensure data completeness. This process provides a comprehensive view of progress across various thematic areas. By applying database management principles, the team ensures data consistency, validation, and updates, ultimately improving the reliability of generated reports. The ongoing review reinforces the DPT's value as an essential tool for tracking and enhancing health service delivery outcomes. At the end of the review, a total of 157 data elements were removed from the daily instance.

Ward-Level Geo-mapping and Data Integration on the EMR: Ward-level geo-mapping leverages GIS technology to define geographic boundaries and capture health data at a granular level, providing a detailed view of health service coverage. Integrating this data into the Electronic Medical Record (EMR) system enables precise tracking of health interventions and outcomes within specific wards. Through effective database management, GIS data is synchronized with patient records, enhancing service delivery and reporting accuracy. This initiative supports targeted health programs and allows for a more detailed spatial analysis of community health trends. The integration of ward-level data into the EMR began in Q4 and will continue into the new fiscal year until all field data is fully incorporated.

Digital Solutions for Project Challenges: The team developed innovative digital tools to address data quality challenges encountered during project implementation. One such tool is the "Easy Profiler Dashboard," a Power BI-based platform that consolidates all project data sources, enabling easy profiling and triangulation of data with a single click and refresh. Additionally, the team has enhanced the DIRA (Daily Report Automator) software, expanding its coverage and improving efficiency to ensure seamless

and timely data entry into the DHIS system. These innovations have significantly streamlined data processes, contributing to more accurate and efficient project reporting.



Vendors installing solar panels at PHC West Itiam

INTEGRATION OF CROSSCUTTING ISSUES

Gender Integration: ECEWS ACE-5 integrated gender and GBV interventions into its broader programmatic areas to support the UNAIDS 95-95-95 targets and hasten the control of HIV in Nigeria. Gender integration was prioritized across all state-supported facilities, ensuring that Intimate Partner Violence (IPV) and other forms of GBV were routinely assessed among people living with HIV (PLHIV) and PrEP clients. Survivors were referred to Sexual Assault Referral Centers (SARC) across the state for post-care support. These efforts were complemented by ongoing collaboration with state security agencies, particularly through periodic interactions with divisional police stations to ensure that GBV cases were handled properly and that perpetrators were brought to justice. By addressing both the legal and health-related aspects of GBV, the program has reinforced its commitment to creating a safer, more equitable environment while supporting the broader goals of HIV control.

Annual Refresher Orientation: During the reporting period, the ECEWS ACE-5 team conducted a two-day annual refresher training for gender focal persons to enhance their knowledge of service provision in alignment with the USAID/PEPFAR gender strategy. This training aimed to strengthen participants' capacities regarding their responsibilities and expectations in combating Gender-Based Violence (GBV). It also focused on equipping them with skills for gathering forensic evidence necessary for prosecuting rape cases and improving networking and referral systems to optimize GBV services. In Cross River State (CRS), the training built the capacity of 73 individuals, while in Akwa Ibom State (AKS), it trained 250 participants. The sessions were held from August 6 to August 16, 2024, in AKS, and from September 16 to September 24, 2024, in CRS. Collaborating with the Ministry of Justice and the Ministry of Women Affairs, the training brought together a diverse group of participants, including GBV focal persons, government officials, and project staff from supported ESM sites in both states. Representatives from the Federation of International Women Lawyers (FIDA), Sexual Assault Referral Centers (SARC), the Ministry of Justice, CAN, uniformed personnel, and Gender Desk officers from

HEARTLAND Alliance also participated.

USAID Gender Advisors/POCs meeting: In the reporting period, the ECEWS ACE-5 team participated in a two-day meeting for gender advisors held in Abuja from July 17th to 18th, 2024, which included all USAID implementing partners. The primary objective of the meeting was to review the Gender-Based Violence (GBV) program and adopt new technical directions for GBV programming. Key resolutions from the meeting included establishing reporting standards for GEND_GBVI indicators for facilities providing the full minimum package of care and revising GBV data collection tools to incorporate additional post-GBV interventions.

3rd Quarter Gender-Based Violence Technical Working Group (GBV TWG) Meeting: On September 19th, 2024, the Akwa Ibom State Ministry of Women Affairs and Social Welfare, in collaboration with ECEWS, convened the third quarter Gender-Based Violence Technical Working Group (GBV TWG) meeting. The meeting aimed to enhance case review and response mechanisms, strengthen referral pathways and support systems, and develop preventive measures and community engagement strategies. It brought together key stakeholders from various sectors, including government agencies, civil society organizations, law enforcement, and healthcare professionals, to address pressing issues related to gender-based violence (GBV) in the state. The meeting served as a comprehensive platform for reviewing GBV cases, ensuring coordinated and collaborative responses to reported incidents, and promoting justice and support for survivors. Discussions focused on improving coordination, enhancing referral pathways, and implementing preventive measures to mitigate GBV in the state.

ESM Visits and Meetings with USAID: During the quarter, a Gender-GBV team from USAID visited ECEWS and other implementing partners in Calabar, including CCCRN, HALG, FHI360, and Breakthrough Action, from July 22nd to 26th, 2024. The purpose of the visit was to strengthen Gender-GBV service delivery by providing technical assistance, support, and guidance on the integration of Gender-GBV within PEPFAR programming. The team reviewed existing Gender-GBV service delivery processes and shared best practices for raising awareness and preventing gender-based violence, which is closely linked to HIV prevention efforts. They engaged with facility staff to enhance their understanding of service flow for GEND_GBVI, the provision of minimum package of care, post-exposure prophylaxis (PEP) documentation, standard operating procedures for data flow, and service linkages. The insights gained from this visit have significantly influenced service delivery in the state, enabling the ECEWS ACE-5 team to be more proactive and responsive to GBV issues. The team is now more focused on following up with survivors to ensure completion of PEP and have strengthened collaboration with government counterparts to improve the uptake and completion of referral services.

Gender and Inclusive Programming Training: During the quarter, the team participated in a five-day gender and inclusive programming training organized by USAID and facilitated by Heartland Alliance. The training took place in Abuja from September 2nd to 6th, 2024, and followed a comprehensive Gender and GBV quality assessment conducted earlier in the quarter to address critical cross-cutting gaps identified during the exercise. Key topics covered during the training included mental health and GBV, inclusive programming, gender analysis, gender integration, post-GBV medical examinations, and requirements for collecting forensic evidence. As a result of the training, ECEWS is committed to several next steps. These include integrating disability status into programming and data collection efforts, enhancing inclusivity and gender sensitivity in project implementation, and creating more opportunities for persons with disabilities (PWDs), young people, and women to fully benefit from program activities. Consequently, ECEWS ACE-5 will develop a database to identify individuals with disabilities and the types of disabilities they have within the project, ensuring equitable services are provided accordingly.

STAKEHOLDER PARTICIPATION AND INVOLVEMENT

ECEWS ACE-5 continued to prioritize stakeholder engagement during the reporting period, cultivating strong relationships with national and sub-national partners to drive project objectives. Key strategic engagements with relevant stakeholders included:

Engaging Religious stakeholders with appropriate HIV messaging and MTCT: As part of efforts to enlighten key community stakeholders on HIV services, reduce negative treatment responses, and strengthen collaboration with stakeholders at the community level, the team collaborated with the host government and UNAIDS facilitated a one-day HIV Sensitization workshop on mitigating barriers to accessing HIV services in Akwa Ibom State for 102 religious leaders from Uyo and Ikot Ekpene senatorial districts in two clusters. The discussion was centred on the roles of religious leaders in achieving the elimination of mother-to-child transmission of HIV and HIV epidemic control goals. The religious leaders pledged their support to use their platform for health awareness, especially on HIV prevention measures, and counsel their congregations for HTS, especially the sick ones.

Roundtable with NEPWHAN and ASHWAN: In the reporting period, ECEWS ACE-5 team facilitated a roundtable discussion with representatives from the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and the Association of Women Living with HIV/AIDS in Nigeria (ASHWAN). The meeting was attended by 11 participants, including 3 from NEPWHAN, 2 from ASHWAN, and 6 ECEWS ACE-5 staff. This session provided a valuable platform for exchanging insights and planning collaborative efforts to improve service delivery and client support between NEPWHAN and ASHWAN. Key discussions focused on reinforcing the referral of clients with cardiovascular conditions to E2SI experts, sharing updates on client tracking—covering experiences, challenges, and strategies to optimize tracking—ensuring confidentiality and non-disclosure, and improving Community PMTCT coverage in the state. Additionally, the role of Grant Cycle 7 (GC7) was discussed, with an agreement for GC7 to share the site list to enable seamless support for RoC.

Improving the Sample Referral System through Stakeholder Collaboration: To further improve the efficiency of VL and EID sample referral system, the ECEWS ACE-5 team actively engaged with key stakeholders, including GHSC-PSM, representatives from the National Integrated Sample Referral Network (NiSRN), third-party logistics providers such as Riders for Health, and testing laboratories at



USAID Gender Team with IPs in a meeting with Hon. Commissioner for Health, Dr Henry Egbe Ayuk during the visit.



University of Uyo Teaching Hospital, Federal Medical Centre Makurdi, GeneXpert, and Abbott m-PIMA. As part of these efforts, the Director of Laboratory and Logistics Services for GHSC-PSM visited ECEWS headquarters on August 27th, 2024. During the advocacy visit, he was received by the Deputy Chief of Party and the Senior Technical Advisor for Laboratory Services. This meeting provided an opportunity to discuss strategies to enhance the sample referral system in Akwa Ibom and Cross River States. Following this, the Director also visited the Cross River State team on August 30th, 2024, where state-specific issues related to sample referral were addressed. These engagements are expected to lead to improved coordination and efficiency in the VL and EID sample referral processes in the upcoming fiscal year.

Advocacy Visit to the Cross River State Operating Coordinating Unit (CR-SOCU) for National Safety Net Program: During the reporting period, the ECEWS ACE-5 team in Cross River State led representatives from NEPWHAN on an advocacy visit to the Cross River State Operating Coordinating Unit (CR-SOCU) for the National Safety Net project. The purpose of the visit was to introduce the ECEWS ACE-5 project activities in the state and explore potential collaboration to enable vulnerable People Living with HIV (PLHIV) to benefit from the services provided by CR-SOCU. The State Coordinator of CR-SOCU in his remarks provided a comprehensive overview of his unit's activities and processes in terms of beneficiaries' enrolment and authentication and hinted that indigent PLHIV could be included in the program. As a way forward, he requested ECEWS ACE-5 team to submit the list of indigent PLHIV on the project to allow for cross-referencing with their database for identification of people already enrolled in the program. Consequently, ECEWS ACE-5 team has developed a checklist to facilitate the collection of indigent PLHIV data and is working closely with NEPWHAN to identify potential beneficiaries.

MANAGEMENT AND ADMINISTRATIVE ISSUES

Staff Recruitment: During the reporting period, ECEWS ACE-5 successfully recruited and onboarded 18 new employees, including six Technical Assistants for Lab Services, one Technical Assistant for Monitoring and Evaluation (M&E), two Technical Advisors for Lab Services, three Technical Assistants for Pharmacy, four Technical Officers, and two Compliance Associates. All new hires participated in a comprehensive orientation program designed to familiarize them with the organization's processes, interactive workflows, values, and culture. The orientation was crucial for enhancing their ability to quickly integrate into their roles and maximize productivity from the outset. Additionally, the project experienced notable career mobility, with some existing employees promoted to higher positions after a competitive interview process. This transition not only demonstrates the organization's commitment to talent development and retention but also fosters a culture of professional growth and advancement within the team. The combination of new talent and internal promotions will strengthen the overall capacity and effectiveness of the project team.

Employee Engagement and Feedback Sessions: The ECEWS ACE-5 HR unit within the reporting period, organized employee engagement sessions with project staff in both Akwa Ibom and Cross River States. The primary objective of these sessions was to cultivate a more engaged and committed workforce, fostering an environment of openness and improved communication among employees. By encouraging dialogue and collaboration, the HR team aimed to enhance teamwork across the organization and promote a better understanding of the interdependencies within various processes and functional areas. The feedback gathered during these sessions proved invaluable, as it highlighted key areas for improvement and allowed management to address concerns directly. Some of the issues identified by employees, such as workflow inefficiencies and communication barriers, are currently being prioritized and resolved through actionable strategies. These engagement sessions not only help to boost employee morale but also contribute to enhanced productivity and a stronger organizational

culture, ultimately aligning the workforce more closely with the project's goals and objectives.

Digital Innovations for Improved Operational Efficiencies: In an ongoing effort to enhance operational efficiencies within the organization, the HR Unit embarked on several digital innovations aimed at streamlining processes and optimizing employee management. One of the key initiatives is the digitalization of employee folders, which marks a significant step towards creating a more efficient Human Resource Information System (HRIS). By leveraging internal technological resources and competencies, the HR Unit is in the process of developing a comprehensive HRIS that will facilitate seamless onboarding for new employees. This system will not only simplify the documentation process but also ensure that all employee information is securely stored and easily accessible. The digitalization of employee records will reduce the reliance on paper-based systems, minimizing administrative burdens and allowing HR personnel to focus on more strategic functions. Additionally, the HR Unit is harnessing the power of HR data and analytics to drive informed decision-making within the organization. One specific application of this approach has been through the analysis of exit interviews, which provide critical insights into employee experiences and motivations for leaving the organization. By systematically reviewing this data, HR is able to identify trends and patterns that inform retention strategies and improve the overall workplace environment. The insights gained from these exit interviews are invaluable in understanding the factors that influence employee satisfaction and engagement.

LESSONS LEARNED

During the reporting period, the ECEWS ACE-5 team engaged in a range of activities that have not only contributed to positive project results but have also provided valuable insights into our processes and outcomes. The following lessons learned highlight key takeaways that will inform our future strategies and enhance our ability to achieve project objectives effectively. By reflecting on these experiences, the team aims to strengthen implementation approaches and ensure continuous improvement in service delivery.

- Conducting ward-level analyses of HIV testing services and case-finding data proves to be an effective strategy for optimizing resources dedicated to HIV case finding.
- Appointing a male-focused focal person, often referred to as a “mentor brother,” significantly enhances the delivery of male-friendly services.
- The strategic placement and utilization of job aids can reinforce the knowledge of service providers, particularly in implementing new approaches
- Integration/Co-implementation improves project understanding, fosters partnerships, and promotes ownership, effectively unifying the purpose and delivery of set objectives.
- Conducting regular data quality assessments and frequent reviews at all levels is essential for maintaining high-quality data reporting. This approach improves documentation accuracy, reduces cascade losses, increases health worker engagement, and encourages meticulous data entry, which minimizes errors and enhances the overall reliability of reported data.
- Providing capacity-building training for government personnel is vital for ensuring program sustainability and facilitating a successful transition from civil society organizations.
- Meaningful engagement of adolescent peer supporters offers valuable insights into the challenges faced and highlights potential adaptations needed to improve implementation throughout the continuum of care.
- Utilizing unsupported health facilities can significantly improve the uptake of cervical cancer screening among women living with HIV.

PLANNED ACTIVITIES FOR NEXT QUARTER

As the project transitions into the next quarter, marking the start of FY25, the team has identified a series of high-impact, results-driven activities for implementation. These priority initiatives are designed to meet essential benchmarks and milestones critical for achieving established targets and overall project objectives. The outlined activities include:

- Collaborate with other technical teams to address gaps in gender/GBV service provision and documentation.
- Conduct supportive supervisory visits to project states and supported facilities to validate service delivery standards and provide ongoing technical assistance for improved service quality across the continuum of care.
- Commemorate 16-Days of Gender Activism
- Commemorate 2024 World AIDS Day
- Sustain provision of quality clinical GBV services/provision of GBV kit across all supported facilities
- Build capacity of staff on Diversity, Equity, Inclusion, and Accessibility (DEIA)
- Continue TA/mentoring of CQI/Service integration teams and PI activities
- Continue stakeholder engagement to support service integration & sustainability
- Roll out the TB/HIV acceleration plan with the team, aiming to enhance TB case detection and reduce TB-related mortality among PLHIV.
- Scale up TPT uptake among eligible PLHIV client.
- Improve and strengthen TB/HIV documentation across all the R&R tools to ensure accurate tracking and reporting of TB/HIV interventions.
- Develop and disseminate the directory healthcare workers trained to provide cervical cancer screening with all PHC Directors.
- Develop and utilize a harmonized service line list of clients to minimize missed opportunities.
- Complete the development of the E2SI mobile app
- Continuous implementation of the AHD package of care and recency testing.
- Actively collect samples from all eligible clients in Q1 of FY25.
- Distribute the VL sample collection line list for FY25 Q1 clients and monitor timely sample shipments and result retrieval.
- Monitor and continuously enhance laboratory quality indicators to improve result accuracy.
- Support GeneXpert EID testing at all operational laboratories in the cluster and conduct weekly quality control sample analyses.
- Collaborate with the State Quality Assurance Champion Team to provide supportive supervisory visits to epidemic response teams and facilities within the state.
- Commence preparation for the first MLSCN accreditation visit in COOUTH.

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)	538,947	579,861	190490	171,275	101709	116387	108%	Quarterly	
Number of individuals who tested positive to HIV (HTS_TST_POS)	11,508	10,975	2759	2,935	2636	2645	95%	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)		45,885	14,216	13,143	8,984	9542	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)		45,885	14,216	13,143	8,984	9542	0%	Quarterly	
Number of HIV+ from index testing (New)		2,850	723	751	747	629	0%	Quarterly	
Percentage of all HIV+ coming from index testing		26%	26%	26%	28%	24%	0%	Quarterly	
2.1.3: HIV Self-Testing introduced and expanded									
Number of individual HIV self-test kits distributed (HTS_SELF)	122,292	144,534	26878	2435	72888	42333	118%	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)	2,710	8,692	2028	2212	2229	2223	321%	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		11,112	2,794	2,965	2670	2683	0%	Quarterly	
Number of newly diagnosed adults initiated on ART on same day and within 1 week of initial HIV diagnosis		10,426	2,634	2,766	2528	2498	0%	Quarterly	
IR 2.2: Improved Adult HIV Care and Treatment									
Number of adults newly initiated receiving antiretroviral therapy (ART) (TX_NEW)	11,315	10,927	2,794	2,965	2670	2498	97%	Quarterly	
Number of adults currently receiving antiretroviral therapy (TX_CURR)	252,649	131,191	163,945	168,367	172,387	176732	70%	Quarterly	
Number of clients on TLD among all eligible clients current on ART		669,337	159,334	163,630	170,833	175540	0%	Quarterly	
Number of ART patients with no clinical contact since their last expected contact (TX_ML)		17,378	6203	6,511	3,481	1183	0%	Quarterly	
IIT		9,405	3612	3646	1814	333	0%		
Died		3,048	836	1029	719	464	0%		
Transferred out		3,213	941	1265	710	297	0%		
Stopped		1,712	814	571	238	89	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)		10,184	933	4265	3271	1715	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)	4,388	677	160	199	142	176	15%	Quarterly	
Number of adolescents and children currently receiving antiretroviral therapy (TX_CURR)	10,483	20,769	5,058	5,218	5,217	5276	198%	Quarterly	

Number of clients on TLD among all eligible clients current on ART		17,027	3,253	3,339	5,158	5277	0%	Quarterly	
Number of ART patients with no clinical contact since their last expected contact (TX_ML)		827	320	278	144	85	0%	Quarterly	
IIT		395	184	128	60	23	0%		
Died		146	45	37	35	29	0%		
Transferred out		221	70	86	40	25	0%		
Stopped		65	21	27	9	8	0%		
2.3.2 GBV									
Number of cases of GBV identified	7,270	10,132	2122	3760	2545	1705	139%	Quarterly	
Physical/Emotional	5725	8,184	1818	3046	2019	1301	143%	Quarterly	
Sexual Violence	1545	1,948	304	714	526	404	126%	Quarterly	
Number of people receiving post-GBV clinical care based on the minimum package (GEND_GBV)	7,270	10,132	2122	3760	2545	1705	139%	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%	100%	100%	100%	100%	100%	100%	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		1,594	369	415	391	419	0%	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	145,020	147,507	26,896	36,348	44,043	40,220	102%	Quarterly	
ANC (Tested)		145,913	26,527	35,933	43,652	39801	0%	Quarterly	
L&D (Tested)		4,050	1234	855	948	1013	0%	Quarterly	
Postpartum (Tested)		553	8	163	72	310	0%		

The number of women attending ANC1 who were tested for HIV and received results (Negative)		144,836	26,290	35,653	43,336	39557	0%	Quarterly	
Denominator: Number of new ANC clients in the reporting period	145,020	147,431	26,895	36,350	43,955	40231	102%	Quarterly	
PMTCT_STAT_POS: Number of pregnant women with HIV+ status	2627	2,607	605	695	655	652	99%	Quarterly	
Positives (AN-C+L&D+PP)		2,773	660	731	698	684	0%	Quarterly	
ANC		2,610	605	695	656	654	0%	Quarterly	
HTS_TST_POS from the Post ANC1		163	55	36	42	30	0%	Quarterly	
L&D		140	52	25	41	22	0%	Quarterly	
Post partum		23	3	11	1	8	0%	Quarterly	
Known positives at entry (ANC)		1,594	369	415	391	419	0%	Quarterly	
Pregnant Women retested after negative HIV Test (ANC)		5,946	722	1976	1554	1694	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%	136%	129%	131%	170%	114%	136%	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	2,731	3,782	853	960	1188	781	138%	Quarterly	
PMTCT_EID <2 Months		2,515	587	665	697	566	0%		
PMTCT_EID 2-12 Months		1,267	266	295	491	215	0%		
Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age. PMTCT_HEI_POS		185	49	68	41	27	0%		
PMTCT_HEI_POS <2 Months		59	13	17	21	8	0%		
PMTCT_HEI_POS 2-12 Months		126	36	51	20	19	0%		

Positive, confirmed initiated ART by age at virologic sample collection PMTCT_HEI_POS Linkage		163	43	57	33	30	0%		
PMTCT_HEI_POS Linkage < 2 months		37	9	7	14	7	0%		
PMTCT_HEI_POS Linkage 2-12 months		126	34	50	19	23	0%		
Denominator: PMTCT_STAT_POS + HTS_TST_POS from the Post ANC1	2875	2,773	660	731	698	684	96%	Quarterly	
Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy		100%	100%	100%	100%	100%	100%	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		2,608	604	693	656	655	0%	Quarterly	
New on life-long ART		1,013	235	279	265	234	0%	Quarterly	
Already on life long ART at the beginning of the current pregnancy		1,595	369	414	391	421	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)	13,480	13,693	3,644	4508	3,312	2229	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%	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)	39,958	42,606	5776	11667	13,677	11486	107%	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)		175,628		162,533		175628	0%	Semi-annual	
New on ART TB+		1,304		366		938	0%	Semi-annual	
New on ART TB-		9,217		4,973		4244	0%	Semi-annual	
Already on ART TB+		3,865		1061		2804	0%	Semi-annual	
Already on ART TB-		167,589		156,133		167589	0%	Semi-annual	
Percentage of new and relapse TB cases with documented HIV status (TB_STAT)		100%	100%	100%	100%	100%	0%	Quarterly	
Numerator: Number of new and relapsed TB cases with documented HIV status, during the reporting period	3,979	9,620	2682	2585	2392	1961	242%	Quarterly	
Negative		7,296	2081	1843	1762	1610	0%	Quarterly	
New Positives		157	42	60	38	17	0%	Quarterly	
Known positives at entry		2,168	560	682	592	334	0%	Quarterly	
Denominator: Total number of new and relapsed TB cases, during the reporting period	3,979	9,621	2682	2585	2393	1961	242%	Quarterly	
Proportion of HIV-positive new and relapsed TB cases on ART during TB treatment (TB_ART)		98%	99%	100%	98%	96%	0%	Quarterly	
Numerator: Number of TB cases with documented HIV-positive status who start or continue ART during the reporting period	919	2,288	595	739	618	336	249%	Quarterly	
New		227	73	87	48	19	0%	Quarterly	
Already on ART		2,061	522	652	570	317	0%	Quarterly	
Denominator: TB_STAT_POS Number of TB cases with documented HIV-positive status	919	2,325	602	742	630	351	253%	Quarterly	

Proportion of ART patients who started on a standard course of TB Preventive Treatment		0		89%		94%	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		10,768		5,707		5061	0%	Semi-annual	
(TPT) in the previous reporting period who completed therapy		0					0%		
New on ART		9,276		4,947		4329	0%	Semi-annual	
Already on ART		1,492		760		732	0%	Semi-annual	
Denominator: Number of ART patients who were initiated on any course of TPT during the previous reporting period		11,794		6,403		5391	0%	Semi-annual	
Number of ART patients who were newly started on TPT	10947	9,296	2,175	2,816	2022	2283	85%	Quarterly	
New on ART		7,924	2,020	2,090	1879	1935	0%	Quarterly	
Already on ART		1,372	155	726	143	348	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	98%	97%	98%	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	227,373		148,477	154,298	160,063	166,649	73%	Quarterly	
Denominator: Number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months.	239,338		151,973	159,234	163,824	169,032	71%	Quarterly	
Number of ART patients with unsuppressed viral load who had enhanced adherence counseling			3,496	4,936	3,761	2383	0%	Quarterly	
Number of clients switched to second line regimen							0%	Quarterly	
IR 2.8: Strengthened HSS support to clinical services									
2.8.1: Routine M&E activities supported									
Number of DQAs conducted		0	1	1	1	1	0%	Quarterly	
Number of PEP-FAR-supported facilities that have an electronic medical record (EMR) (EMR_SITE)		0					0%	Annually	
Number of sites receiving supportive supervision on M&E, data analysis and use		0	73	65	73	73	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			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			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	322705		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	146616		0%	Semi-annual	

