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Accelerating Control of the HIV Epidemic in Nigeria

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

QUARTERLY REPORT

FY25 Quarter 4 - July 1st to September 30th, 2025

PROJECT SUMMARY

Project Name	Accelerating Control of the HIV Epidemic in Nigeria (ACE 5: Akwa-Ibom, Cross River and Lagos States)
Agreement Number	X72062022CA00007
Name of Implementing Partner	Excellence Community Education Welfare Scheme (ECEWS)
Name of Sub-awardees	• FHI360 • Achieving Health Nigeria Initiative (AHNi) • Howard University Global Initiative in Nigeria (HUGIN)
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Acronyms and Abbreviations

AHD	Advanced HIV Disease
ART	Antiretroviral Therapy
AYP	Adolescents and Young Persons
CALHIV	Children and Adolescents Living with HIV
CBC	Community Birth Centre
CLHIV	Children Living with HIV
CPAR	Community Pharmacy ARV Refill
DBS	Dried Blood Spot
DSD	Differentiated Service Delivery
E2SI	Enhanced Expert Support Initiative
EAC	Enhanced Adherence Counseling
EID	Early Infant Diagnosis
EMR	Electronic Medical Record
GON	Government of Nigeria
HCW	Health Care Workers
HEI	HIV-Exposed Infant
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HTS	HIV Testing Services
IIT	Interruption in Treatment
LAMIS	Lafiya Management Information System
LGA	Local Government Area
MMD	Multi-Month Dispensing
NISRN	National Integrated Sample Referral Network
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PrEP	Pre-Exposure Prophylaxis
PT	Proficiency Testing
QC	Quality Control
QI	Quality Improvement
RTK	Rapid Test Kits
SMoH	State Ministry of Health
TB	Tuberculosis
TLD	Tenofovir, Lamivudine, Dolutegravir
TPT	Tuberculosis Preventive Therapy
USG	United States Government
VL	Viral Load

GLOSSARY

Term	Definition
Andikpeme Initiative	Initiative focused on empowering caregivers with information, resources, and psychosocial networks to enhance caregiving capacity and skills, ultimately improving treatment outcomes for children living with HIV.
Case Management	A client-centered approach where a dedicated case manager coordinates the comprehensive medical, social, and supportive services required by a client and their family.
Clinical Staging	Assessment of HIV disease progression based on symptoms and clinical findings.
Community-Based Testing	HIV testing conducted outside health facilities, often in community settings.
Community Birth Centre	Community-based facilities that provide antenatal care to pregnant women, often run by traditional birth attendants, congregational structures, or retired healthcare workers.
Community Pharmacy ARV Refill	A differentiated service delivery (DSD) model where clients refill ARVs at community pharmacies.
Consultation Requests	Formal requests for expert clinical input on complex cases.
Cotrimoxazole Prophylaxis	Preventive treatment for bacterial infections in people living with HIV (PLHIV).
CrAg (Cryptococcal Antigen)	A test used to diagnose cryptococcal meningitis, a serious fungal infection.
Differentiated Service Delivery	Tailored HIV care models designed to meet the diverse needs of clients.
Enhanced Adherence Counseling)	Counseling provided to clients with unsuppressed viral loads to improve adherence to ART.
Enhanced Expert Support Initiative (E2SI)	Project initiative facilitating clinical consultations between specialists and healthcare workers to improve the quality of HIV care and build capacity of healthcare workers in primary and secondary facilities.
Family Index Testing	HIV case-finding strategy where family members (partners, children) of an individual diagnosed with HIV (the index client) are offered HIV testing services.
Fast Track	A DSD model allowing clients established on ART to quickly pick up medications without full clinical visits.
GeneXpert	A molecular test used to diagnose tuberculosis (TB) and detect drug resistance.
HIV-Exposed Infants	Babies born to HIV-positive mothers who may be at risk of acquiring HIV.
HIV Self-Testing (HIVST)	A process where individuals test themselves for HIV using provided kits.
HIV Testing Services (HTS)	Strategies and services aimed at identifying individuals with HIV infection.
Hub and Spoke Model	A decentralized care model where a central facility (hub) supports smaller facilities (spokes).
Index Testing	HIV testing offered to contacts of known HIV-positive individuals.
Interruption in Treatment (IIT)	Clients who have missed ART clinic visits for over 28 days.
Lateral Flow Lipoarabinomannan	A rapid diagnostic test for TB in people living with HIV.
Mentor Mother	A woman living with HIV who has successfully navigated the PMTCT program with HIV-negative children, and who uses her experience to support peers.
mWRDs (Molecular WHO-Recommended Diagnostics)	Molecular diagnostic tools endorsed by WHO for rapid detection of TB and drug resistance (e.g., GeneXpert, Truenat, TB-LAMP).
Opportunistic Infections (OIs)	Infections that occur more frequently or severely in individuals with weakened immune systems.
PDX (Portable Digital X-ray)	A digital imaging tool used for qualitative screening of clients for TB.
Positivity Rate / Yield	The percentage of individuals tested who are found to be HIV-positive.
Presumptive TB	Individuals suspected of having tuberculosis based on symptoms and clinical signs.
Re-engagement	The process of bringing clients who have interrupted treatment back into HIV care.
Serum CrAg Test	A blood test used to detect cryptococcal infection in HIV-positive individuals.
Spoke Health Facility	A smaller, often primary-level health facility that receives technical support from a comprehensive ART facility (hub) to provide HIV services.
Total Market Approach	A strategy that engages multiple sectors (public, private, and community) to increase access to HIV services.
Viral Load Coverage	The proportion of clients who have had their viral load tested.

EXECUTIVE SUMMARY

The ECEWS ACE-5 project in Akwa Ibom, Cross River, and Lagos States, Nigeria, advances U.S. global health leadership under the America First Global Health Strategy. Aligning with its three pillars—Making America Safer through robust HIV surveillance and response; Stronger via bilateral partnerships fostering local ownership and efficiency; and More Prosperous by promoting sustainable innovations and private sector engagement—the project delivered high-impact HIV/AIDS services in FY25. Emphasizing accountability, reduced dependency, and frontline-focused investments, the project delivered efficient case finding, treatment continuity, and viral suppression while mitigating stockouts through internal redistributions and data-driven adaptations, supporting Nigeria's transition toward self-reliant health systems.

In HIV Testing Services, an integrated approach across facilities and communities tested 609,589 individuals, identifying 9,200 new PLHIV. The positivity rate was 1.5%, improving to 2.4% by FY25Q4. Facility-based testing contributed 69% of diagnoses, while index testing was the most efficient with a 5.3% yield. Targeted community and self-testing strategies brought care closer to people. Over 223,000 children and adolescents were tested, with all newly diagnosed individuals promptly initiated on treatment. The project supported 218,007 PLHIV on ART by FY25 end, adding 9,262 new clients and re-engaging 2,776 interrupted cases. Clinic attendance was strong, with 94% showing up and 75% on time. Viral load coverage increased from 91% in FY25Q3 to 96% in FY25Q4, with 97% suppression and 90% undetectable rates. 6,117 children and 3,548 adolescents were on treatment by FY25 end, with 93-95% retention and 91-93% suppression rate, bolstered by adherence clubs, child-friendly spaces, and caregiver forums (Andikpeme Initiative). AHD screening reached 93% of newly diagnosed clients, with a 34% prevalence. Tuberculosis and HIV service Integration remained a priority, with 99% TB screening coverage and identifying over 5,000 presumptive TB cases, with the help of advanced diagnostics.

Efforts continued to eliminate mother-to-child transmission of HIV, with 4,040 infants born HIV free. 14 of the 60 LGAs (23.3%) recorded no new infant HIV infections. Crucially, 99% of the 2,488 identified pregnant women living with HIV were promptly initiated on ART, safeguarding their health and that of their unborn children.

The project maintained rigorous standards in laboratory and data management. PCR laboratories achieved 100% proficiency testing pass rates, and equipment uptime ranged from 85–88% through preventive maintenance. Viral load rejection rates were low at 1.2-2.6%, with a rapid turnaround time of 2.9 to 5.8 days. Data systems ensured 100% reporting completeness and timeliness via LAMISPlus automation, maintaining 99–100% data concurrence with national systems. In the face of national stockouts, our teams responded by employing real-time monitoring and prompt commodity redistribution to minimize disruptions and ensure continuity of care.

At the very heart of our long-term vision lies collaboration and partnership for local ownership. This quarter saw over 4,000 PLHIVs enrolled in state health insurance schemes through vulnerability screening at ART clinics and outreach enrollment drives led by State Insurance Agencies. This ensured access to healthcare services valued at approximately $48,000 annually, improving financial protection for PLHIV.

Looking ahead, priorities include scaling up pediatric fixed-dose regimens, optimizing TB screening with digital X-ray, optimizing data automations, and addressing remaining commodity and data system gaps. By prioritizing client needs, leveraging data for informed decision-making, and cultivating enduring partnerships, we continue to forge a clear path towards sustainable epidemic control, ensuring that every individual, from the youngest child to the oldest, receives the care and support they need.

PROJECT OVERVIEW

The Accelerating Control of the HIV Epidemic in Nigeria (ACE-5) project, implemented by Excellence Community Education Welfare Scheme (ECEWS), is a five-year activity funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Department of State, under Cooperative Agreement X72062022CA00007. The project was awarded on May 18, 2022, and is designed to close HIV treatment gaps and facilitate epidemic control of HIV in Akwa Ibom, Cross River, and Lagos States. As prime, ECEWS leads a consortium comprising FHI360, Achieving Health Nigeria Initiative (AHNi), and Howard University Global Initiative in Nigeria (HUGIN), bringing together complementary strengths in monitoring and evaluation and laboratory systems (FHI360), service delivery and implementation support (AHNi), and pharmaceutical care (HUGIN). The life-of-project funding ceiling is $105,899,860.

The project operates through a Memorandum of Understanding with the state governments in Akwa Ibom, Cross River, and Lagos States, supporting 280 health facilities in 60 local government areas to deliver high-quality, lifesaving, comprehensive HIV care and treatment services. This includes HIV testing for all populations and rapid linkage to antiretroviral therapy for adults and children; diagnosis and treatment of advanced HIV disease, HIV care and treatment services for all PLHIV; prevention of mother-to-child transmission with a focus on the "triple elimination" of HIV, syphilis, and hepatitis B; laboratory support; and the prevention and treatment of opportunistic infections including tuberculosis. In each state, the project operates a decentralized cluster model aligned with the senatorial districts—three clusters in Akwa Ibom (Uyo, Eket, Ikot Ekpene), Cross River (Calabar, Ikom, Ogoja), and Lagos (Central, East, and West) — and embeds technical teams closer to facilities and communities for faster feedback loops, targeted support, and agile course correction.

The ACE-5 project implements a layered data system to optimize data use for decision-making. Investments in report automation systems, including electronic medical records to DHIS2 automation, and DHIS2 to Power BI connectors have improved accuracy, timeliness, reliability, and visibility of program data, enabling rapid detection and response to trends at source. Routine, high-frequency performance reviews at facility, cluster, and state levels drive continuous quality improvement and resource optimization.

The project advances sustainability and builds durable local systems to reduce donor dependency by embedding HIV services within the general medical services, creates linkages between the government health systems to build long-term local capacity for HIV case management and service delivery, and empowers local health structures to support the HIV response for seamless service provision. In addition, the project fosters collaboration with faith-based organizations, civil society and professional bodies, and the private sector, including community pharmacies, private health facilities, and laboratories, to extend industry linkages, co-create solutions, and expand differentiated service delivery systems. Together with state governments and community stakeholders, the project continues to accelerate proven interventions, innovate where necessary, and institutionalize practices that will preserve epidemic control beyond the life of the award.

PROGRESS TOWARDS RESULTS

The ECEWS ACE-5 project focused on the delivery of life-saving HIV care and treatment services to all populations. This report summarises the key achievements recorded within the period.

HIV Testing Services for All Populations (HIV Case Finding, Re-entry in Care, and PMTCT)
An integrated mix of HIV testing strategies was deployed at health facilities to identify people living with HIV in facility and community settings. This includes provider-initiated testing and counseling (PITC), testing in inpatient wards, and universal testing at tuberculosis, sexually transmitted infection, and antenatal clinics in facility settings. Index testing and HIV self-testing were conducted at both facility and community settings, while targeted community outreaches were conducted to reach pregnant women, children, and adolescents with HIV testing services.

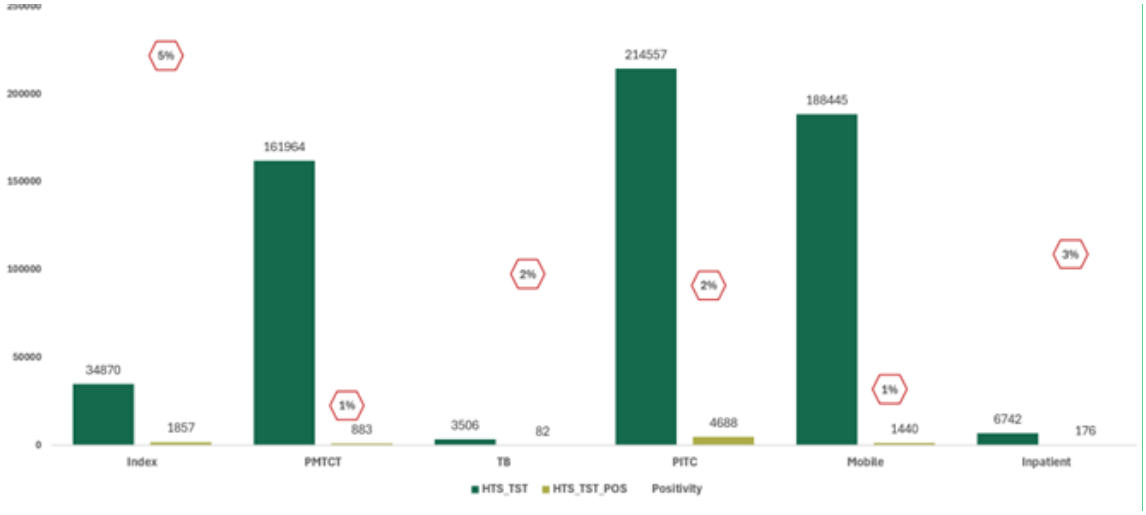

Figure 1: HIV positivity across testing modalities

In all, 609,589 individuals were tested for HIV in FY25, and 9,200 new people living with HIV (PLHIV) were identified, corresponding to a positivity rate of 1.5%. Facility-based testing accounted for 51% of tests conducted (421,639 individuals tested) and 69% of new HIV diagnoses (7,686 PLHIV). 4% of all new PLHIV were children, 17% were adolescents, 65% were adults, and 14% were individuals aged 50 years and above. While provider-initiated testing and counseling identified the highest volume of new PLHIVs (51% of the total, n=4688), index testing was the most efficient, yielding five new PLHIVs for every 100 tested (5.3%) and contributing 20% to the total positives, respectively (Figure 1). Index testing accounted for 20% (n=1,857) of all PLHIV identified, with 34,870 contacts tested from the 44,925 contacts elicited and 34,912 individuals offered index testing services. Positivity also varied by sex and age bands, with females having a slightly higher positivity (1.5%) compared to males (1.4%). Across age bands, paediatrics (0 -14 years) had the lowest positivity at 0.3%, consistent with epidemiological trends, while positivity was highest among adults aged 50 years and older (2.9%), with PITC accounting for 46% of all tests conducted in this age group. Disaggregated state performance for FY25 showed positivity rates of 1.4% in Akwa Ibom, 1.2% in Cross River, and 2.0% in Lagos. Uyo and Calabar Municipal LGAs in Akwa Ibom and Cross River states, respectively, had the highest number of new HIV diagnoses at 636 and 412, with yields of 1.6% for both.

A total of 130,975 HIVST kits were distributed within the period, with most of the kits distributed to adolescents and young people aged 15-24 years (39%, n=40,469) and females (53%). Of these, 122,064 (93%) results were returned, with 332 confirmed positives, all of whom were successfully linked to ART. Distribution to adolescents was largely done using adolescent peers for effective

targeting of this age group. Private community pharmacies also participated in HIVST distribution using a total market approach, and a total of 19 kits were distributed through this intervention.

Quarterly trend analysis showed improved efficiency in HIV testing in Q4 with 2,536 PLHIVs identified from 106,095 tested (2.4% positivity) compared to Q1 with 2,189 positives identified from 141,683 individuals tested (1.5% positivity). A shortage of HIV rapid test kits limited the number of tests provided in Q4; however, an increased focus on index testing led to more efficient case finding. Overall, referral and linkage to antiretroviral treatment for those with a positive HIV test stood at 100.6%, with HIV-exposed infants diagnosed with HIV and previously unlinked clients who were successfully linked to care accounting for the overage. In total, 9,262 newly diagnosed clients were initiated on ART.

PMTCT and HIV exposed infant (HEI)-related testing
A total of 146,551 pregnant women who attended their first antenatal clinic received HIV testing in the year, with 2,488 identified as living with HIV. 66% of these pregnant women were previously known to be living with HIV. Testing at community birth centres contributed 44% of all pregnant women tested and 17% of new HIV diagnoses. 3,256 pregnant women were retested during pregnancy and breastfeeding (Post ANC1 testing), with five newly seroconversion individuals identified. 1,247 pregnant women who tested negative were linked to oral pre-exposure prophylaxis (PrEP), while 170 pregnant women were tested for PrEP continuity. 1,199 partners of pregnant women were tested, and 11 were diagnosed with HIV and linked to ART. HIV testing services were also provided to infants born to mothers living with HIV through postnatal, immunization, and other pediatric entry points. A total of 5,960 infants (≤ 12months) were tested using the polymerase chain reaction test (PCR), with 62% of them first-time testers. 5,620 test results were received within the period, with 150 infants diagnosed with HIV, and 130 linked to treatment. Of the 3,664 infants who received their first test, 37% had their test within 72 hours (birth testing), and 79% had their sample collected within two months of birth.

HIV screening for people diagnosed with TB
Of the 14,337 individuals diagnosed with TB, 14,267 of them (99.5%) were tested for HIV, and 2189 (15%) were co-infected with TB and HIV. A temporary stockout of HIV test kits created missed opportunities for 70 clients who have since been contacted for HIV screening. In Q4, 3,751 out of 3,804 (99%) newly diagnosed and relapsed TB clients across supported states received HIV Testing Services. Among those tested, 624 clients (including previously known HIV clients) were identified as HIV-positive, and 591 (95%) of these were linked to comprehensive HIV care- including initiation on ART and Cotrimoxazole Preventive Therapy (CPT) for newly diagnosed cases. The remaining 33 clients are currently being actively traced for follow-up and linkage to care. The project continues to prioritize strengthening bidirectional referral systems between the TB and ART units to minimize cascade losses, enhance coordination, and ensure continuity of care for all TB/HIV co-infected clients.

HIV Care and Treatment Services for All People Living with HIV
By the end of Q4 FY25, a total of 218,007 PLHIV were actively receiving ART across supported facilities. The overall refill rate for ARV refills among clients expected in Q4 was 94%, with 75% of clients attending appointments on schedule. The widespread adoption of 3- and 6-month MMD refills effectively reduced clinic congestion, minimized client travel frequency, and improved adherence outcomes.

Over the course of the year, 9,262 newly diagnosed clients and 1,778 clients transferred in from other health facilities were added to the treatment cohort, while 2,043 clients died, 813 clients stopped treatment, 2,740 transferred out to other facilities, and 7,613 clients interrupted treatment (IIT). Through adaptive case management, intensified line-list reviews, and client tracking via phone calls, SMS reminders, and home visits, 2,776 previously interrupted clients were successfully re-engaged in care before the close of Q4. 73% of these re-engaged clients were in Lagos, , and 4% in Cross River. and most were aged 25–49 (67%) and over 50 years (26%). 88% had been on ART for over 24 months,

and 80% were virally suppressed. Common reasons for treatment interruption included temporary relocation (43%), busy schedules (37%), preference for home delivery of ARVs (10%), caregiver negligence (4%), ill health (3%), and lack of transportation fare to the health facility (2%). To mitigate subsequent treatment interruptions, we are prioritising client devolvement to DSD to address the busy schedules and reduce transportation burden, improving caregiver engagement for dependent clients, and strengthening our client support systems, especially pre-appointment

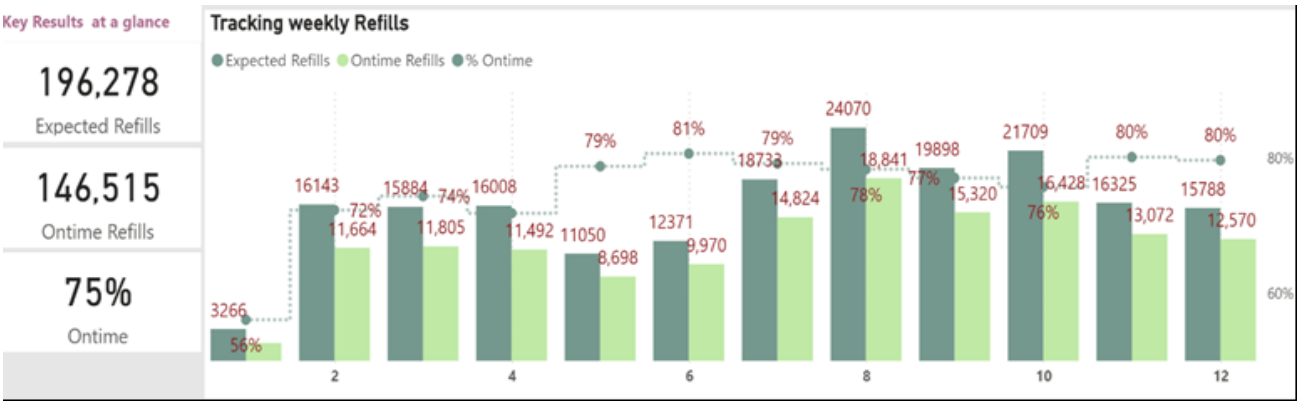

Figure 2: Weekly Trend of the proportions of clients expected for ARV refill appointments who showed up on time in Q4, FY25

reminder calls. The 7,613 IIT clients are still being tracked to return to care.

A comprehensive revalidation of clients enrolled in DSD models was conducted to accurately document and track service uptake and coverage. This exercise showed that 28,891 clients (13% of the total treatment cohort) were receiving care through DSD models – 18,988 (66%) via Decentralization (Hub and Spoke), 2,936 (10%) through Community Pharmacy ART Refill (CPAR), and 2,069 (7%) via Fast Track models. To improve client convenience, the project continued its intensive effort to align ART refill schedules with VL testing, reducing the frequency of clinic visits and easing transportation burdens for clients. At the end of the period, 80% (n=57,475) of the 71,947 clients who came for ARV pickup had their refill and viral load services aligned. Akwa Ibom State recorded the highest alignment performance at 94%, followed by Cross River (82%) and Lagos (79%). The 79% alignment in Lagos is an 11% increase from the previous quarter's achievement. Clients who received medication refills at health facilities and DSD sites were screened for adverse drug reactions (ADRs) and medication errors. Additionally, routine virtual check-in calls were conducted following dispensing to assess actual and potential ADRs and adherence challenges. In Q4, a total of 81 (M: 26, F: 55) cases of ADRs were reported and addressed at the sites, while 67 NAFDAC forms were filled for ADR cases in the review period. Twenty-three cases of medication errors were identified and addressed during the quarter.

Our Enhanced Expert Support Initiative (E2SI) continued to strengthen the clinical management of complex HIV cases by facilitating real-time, virtual consultations and peer-to-peer learning between specialists in tertiary hospitals and frontline healthcare workers in primary health facilities. A total of 165 clinical consultations were conducted out of the 293 requests received in the year. The highest consultation demands were related to Internal Medicine (32%) and Pediatrics (25%). While some consultations were missed due to client unavailability, the initiative continues to improve provider competencies, enhance clinical decision-making, and strengthen sustainable management of the HIV response.

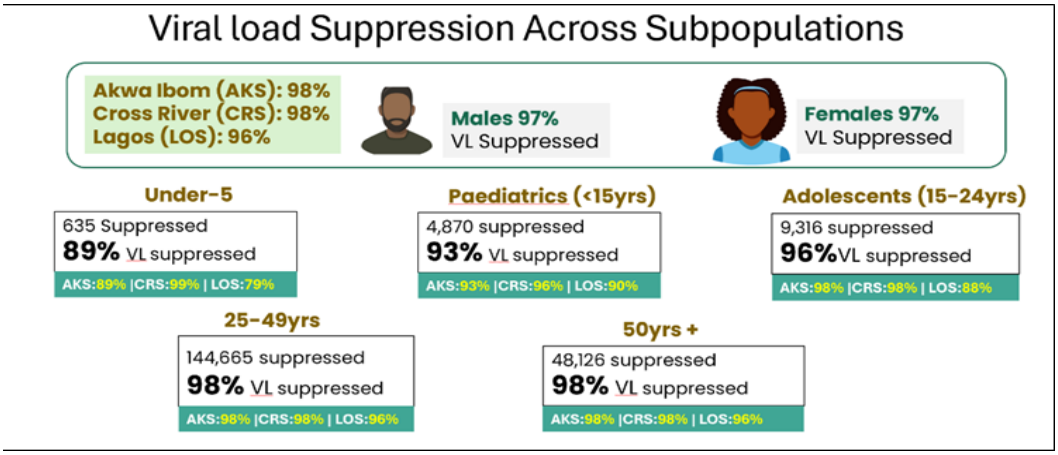

Figure 3: Viral Load Suppression across subpopulations in Q4, FY25

A total of 210,370 samples were collected from 214,307 eligible clients (98% sample collection). Of these, 205,675 clients received their VL results, putting VL coverage at 96%. The viral suppression rate was 97% (98% in Akwa Ibom and Cross River, and 96% in Lagos), while 90% had undetectable viremia (94% in Akwa Ibom, 92% in Cross River, and 77% in Lagos). When disaggregated by age band, viral suppression was 98% among adults and geriatrics, 91% in children, and 95% in adolescents. Undetectable viremia was 76% in children, 81% in adolescents, 89% in adults, and 90% in geriatrics, respectively. Inadequate ART adherence due to forgetfulness and clients traveling for long durations without their medications were the commonest causes of unsuppressed viral load. Of the 7,740 clients who had unsuppressed viral load in FY25, 5747 (74%) commenced EAC, while the remainder are still being tracked to initiate EAC as soon as possible. 3246 (56%) of those who commenced EAC completed it, and 1111 (34%) had a post-EAC viral load test. Viral resuppression rate for those who completed EAC was 88%. Post EAC viral load testing is scheduled in FY26Q1, for an additional 2135 clients who are expected to complete EAC in the next quarter.

Pediatric and Adolescent HIV/AIDS Care and Treatment
A total of 86,089 children aged 0–14 years and 136,991 adolescents aged 15–19 years were tested for HIV via family index testing and provider-initiated counseling and testing (PITC), resulting in 379 children and 1,432 adolescents diagnosed with HIV and promptly linked to ART. Of the 86,089 children tested, 18% (15,675) were through family index testing, representing 82% of the 19,213 children listed from biological parents living with HIV. Of the 372 children diagnosed with HIV, 52% were identified via family index testing.

By the end of Q4 FY25, 6,117 children (male: 3,077; female: 3,040) and 3,548 adolescents (male: 1,448; female: 2,010) were receiving antiretroviral treatment at supported health facilities, all of whom are on weight-appropriate Dolutegravir-based regimens. Retention on ART was 93% among children and 95% among adolescents. Through the focused case management approach, including peer support, 130 children and 74 adolescents were tracked and reengaged on ART within this reporting period. Adherence support tools such as pill organizers and pillboxes were provided to 800 children to promote consistent ART adherence. Additionally, 1,688 caregivers participated in the Andikpeme Forum, where they received information and skills to enhance the care of their children. Furthermore, the project supported the establishment of 23 child-friendly spaces across health facilities in Akwa Ibom State to facilitate age-appropriate HIV disclosure and improve the clinic experience for children and their caregivers.

A total of 3,323 adolescents and young persons (AYP) participated in peer-based adherence club meetings at supported health facilities. These meetings, moderated by peer supporters with clinical

oversight, provided age-appropriate adherence messaging and support. The club meetings also enabled 852 AYP to receive their ART refills and 376 AYPs to have their viral load tests. In addition, ECEWS collaborated with the Orphans and Vulnerable Children (OVC) program to support 569 children in accessing drug pickups and viral load tests.

Figure 4: Dr. Ofonime Dixon-Umo, Consultant Paediatrician in an E2SI Consultation with a child at a primary health centre

Viral load coverage was 98% for children (n=5,798) and 96% for adolescents (n=3,245), while viral suppression rate was 91% and 93% respectively. Of the 712 children who had unsuppressed viral load, 557 (78%) commenced EAC; 311 (56%) completed the three expected sessions, and 118 (38%) had a post-EAC viral load test. Viral resuppression rate for those who completed EAC was 83%. Viral rebound was the most common phenomenon observed among children due to caregiver fatigue and treatment fatigue. Post-EAC viral load testing is scheduled in FY26Q1 for an additional 193 clients who are expected to complete EAC during the period.

Prevention of Mother-to-Child Transmission of HIV (PMTCT)
Efforts continue to eliminate mother-to-child transmission of HIV, with 4,040 infants born HIV free and 14 of the 60 LGAs (23.3%) recording no new HIV infections among infants born to HIV-positive mothers within the year.

HIV testing continued at all 280 supported health facilities, 121 spoke sites, and 586 community birth centres within the period, with 875 of the 877 pregnant women newly diagnosed with HIV in FY25 Q4 (99.7%) initiating ART. An additional 47 pregnant women who were referred to the project-supported sites by the Global Fund community testing program were also linked to treatment. Two pregnant women in Mbo local government declined treatment and are still being followed up. In pursuit of the triple elimination goals, 39,628 (98%) of pregnant women tested for HIV also received syphilis testing, and 74 women tested positive. Furthermore, 7,353 (18%) were tested for hepatitis B, and 133 tested positive. All positive cases, both for syphilis and hepatitis B, were linked to treatment. A total of 1,199 partners of pregnant women were tested, and 11 were diagnosed with HIV and linked to ART, while 38,963 condoms were distributed to pregnant and breastfeeding women as part of efforts to prevent

new infections among this subpopulation.

To support retention and adherence, 94 mentor-mother-led support group meetings were conducted within the reporting period, reaching 443 pregnant and breastfeeding women with ARV refills services, 128 women with viral load testing, while 51 HIV-exposed infants received early infant diagnosis services.

Services for infants exposed to HIV
2,403 infants born to mothers living with HIV received antiretroviral prophylaxis, with 63% (1,522) receiving their prophylaxis within 72 hours of delivery. The high rate of out-of-facility deliveries, currently estimated at 62% of deliveries, is responsible for the gap. However, the project continues active counseling of pregnant women in the third trimester and frontloading of infant prophylaxis to mitigate this.

A total of 5,960 infants aged within 12months were tested using the polymerase chain reaction test (PCR), 5,620 received their test results were received for these infants, 150 infants were diagnosed with HIV, and 130 were linked to treatment. Of the 20 infants who were unlinked, two were less than 2kg, and there is currently no regimen for children within this weight band. Nine children died prior to ART initiation because they presented with other comorbidities, and nine caregivers declined medication for their wards. For the caregivers who declined medication, the facility team and representatives from the Association of People Living with HIV were involved in counseling and tracking to achieve a positive outcome. Out of the 4,626 HEIs aged 24months who exited the PMTCT program this year, HIV infection was averted in 4,040, 159 were diagnosed with HIV, 178 died before final assessment, and 249 lacked a final outcome due to loss to follow-up or transfer.

Advanced HIV Disease: Prevention and Treatment of Opportunistic Infections
AHD screening was systematically conducted among clients newly diagnosed with HIV, those restarting ART after an interruption of ≥ six months, and clients with confirmed virologic failure. Parallel screening using CD4 tests and WHO clinical staging was done in accordance with national and PEPFAR guidelines. Overall AHD screening coverage was 93% among newly diagnosed clients (97% in Akwa Ibom, 100% in Cross River, 83% in Lagos), 67% among clients restarting ART (83% in Akwa Ibom, 91% in Cross River, 12% in Lagos), and 23% among clients with virologic failure (50% in Akwa Ibom, 36% in Cross River, 0% in Lagos). The lower coverage, particularly in Lagos, was due to intermittent national stockout of CD4 test kits. The project mitigated this challenge through internal redistribution of available kits between supported states, allowing for partial restoration of screening services and reduction of missed opportunities for AHD diagnosis.

Overall, AHD prevalence was 34%, with 4,266 clients diagnosed with AHD across the three states (35% prevalence in Akwa Ibom, 25% in Cross River, and 37% in Lagos). Prevalence was 37% among

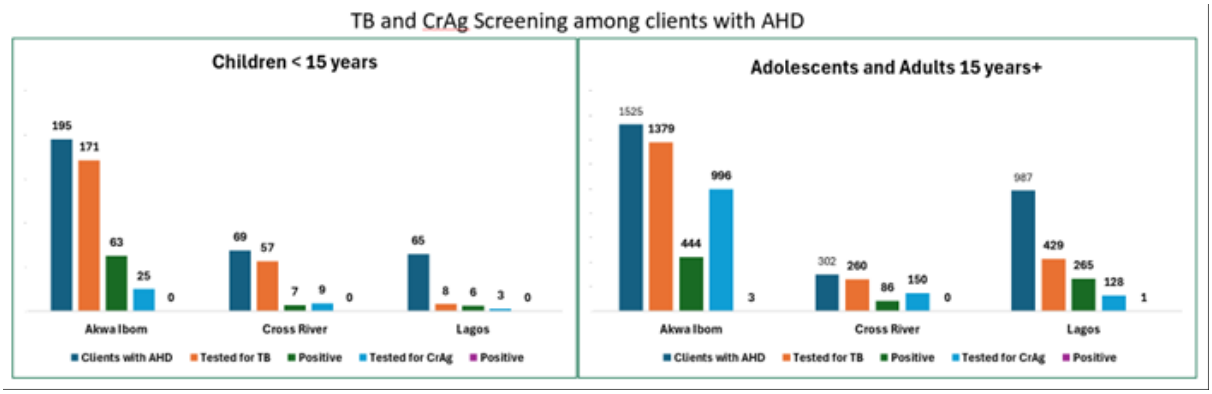

Figure 5: Screening for opportunistic infections among clients with Advanced HIV Disease in FY25

newly diagnosed PLHIV, 26% among clients restarting treatment, and 27% among those with virologic failure. Among those with AHD, 81% (3,449) were evaluated for TB using LF-LAM or the GeneXpert platform. The TB testing gaps were due to stockouts of LF-LAM kits in Q3 and Q4, and the inability of the asymptomatic clients to produce sputum samples for GeneXpert testing, with 79% of the gaps occurring in Lagos, which was most affected by the commodity stockouts amid service disruptions post the stop-work order. TB co-infection was identified in 836 clients (24%) with AHD, all of whom were promptly initiated on TB treatment in line with the national guidelines. Additionally, 34% of the 3,890 eligible clients for Cryptococcal Antigen (CrAg) testing (aged 10 years and older) had the test done, with 0.3% testing positive for serum CrAg and were effectively managed. The gaps in CrAg testing were also primarily due to the stockout of the test kits during the reporting period.All clients diagnosed with AHD were initiated on Cotrimoxazole Preventive Therapy (CPT) to reduce the risk of opportunistic infections and ensure continuity of care, while TB-negative clients were commenced on Tuberculosis Preventive Therapy (TPT). Given the limited availability of LF-LAM kits, TB diagnosis was complemented through GeneXpert testing, ensuring accurate and timely diagnosis despite logistical challenges. To ensure optimal clinical outcomes, clinicians and pharmacists provided intensive monthly follow-up for all clients with AHD, focusing on adherence support, monitoring for adverse drug reactions, management of OIs, and assessment of treatment response.

Pre-exposure Prophylaxis (PrEP) for Pregnant and Breastfeeding Women

A total of 1,247 pregnant and breastfeeding women were initiated on oral PrEP during the FY, supporting the national goal of reducing new HIV infections in this high-risk population. To facilitate scale-up and address barriers to PrEP uptake, the project developed and disseminated a targeted guidance document for healthcare workers in antenatal and postpartum care settings. This resource aimed to address knowledge gaps, correct misconceptions, and promote the safe and effective use of PrEP among pregnant and breastfeeding women. Ongoing mentorship through site visits was provided to ensure high-quality PrEP counseling and adherence support at the point of care.

Life-threatening Opportunistic Infection: TB Activities

Between April and September, 4,871 (99%) of 4,878 newly enrolled PLHIV who presented to the facility were screened for TB. Of these, 1,626 (33%) were identified as presumptive TB cases-exceeding the PEPFAR benchmark of 15%, and demonstrating the effectiveness of clinician-led TB screening and use of enhanced TB screening tools. Among the presumptive cases, 1,610 (99%) had samples collected for evaluation using the various diagnostic modalities, resulting in 426 (27%) confirmed TB cases. TB LAM was the commonest diagnostic method (56%, n=240), followed by GeneXpert (33%, n=144) and Chest X-ray (11%,n=20). 95% (n=404) of the newly diagnosed TB clients were promptly initiated on treatment.

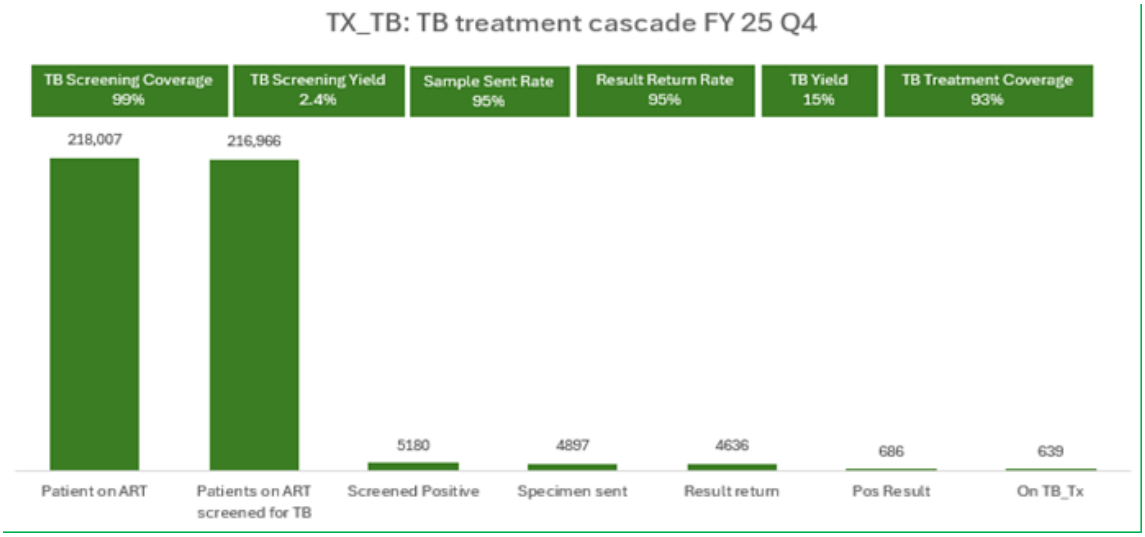

Figure 6: ECEWS ACE-5 FY25Q4 TB Treatment Cascade

212,073 returning clients (100%) were screened for TB, with 3,553 presumptive TB cases identified, yielding a presumptive rate of 2%. In contrast, 1,300 of the 7,973 clients screened using PDX machines (16%) were presumptive cases, reflecting the enhanced quality of screening using of PDX machines. All identified presumptive cases were promptly evaluated using molecular diagnostic tools, and confirmed TB-positive clients were immediately linked to treatment in line with national TB/HIV service delivery guidelines

TPT coverage among clients newly commencing treatment and returning clients in the treatment cohort in Akwa Ibom and Cross River States was 98.7% and 99.5%, respectively. In Lagos State, TPT coverage improved from 84% in FY25Q3 to 92% in FY25Q4, and was 89% among returning clients. This improvement was due to the Ubuntu approach, routine data reviews to compare eligible clients with those initiated on TPT, and promptly tracking missed opportunities to ensure immediate commencement.
TPT adherence and completion were reinforced through the integration of TPT counseling into routine ART adherence sessions at both initiation and follow-up visits. Additionally, routine follow-up calls to clients were conducted to support medication adherence and completion. As a result, 5,946 out of 6,355 clients (94%) completed their TPT regimen.

Laboratory Support
ECEWS achieved 100% reporting, full concordance, and zero invalid results for internal quality control at all 679 eligible testing points in July 2025, reflecting strict adherence to testing protocols. Although the reporting rate dropped to 83% in August due to a lack of quality control panels in Lagos State, it improved in September to 99%, with zero discordance and zero invalid results, confirming testing accuracy and reliability. The project also collaborated with the State Quality Assurance Champions Team (SQACT) to facilitate the production of HIV Dried Tube Specimen (DTS) panels for both proficiency testing (specifically for Trial 0225) and weekly quality control.

Figure 7: TB Screening is being conducted using the Portable Digital X-ray Machine at GH Obubra

This was then distributed to 550 HIV testing points (200 in Cross River and 350 in Akwa Ibom States). The team also facilitated the participation in proficiency testing of all enrolled sites and coordinated the return of proficiency test results for evaluation. In addition, 86 facilities (41 Akwa Ibom, 20 Cross River, and 25 Lagos) were enrolled into the national External Quality Assessment (EQA)/Proficiency Testing (PT) Batch 8 First Test Event for HIV and CD4 testing and are currently awaiting performance reports. Furthermore, all three supported PCR laboratories participated in Viral Load Proficiency Testing, achieving a 100% pass rate across the three sites.

ECEWS ensured effective tracking of sample transfers from health facilities to the PCR Laboratory, utilizing remote sample logging for 100% of collected samples. A total of 209,976 VL samples were received at the three PCR laboratories within the period, while 233,638 samples were analyzed (some from a previous quarter), and 232,856 (99.7%) results were dispatched. Compared to FY25Q3, the sample rejection rate decreased from 3.7% to 2.6% in UUTH, but increased from 1.1% to 1.6% in COOUTH and from 0.6% to 1.2% in NIMR. The main causes were unseen samples, manifest errors, and clotted/hemolyzed samples. Similarly, error rate reduced from 5.8% to 5.4% in UUTH, 7.1% to 4.6% in COOUTH, and 3.7% to 3.3% in NIMR, driven largely by improvements in sample integrity, reduced equipment-related failures, and fewer user errors. The team maintained high levels of laboratory equipment functionality through proactive maintenance, calibration, and timely repairs. Equipment vendors—including ABBOT, ROCHE, and Hologic Panther provided regular servicing in accordance with established maintenance schedules, supported by meticulous functionality assessments and comprehensive maintenance logs. These coordinated efforts resulted in an average equipment uptime of 88% in FY25Q4, compared to 85% in previous quarters. The average turnaround time for results was 2.9 days in UUTH, 4.3 days in COOUTH, and 5.8 days in NIMR.

Figure 8: Calibration of Bucket Centrifuge In ACE-5 Supported Facility

During the reporting period, the laboratory team continued to support the use of 16 GeneXpert and five mPIMA sites for EID testing, with effective tracking of samples sent to these GeneXpert sites to strengthen the sample management process. The laboratories received 1,821 samples for EID testing, with 99.5% analyzed. The TAT for the EID testing process was maintained at less than 7 days. 97.5% of these samples were received from the ACE 5-supported facilities, with 69 new positive infants diagnosed with HIV. Notably, 44.9% of the positive results were from samples collected from infants aged within two months, a 7% reduction from the previous quarter, while 20% (14) of the positive results were for children >12 months old.

Supply Chain Optimization
The project maintained robust supply chain oversight through real-time documentation, weekly inventory reconciliation, and rapid commodity redistribution to mitigate temporary stockouts. An emergency resupply of critical commodities was received, including 8,661 HIV/syphilis dual test kits, 10,900 hepatitis B test kits, and 184 bottles of zidovudine suspension. Positive adjustment of Tenofovir-Lamivudine-Dolutegravir (TLD) allocations was also done to support the phased scale-up of six-month multi-month dispensing (MMD6), with increases of +40% in Cross River and Akwa Ibom States and +76% in Lagos State. Furthermore, prompt engagement with the supply chain partners and efficient internal redistribution effectively minimized service disruptions at supported facilities, ensured continuity of services, and enhanced commodity security across project sites. ECEWS also sustained monitoring of commodity consumption and utilization, ensuring alignment with service delivery to enhance accountability for all tracer commodities. In Q4, this initiative yielded strong results, with an average concurrence rate of 95% for key therapeutics such as TLD and ATV/r, and 91% for diagnostic tests, e.g., Determine and LF-LAM.

ECEWS provided targeted support to health facilities to ensure accurate and timely reporting on the NHLMIS for the May/June and July/August 2025 cycles. Proactive resolution of data quality issues before final data export resulted in a marked reduction in data quality issues compared to previous reporting cycles. ECEWS also received a team from the National Agency for the Control of AIDS and the National AIDS and STI Control Program in Cross River State as part of the national Tenofovir Alafenamide (TAF) pilot rollout. The team visited University of Calabar Teaching Hospital (UCTH), General Hospital Calabar, General Hospital Akamkpa, and Dr. Lawrence Henshaw Memorial Hospital to assess their readiness for the pilot.

Implementation Monitoring
A total of 164 activities were planned for the quarter, of which 159 were completed, resulting in an overall implementation rate of 97%. The use of the implementation scorecard facilitated timely identification of gaps, ensured accountability, and supported data-driven decision-making. This approach contributed to high levels of activity completion and demonstrated the project's strong commitment to implementation fidelity and achievement of programmatic targets.

Table 1: ECEWS ACE-5 Quarter 4 Implementation Scorecard

Thematic Area	Total number of activities planned for Q4	Number of activities done for Q4	Percentage (%) completion rate	Comments
HIV Testing Services	23	21	91%	
Adult HIV Care and Treatment Services	25	24	96%	
Pediatric and Adolescent HIV Care	21	20	95%	
PMTCT and HIV-Exposed Infants (HEI)	20	20	100%	
Advanced HIV Disease	12	12	100%	
Pre-exposure Prophylaxis (PrEP)	8	8	100%	
TB/HIV Integration	18	17	94%	
Laboratory Support	22	22	100%	
Supply Chain Management	15	15	100%	
Total	**164**	**159**	**97%**	

Summary of Results to Date									
Standard Indicators	**Annual Target FY25**	**FY25 Q1**	**FY25 Q2**	**FY25 Q3**	**FY25 Q4**	**Cumulative Achieve-ment (at the end of quarter)**	**Annual Performance Achieved to the End of Reporting Period (%)**	**On Tar-get Y/N**	**Comments**
TX_CURR	178,133	178,987	179,651	219,580	218,007	218,007	123%	Y	
TX_NEW	5,392	2,222	1,697	2,810	2,533	9,262	172%	Y	
TX_ PVLS_D	171,142	171,914	165,194	194,815	205,675	205,675	120%	Y	
TX_ PVLS_N	162,585	170,180	163,731	190,832	200,091	200,091	123%	Y	
HTS_TST	449,535	141,683	165,886	195,972	106,048	609589	135%	Y	
HTS_TST_ POS	5,588	2,189	1,670	2,812	2,529	9,200	165%	Y	
PMTCT_ STAT_N	112,549	39,041	34,781	40,909	31,945	146,676	130%	Y	
PMTCT ART	2,294	578	592	699	641	2,510	109%	Y	
TB_ART	727	434	476	505	591	2006	268%	Y	
TX_TB	175,813		175,757		216,966	216,966	123%	Y	
TB_ PREV_N	10,306		4,762		5,929	10,691	104%	Y	
PrEP_NEW (PBFW)	20,717	6,938	2,447	655	579	10,619	51%	N	

MONITORING, EVALUATION, AND LEARNING

Data Collection, Quality Assurance, and Analysis: ECEWS continued the implementation of its single data entry plan that aims to reduce data collection platforms by scaling automation, with LAMISPlus as the central piece. In this regard, ECEWS participated in the LAMISPlus Community of Practice Bootcamp, held from July 8-11, 2025, in Lagos to support its optimization for Nigeria's HIV response. ECEWS specifically provided input on optimizing the TB, PMTCT, and LAMIS-LIMS modules, emphasizing workflow alignment with national HIV program standards and the integration of DSD models for improved client monitoring and retention. In Lagos, ECEWS continued advocacy for interoperability between the various EMRs used at the health facilities and LAMISPlus, proposing the use of standardized APIs and harmonized reporting templates to minimize data redundancy and improve cross-platform data consistency. Paper-based data collection tools were also deployed to all service delivery points to ensure 100% reporting. All health facilities reported on HTS_TST and TX_CURR indicators, while 262 reported PMTCT_STA, 221 TX_NEW, 160 HTS_SELF, and 83 PrEP_NEW (PBFW) indicators. ECEWS continued its use of the Digital Report Assistant (DiRA) to automate LAMISPlus entries into DHIS and strengthened the use of Easy Profiler (an in-house data concurrence tool), resulting in 100% concurrence for HTS and TX_CURR, 99% concurrence for TX_CURR on NDR.

Figure 9: Cross-section of team members during a DQA Exercise at the General Hospital, Calabar

In July 2025, Data Quality Assessments (DQA) were conducted across 99 Tier 1 facilities to verify to the availability, consistency, integrity, and validity of programmatic data for April–June 2025 and strengthen reporting systems. The exercise, which was held between July 14–18 in collaboration with state stakeholders, confirmed significant improvements in data quality when compared to previous quarters. . Data availability was 100%, consistency ranged from 91–100%, and integrity between 95–100%, with an average register–EMR concurrence of 98%. Folder audits for TX_NEW recorded 95% age concurrence, 99% sex concurrence, and 99% ART start date concurrence. Remediation of previous DQA gaps resulted in 100% resolution across 21 of 22 facilities.

The project strengthened data-driven decision-making through high-frequency EMR reporting, automation via DiRA for EMR–DHIS2 integration, and daily analytics using The Easy Profiler for efficiency of triangulation across multiple reporting platforms. Weekly performance reviews informed adaptive actions that improved VL coverage from 94% to 97% and TPT uptake in Lagos State from 90% to 92%, ultimately enhancing overall quality of care and client outcomes.

Figure 10: Dashboard showing a snapshot of facility-level performance on DQA

Client Verification Processes, Progress, and Outcomes on Treatment Cohort: The team continued client verification and manual deduplication efforts targeting potential duplicates, both within the ACE-5 project (intra-partner duplicates) and across other projects and partners (inter-partner duplicates). A total of 38,121 intra-partner duplicates and 43 inter-partner duplicates were flagged for review. Of these, 28,320 clients were determined to be incorrectly flagged and not actual duplicates. However, 9,819 were confirmed to be true duplicates and treated in line with the inter-agency standard operating procedure.

Lessons Learned and Adaptive Management Actions: During routine data reviews, non-conformities were observed between source documents and EMR reports, affecting data integrity. Discrepancies between physical registers, EMR outputs, and DHIS2 reports often stemmed from skipped validations and inconsistent data entry practices. The coexistence of multiple reporting platforms—EMR, DHIS2, HFR, and MSF systems—also introduced variations in indicator definitions and submission formats, complicating cross-platform reconciliation and increasing data teams' workload. To address these challenges, the project implemented a harmonized data verification protocol requiring all entries to be validated at the facility level before transmission. Regular data review meetings and automated discrepancy flags within the EMR–DHIS2 pipeline were introduced to reduce inconsistencies and strengthen accountability among M&E staff. The data management team also began harmonizing reporting indicators across platforms through standardized indicator mapping. Real-time validation checks were embedded in the workflow to identify and correct inconsistencies before submission. These adaptive measures have significantly improved data quality, reduced reporting turnaround time, and established DiRA as a reliable tool for high-frequency reporting and evidence-based decision-making.

CHALLENGES AND MITIGATION MEASURES

During the reporting period, the ECEWS ACE-5 project faced a range of operational and programmatic challenges that impacted the service delivery value chain. These challenges were particularly pronounced in Lagos State, primarily due to transition-related disruptions following the project's assumption of implementation responsibilities. Despite these constraints, the project deployed adaptive and context-specific mitigation strategies to sustain implementation efficiency and maintain momentum across key result areas.

Key challenges encountered during the quarter include:

- Persistent stock-outs of GeneXpert, Truenat, and TB LAMP reagents adversely affected sample evaluation turnaround times. To mitigate these delays, the project collaborated closely with the State TB Program and KNCV to facilitate the redistribution of diagnostic commodities to facilities experiencing shortages.
- Inadequate functioning of the LIMS/LAMIS interchange hampered adequate sample tracking at select facilities. This was primarily due to unresolved mapping issues, and meetings have been held with concerned partners to resolve the issues. Challenges related to the instability of the internet connectivity were resolved through the provision of the Starlink internet solution.
- Ongoing challenges with the LAMISPlus platform have hindered the optimal utilization of the PMTCT module. A key challenge is the appearance of duplicate records in PMTCT reports, which makes it difficult to uniquely identify and longitudinally monitor HIV-exposed infants with precision. Our current practice of manual deduplication after reports are generated is inefficient and creates difficulty in correctly identifying twin births. This issue has been brought to the attention of the LAMISPlus development team, and a forthcoming update is expected to provide a definitive solution.

Lessons Learned

The implementation of evidence-based and innovative strategies to optimize treatment outcomes led to lessons learned, which will inform program planning and service delivery approaches for future implementation.

- Leveraging granular, client-level data from Electronic Medical Records (EMR) for PMTCT enables more accurate and actionable monitoring of the service cascade compared to traditional aggregate reporting systems, facilitating targeted interventions and improved program management.
- A substantial service delivery gap persists in HIV testing access for pregnant women at the community level. While HIV testing services are available in 96% of formal health facilities, only 54% of community birth centres (CBCs) are supported by the government and all its partners to provide HTS. This disparity represents a missed opportunity for early HIV diagnosis and linkage to care in community settings, where a significant proportion of women seek maternal health services.
- Implementation of differentiated service delivery (DSD) models and the alignment of viral load testing with antiretroviral (ARV) refill appointments reduced clinic visit frequency and lessened the transportation burden for clients. This approach contributed to increased refill rates and improved client retention, reinforcing the value of synchronized, person-centered care in enhancing treatment outcomes.
- Real-time data use, weekly inventory reconciliation, and swift internal redistribution proved effective in preventing stockouts and maintaining uninterrupted access to HIV commodities despite national-level shortages. This underscores the importance of data-driven and responsive supply chain systems in sustaining program performance.
- CD4-based screening for Advanced HIV Disease (AHD) proved effective in early identification and

linkage of clients to life-saving treatment. However, stockouts of CD4 test kits limited screening coverage, highlighting the necessity for a resilient supply chain system to ensure consistent access to diagnostic commodities for eligible clients.

- The Enhanced Expert Support Initiative (E2SI) facilitated 165 clinical consultations in FY25, strengthening healthcare worker capacity and improving health outcomes for PLHIV. By bridging access to expert care between tertiary and primary healthcare settings and leveraging in-country expertise, E2SI supports the development of a sustainable, government-led HIV response.

COORDINATION AND PARTNERSHIP

In alignment with the U.S. Government foreign assistance objective of fostering a recipient government-led HIV response and Nigeria's national new business model, which prioritizes strengthened government structures at federal, state, LGA, and community levels, the ECEWS ACE-5 project launched the Strategic Transition for Accelerating a Government-Led Response to the HIV Epidemic (STAGE) at the start of the fiscal year. The STAGE strategy is anchored on three pillars: Integration, Sustainability, and Localization, all aimed at enhancing government stewardship of the ART program. Through this approach, the project coordinated and partnered with the GoN, donors, civil society organizations (CSOs), the private sector, and other key stakeholders to improve policy and service delivery environments, reinforce community health investments, promote local ownership, mobilize domestic resources, and expand access to life-saving HIV services.

Collaboration with Government: Throughout the reporting period, ECEWS strengthened coordination with the GoN at multiple levels to advance a sustainable, government-led HIV response. Achievements included facilitating a SACA-led stakeholder review of the National Sustainability Framework for HIV, Tuberculosis, and Malaria, which identified practical strategies for maintaining HIV services amid declining donor funding. The Akwa Ibom State Ministry of Health also procured and distributed 160 Wondfo HIV test kits for use as part of its contribution to the HIV response. The project also enabled government-led repair and maintenance of laboratory equipment to ensure their optimal functioning to deliver quality diagnostic services in the state.

High-level advocacy with health insurance agencies led to the enrollment of 4,751 PLHIV in state health insurance schemes across Akwa Ibom, Cross River, and Lagos States. In Akwa Ibom and Cross River, this advocacy led to PLHIV being designated as a vulnerable group, qualifying them for coverage. In Lagos, eligibility was determined using a vulnerability assessment screening form. The ECEWS ACE-5 project participated in the enrolment drives in Akwa Ibom and Cross River to ensure PLHIV were enrolled, while in Lagos, screening and enrolment were incorporated into routine clinical services at ART clinics. Dedicated focal persons in the ART clinics were trained to assess clients' insurance status, conduct vulnerability scoring, counsel clients on health insurance, facilitate registration, and support provider selection. Enrollment details, including policy IDs, were documented in ART care cards and NDARS, and insurance ID cards were distributed to clients when ready. This initiative guarantees free healthcare services valued at over N72 million (approximately $48,000) annually, reducing catastrophic health expenditure and improving access to care for PLHIV.

Collaboration with the Private Sector: Private sector engagement remained robust during the reporting period. Neimeth International Pharmaceuticals donated 22 packs of Hemafolin, a premium iron supplement, to support the health of vulnerable populations and improve clinical outcomes. Additionally, 95 private sector–based community pharmacies and 12 local implementing agencies/ faith-based organizations (FBOs) continued to deliver HIV services to over 24,000 PLHIV, helping to sustain and expand community-level access to HIV care and treatment.

COORDINATION AND PARTNERSHIP

In the upcoming quarter, the ECEWS ACE-5 project will implement a series of targeted activities to further strengthen HIV and TB service delivery, enhance data quality, and address identified gaps in program implementation. The following technically focused actions are planned:

- Facilitate the transition of children living with HIV to fixed-dose antiretroviral (ARV) combination regimens to optimize pediatric treatment outcomes.
- Scale up client-level longitudinal monitoring of pregnant and breastfeeding women on ART and their HIV-exposed infants through enhanced utilization of Electronic Medical Records (EMR).
- Support state teams to optimize TB screening by promoting effective use of Portable Digital X-ray (PDX) technology across supported sites.
- Continue comprehensive monitoring of TB/HIV program implementation across all service delivery cascades and provide real-time technical assistance to address emerging challenges and bottlenecks.
- Intensify advocacy and coordination with the State TB Program, KNCV, and NTBLCP to strengthen supply chain management and ensure timely requisition and distribution of TB diagnostic reagents.
- Address stockouts of Advanced HIV Disease (AHD) commodities and resolve reporting challenges related to the EMR platform.
- Support the operationalization and integration of Laboratory Information Management System(LIMS) and LAMISPlus systems in Lagos State.
- Assist the State Quality Assurance Champions Team (SQACT) in conducting Routine Technical Compliance and Quality Improvement Initiative (RTCQII) activities.
- Engage with the Third-Party Logistics (3PL) team to increase the frequency of laboratory sample pick-ups, particularly in high-volume facilities.


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