



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

ANNUAL REPORT

FY22 - August 1st to September 30th, 2022

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Acronyms and Abbreviations

ACE	Accelerating Control of the HIV Epidemic
ADR	Adverse Drug Reaction
AHD	Advanced HIV Disease
ART	Anti-Retroviral therapy
AKSPHCDA	Akwa Ibom State Primary HealthCare Development Agency
ARV	Anti-Retroviral
AYP	Adolescent and Young People
AYPLHIV	Adolescent and Young People Living with HIV
BA-N	Breakthrough Action Nigeria
CAM	Community ART Management
CARC	Community ARV Refill Club
CARG	Community ARV Refill Group
CCCRN	Centre for Clinical Care and Clinical Research
CCSI	Center for Communication and Social Impact
CLHIV	Children Living with HIV
CPARP	Community Pharmacist ARV Refill Program
COVID-19	Corona Virus Disease 2019
CQI	Continuous Quality Improvement
CrAg	Cryptococcal Antigen
DARF	Decentralized ART Refill Facility
DDD	Decentralized Drug Distribution
DHIS	District Health Management System
DSD	Differentiated Service Delivery
DOTS	Directly Observed Treatment Short course
DQA	Data Quality Assessment
DTC	Drug Therapeutic Committee
EAC	Enhanced Adherence Counseling
ECEWS	Excellence Community Education Welfare Scheme
EID	Early Infant Diagnosis
EOC	Emergency Operation Center
ESM	Enhanced Sites Management
FMFS	Family Male Friendly Services
GBV	Gender-Based Violence
gCAM	Genealogy Community ART Management
GH	General Hospital
GoN	Government of Nigeria
HCoH	Honorable Commissioner for Health
HMB	Hospital Management Board
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Test
HTS	HIV Testing Services
IA	Implementing Agency
ICT	Index Case Testing

INH	Isoniazid
IP	Implementing partner
IPAC	Infection Prevention and Control
IPC	Interpersonal Communication
IPT	Isoniazid Preventive Therapy
IRB	Institutional Review Board
LAMIS	Lafia Management Information System
LGA	Local Government Area
LIO	Local Government Immunization Officer
LLV	Low Level Viremia
LMCU	Logistics Management Coordination Unit
MDA	Multilateral and Donor Agency
MoU	Memorandum of Understanding
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STI Control Programme
NEPHWAN	Network of People Living with HIV and AIDS in Nigeria
OTZ	Operation Triple Zero
OVC	Orphan and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PCR	Polymerase chain reaction
PHC	Primary Health Center
PHCDA	Primary Health Care Development Agency
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Services
PPE	Personal Protective Equipment
PrEP	Pre-Exposure Prophylaxis
PS	Permanent Secretary
QA/QI	Quality Assurance/Quality Improvement
QOC	Quality of Care
RSL	Remote Sample Logging
SASCP	State AIDS and STI Control Programme
SBCC	Social and Behavior Change Communication
SLHA	St Luke's Hospital, Anua
SIMS	Site Improvement through Monitoring Systems
TB	Tuberculosis
TBA	Traditional Birth Attendant
TPT	Tuberculosis Preventive Therapy
TX_CURR	Treatment Current
USAID	United States Agency for International Development
UUTH	University of Uyo Teaching Hospital
VL	Viral Load
WLWHIV	Women Living with HIV

PROGRAM OVERVIEW/SUMMARY

Program Name	Accelerating Control of the HIV Epidemic in Nigeria (ACE: Akwa-Ibom and Cross River States)
Activity Start Date	March 18, 2022
Activity End Date	March 17, 2027
Agreement Number	72062022CA00007
Name of Prime Implementing Partner	Excellence Community Education Welfare Scheme (ECE-WS)
Name of Subcontractors/ Subawardees	<ul style="list-style-type: none"> • Family Health International (FHI360) • Achieving Health Nigeria Initiative (AHNi) • Howard University Global Initiative in Nigeria (HUGIN)
Major Counterpart Organizations	<ul style="list-style-type: none"> • Government Ministries and Agencies at the National Level – including the Federal Ministry of Health (FMoH) through the National 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 Program (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	August 1st to September 30th, 2022

PROGRAM DESCRIPTION/INTRODUCTION

The Accelerating Control of the HIV Epidemic in Nigeria (ACE) Cluster 5 project is a five years USAID funded project implemented by a consortium led by Excellence Community Education Welfare Scheme (ECEWS). ACE 5 project is a follow on of the SIDHAS project that ended in June 2021 and the EpiC bridge project that exited on July 31, 2022.

In line with USAID/Nigeria's activity goal of a healthier population and PEPFAR 3.0's goal of increasing access to high-impact interventions in high burden areas, ACE 5 aims at supporting the Akwa Ibom and Cross River State Government to provide comprehensive HIV/AIDS/TB services to PLHIV in the state with the aim of achieving epidemic control of HIV by reducing HIV transmission and improving the quality of life of those living with HIV.

In addition, ACE 5 will work to strengthen the state health system and build accountability and resilience of Nigerian Government and communities to sustain the HIV response. The target beneficiaries are people living with HIV/AIDS (PLWHIV) of all age groups and gender in Akwa Ibom and Cross River State.

ECEWS as lead implementing partner is working with FHI360, HUGIN and AHNI as consortium partner to ensure that the key technical program approaches are implemented in a manner and fashion that is in line with the expectation of the donor. The technical approach cuts across key result areas as follows:

Result 1: Increasing Resiliency, Responsiveness, and Accountability of the Health System

Result 2: Increased uptake and Retention of HIV/AIDS/TB services

Result 3: Increasing Access and Provision of HIV/AIDS Prevention and Treatment Services Within Primary Health Care Interventions

The Project supports 101 health facilities across 21 LGAs with 53 community ART teams in Akwa Ibom State and 53 health facilities across 13 LGAs with 15 community teams across 13 LGAs of Cross River State.



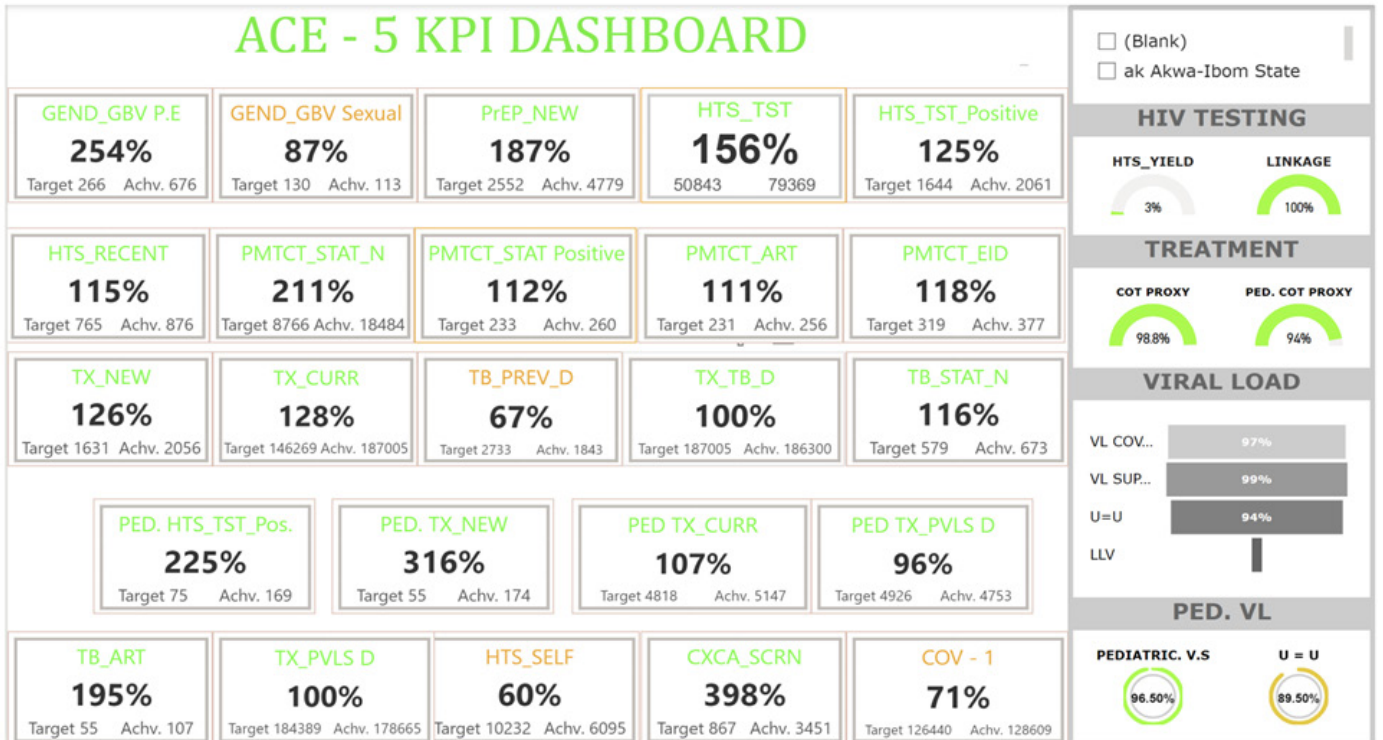
ECEWS ED with Permanent Secretary, SMOH during the ECEWS ACE 5 Flag off

Summary of Results to Date

Standard Indicators	Baseline FY22	Annual Target	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22 (Aug & Sep)	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
HTS_TST		50843				79369	156%	Y
HTS_TST_POS		1644				2061	125%	Y
HTS_SELF		10232				6095	60%	Y
PrEP_NEW		1631				2056	126%	Y
PMTCT_STAT (N)		8766				18484	211%	Y
PMTCT_STAT_POS		233				260	112%	Y
GEND_GBV_SV		130				113	87%	Y
GEND_GBV_EPV		266				676	254%	Y
TB_STAT		579				673	116%	Y
TX_NEW		1631				2056	126%	Y
TX_CURR		146269				187005	128%	Y
TX_PVLS(D)		184389				178665	100%	Y
TX_PVLS(N)								
CXCA_SCRN		867				3457	398%	Y

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

APR FY22 – As at 30th Sept. 2022



USAID and ECEWS Team with CMAC UCTH and His Team during a Supportive Supervisory Visit by USAID Team

ACTIVITY IMPLEMENTATION PROGRESS

Progress Narrative – Cross River

The ACE 5 Project commenced field implementation in August 2022 following its inception meeting and project launch. Within this period, the project has received USAID teams on visits to support both state with the transition process from EpiC to ACE 5, evaluate the integrity of service delivery systems and data management platforms, and support engagements with stakeholders to strengthen collaboration and improve program ownership by GoN.

Through several advocacy visits, the technical and operational direction of the ACE 5 project have been promoted, while strategies have been jointly reviewed with partners and stakeholders to ensure an effective project start-up.

To ensure a seamless transition, high level sensitization and stakeholders' engagement commenced pre-inception in the month of July and by 1st of August, all Memoranda of Understanding with State Governments (AKS and CRS) and other key implementing agencies were executed. By second week of August, the project start-up meeting successfully held at Mouny Suites Hotel Calabar, attracting all key stakeholders including office of the governor, state legislature, Civil Society, State coordinating entities (MoH, SACA, SASCP, SPHCDA), consortium partners, the press, ECEWS Board and the project team.

The transition process recorded zero interruption in service provision between the EpiC project which ended on July 31st 2022 and ECEWS ACE 5 project which commenced on August 1, 22. ECEWS proactively built on the gains of the preceding project and ensured that by 1st of August, key management and field level personnel were on ground. The project team therefore, continued the drive of identification of the last mile clients and overall epidemic control across both state. By 1st week of August, the state team had set up their interactive power Bi dashboard for daily review of progress across HIV/TB and COVID-19 key performance indicators and for accountability.

Among activities to strengthen collaboration with partners, were the meeting of USAID-funded implementing partners to improve cohesion among partners across both state and to highlight the ACE-5 project direction with ECEWS as the led IP in the state. Following advocacy, the Akwa Ibom State Government donated 20,000 Determine Rapid Test Kits (RTK) to support HIV tests.

Within the reporting period in Akwa Ibom, 67,570 persons were provided HIV testing services (HTS), from where 1,610 HIV-positive persons were identified and 1,599 enrolled in treatment. Of the numbers identified positive, 189 were paediatrics and 180 have been linked to care, bringing the amount of paediatrics on treatment to 4,193. Furthermore, the state recorded a 97% & 99.4% viral load coverage & suppression rate even as activities to scale up implementation of Advanced HIV Disease services, improve sample logging from remote sites, intensify Enhanced Adherence Counselling (EAC) services and improve TB case findings were also conducted.

In Cross River, a review of the state's achievements against targets shows 213% (11,135 of 5,232) of her HTS_TST, for HTS_TST_POS 303% (448 of 148) and 309% (448 of 147) for TX_NEW. 163% of CxCa_Scrn target (364 of 222), 207% for GEND_GBV (222 of 107), PrEP_New 100% (579 of 578), HTS_Self 109% (1,270 of 1,163) and 299% for PMTCT_STAT_N (2464 of 825). However, the state team plans to tweak implementation in the upcoming FY to improve on case finding amongst the pregnant subpopulation, PMTCT_POS 35% (21 of 60).

Furthermore, the team across both state facilitated trainings on the use of GeneXpert point of care machine to improve EID results turn-around time, on Logistics Management Information System (LMIS) to aid efficient management and reporting of drug commodity and M&E orientation for staff to improve high frequency

reporting. The team continued its broad strategy to institute quality assurance, through Continuous Quality Improvement (CQI) meetings across its Enhanced Site Management (ESM) facilities and the implementation of remediation plans to close gaps identified from data quality assessments across supported facilities. Decentralized Drug Delivery (DDD) implementation was prioritized to sustain structures outside the hub facilities with a 96-98% refill rate attained across all models.

Other activities supported in Akwa Ibom State included the BAKI activities, the Accelerating Progress of Pediatric and PMTCT program to improve service provision to the less than 15 years subpopulation and HIV self-testing. The team also prioritized on supportive supervisory visit involving staff and GoN stakeholders even as it participated in several meetings and TWG meetings with a view to improving collaboration and service delivery.

KEY RESULT 1

Increasing Resiliency, Responsiveness and Accountability of Health System (Cross River)

Implementation Status

In the period under review, ECEWS ACE 5 team ensured that relevant stakeholders are bought into the goals and aspirations of the ACE 5 project. ECEWS team worked closely with the GoN stakeholders to resuscitate key structures in the state such as the State Management Team (SMT) meeting. Joint data validation and supportive and Supervisory visits held to ensure seamless transfer of knowledge, track implementation/contributions from various IPs and strengthen GoN buy-in.

USAID Supportive Supervisory Visit:

USAID supportive supervisory visits: As part of strategies by the United State Agency for International Development (USAID) to facilitate a seamless transitioning from the Epic project to ACE, avoid bottlenecks that might negatively impact on uptake of services and service delivery, the USAID team visited Cross River State in the months of August and

September 2022 and facilitated visits with the outgoing and the incoming IP to key stakeholders in the State. The teams also, visited some of the transitioned facilities such as University of Calabar Teaching Hospital as well as General Hospital Calabar and three COVID-19 vaccination community teams. The management team across both facilities were intimated of the transitioning and implored to continue to support the efforts of the ECEWS team as the incoming IP. At UCTH, the CMAC promised to support the ACE team and consider the request for the setup of a Covid-19 vaccination unit within the ART clinic.



The team also met with USAID funded IPs and got updates on implementation status of all USAID supported projects, identifying areas for mutual collaboration, strengths, gaps and measures that can improve achievements. The team encouraged all IPs to work as a team and to provide support to SPHCDA to ensure improvement in the COVID 19 vaccination that is ongoing in the state.

ART Coordinator, UCTH presenting facility Runs Chart to USAID team during their Supportive Supervisory Visit to UCTH

ECEWS ACE 5 Start-Up Meeting:

ECEWS management convened the ECEWS ACE-5 project start-up meeting and project flag off ceremony to agree with key stakeholders such as consortium partners, Government of Cross River State and Cross River State Network of People Living with HIV/AIDS on key implementation approaches. “Breaking the boundaries and sustaining the growth” was the theme for the start-up meeting which held in Calabar, Cross River State from the 9th to 12th of August, 2022. Organizations within the ECEWS ACE-5 consortium- ECEWS, FHI360, AHNi, and HUGGINS as well as stakeholders from the Cross River state ministry of health and the Civil Society were part of the meeting. Also, ECEWS utilized the meeting platform to provide a general orientation for all staff on ECEWS policies, project core technical directions and strategies for implementation. The flag off ceremony for the ACE 5 project held on the third day of the meeting. The Deputy Governor through his representative reiterated the commitment of the Government in providing an enabling environment for the implementation of the ACE project as well as allocating and releasing funds to the various line ministries as part of her commitment to the HIV response in the state. The same commitment was echoed by the coordinator of CRINEPWAN as well as the representative of the other sub-awardees at the meeting.



Cross Section of Participants at the ECEWS ACE-5 Start-Up Meeting

1.1: Increase domestic funding for HIV/AIDS Response

In a bid to improve local funding of the state HIV/AIDS response, the month under review witnessed activities targeted at increasing Government of Nigeria (GoN) involvement in HIV/AIDS program implementation, engagement of the private sector and GoN staff involvement in program implementation. The hall mark of program implementation is to build state capacity to ensure program sustainability characterized by prompt release of funds for state coordinating entities (SACA and SASCP), as well as private sector support to program activities. Below activities held towards achieving above key result;

Sensitization of Key Stakeholders:

ECEWS ACE 5 team embarked on several sensitization visits to key stakeholders to raise awareness on the objectives of the ACE 5 project and solicit for effective collaboration with everyone to ensure smooth project implementation and better project outcomes. Visits were made to the Ministry of Health, SACA, SASCP, office of the Deputy Governor, LGA supervisor for Calabar South and PHC Director for Ekpo Abasi, CMAC and community Medicine Department of UCTH, STBLCP, Private facilities and other structures. At the State AIDS and STI Control Program (SASCP), ECEWS team conducted an orientation for the new SAPC on ACE 5 project objectives, available funding support, project indicators and targets. All stakeholders that were engaged

committed to ensuring a good working relationship with ECEWS for improved state response.



ECEWS team with SAPC and SACP M&E Focal Person; 15th August 2022

USAID Partner's Meeting:

As lead implementing partner in the state's HIV response, ECEWS ACE 5 team convened a meeting of USAID partners that are implementing in the state. The meeting aims to identify areas for collaboration and resource leveraging for better coordination and efficient use of project resources. Partners thus gathered at Jorany Hotel on the 26th of August and shared each project focus, achievement, strategies and challenges. In attendance were ECEWS, Jhpiego, CCCRN, KNCV and Heartland Alliance. Key areas for collaboration and information sharing were identified. Key next steps include; sharing of both hard and soft copy reports with SACA and SASCP, support for refills and viral load sample collection among clients commuting between LGAs, collaboration of treatment partners with CCCRN to improve paediatric case findings, sharing of contacts of thematic focal persons by all IPs for ease of communication, etc. Next meeting is scheduled for 2nd week in October.



Participants at the USAID IPs Meeting

1.2: Increase Community/GoN Ownership of the HIV Response program

Engagement with Ministry of Women Affairs: ECEWS ACE 5 team, in line with increasing GON ownership facilitated a meeting with key actors at the Ministry of Women's Affairs to reactivate and set up an all-inclusive Gender Technical Working Group and Task Team to drive gender activities in line with the GBV response mandate. The meeting held at the conference room of the Ministry of Women's Affairs and had members of CCCRN in attendance. Focus during the meeting was strengthening the TWG and task team, provision of other components of LIVES such as shelter and empowerment. The Ag. commissioner of the Women Affairs commended the team for the visit and promised to do all in her power to ensure gender services is given the attention it deserves. She also solicited for support to carry out gender related activities within the ministry. The team noted her points of appeal and promised to review what is allowable within the confines of the approved workplan.

Constitution of the State Quality Assurance Champions Team (SQACT):

ECEWS ACE 5 team, in line with increasing GON ownership of HIV response facilitated the constitution of the SQACT, a platform of multidisciplinary stakeholders including implementing partners in the State. The SQACT team will be supporting Quality Assurance for 1st 95 and 3rd 95 activities by Conducting onsite training and supportive supervision for all enrolled testing sites, periodic assessment of the testing sites using the SPI-RT checklist, participation in the production and administration of the DTS PT panels, development of corrective actions and monitoring its implementation, ensuring the availability and correct usage of updated registers and other data collection tools. Membership includes the directors of medical services and that of Laboratory services, HTS focal persons of SACA, SASCP and SPHCDA; Facility laboratory staff of GH Ugep, DLHMH, State TBL; Laboratory staff of ECEWS, Heartland Alliance, AHF and Jhepiego

Joint Supportive Supervision/Data Validation:

A joint supportive supervision/data validation with SASCP, SACA, State Bureau of Statistics (SBS), SMoH Planning Research and Statistics (PRS), LGA M&E and LACA held to strengthen collaboration and engender ownership.

Implementation Supervision by GoN Staffs:

At the facility levels, GoN teams showed great resilience during the transition process in carrying on implementation and bridging gaps. The GoN staff ensured continued provision of quality services to all eligible clients. Working closely with the ACE 5 team onboarded at the start of the quarter. Hands-on TA was repeatedly provided to improve staff capacity and quality of care provided to clients. Likewise, various DDD models such as Community Pharmacies and DARF continued to provide services to clients in their care. This has led to the palpable, high level of GoN staff involvement in program implementation with increasing strides towards project ownership and sustainability.

1.3: Strengthen GoN human resources for health (HRH) participation in the HIV Response Leveraging on Private Practitioners and NYSC Scheme:

ECEWS ACE 5 team has commenced engagement of GoN stakeholders on inadequate health workforce via visits and meeting platforms. Engagement with Director of Pharmaceutical Services (DPS) revealed state plan to activate the preceptorship model in the state whereby community pharmacists will be engaged to provide cover for a number of facilities. In addition, the DPS is facilitate SMoH leveraging on the NYSC scheme to get health personnel to support facilities.

Deployment of Interns to support Health Information Management:

To ensure availability of requisite human resource to support M&E activities across ACE 5 supported secondary and tertiary facilities, the ECEWS team paid an advocacy visit to HOD Health information management (HIM), College of health technology, Calabar on 12th September, 2022. This visit was to engender mutual collaboration with the college and the department of HIM in particular so that students on one year compulsory internship will be posted to supported facilities to bridge human resource gap. ECEWS will only provide technical assistant and capacity building to the student interns throughout the period. The HOD, HIM, Dr Eze Aji pledged his support to ECEWS and promised to mobilize the student interns during the next phase of deployment in July/August 2023.



HOD HIM Dr Eze Aji and AD SI, Cajetan Obi and AD Program, Francisca Mbah



Group picture of ECEWS team with HOD HIM, DR Eze Aji (Middle)

Participation in the ACE 5 Project Start-up Meeting/ Project Launch

The Akwa Ibom State ACE-5 team participated in a 3-day project start-up meeting from August 9th to 11th, 2022, in Calabar, Cross River State. The start-up meeting which was utilized to review core implementation areas of the ACE-5 project had in attendance staff of the consortium comprising the prime, ECEWS, with AHNI, FHI360, and HUGIN. Also in attendance were ECEWS Board members, NEPHWAN coordinators & representatives from SACA in both states among other stakeholders. In line with the technical and operational focus of the project, team members made detailed presentations across the project's three key result areas on innovative strategies to achieve set targets including the operationalization of adolescent, pediatric and PMTCT-focused teams to prioritize on the underserved population and sustain retention in care through person-centered refill approaches. The occasion was also utilized to formally launch the project with stakeholders making input to the various strategies and pledging their support towards ensuring the 5-year project is a success.

KEY RESULT 1

Increasing Resiliency, Responsiveness and Accountability of Health System (Cross River)

Participation in USAID'S Supportive Supervisory Visits (SSV) to review the implementation and improve service delivery:

The Akwa Ibom State team received several USAID TDY teams between August and September 2022. Between August 2nd & 3rd, the team visited St. Luke's Hospital, Anua, Enwang Primary Health Center, and General Hospital, Oron where they reviewed implementation across thematic areas and made several recommendations to the ACE 5 team, including increasing the number of pediatric-focused personnel in order to improve service delivery for this subpopulation. Also recommended was the use of ethically acceptable incentives (BMI, BP and blood sugar checks) to improve COVID-19 vaccine uptake. Another USAID team visited Primary Health Center, Ikot-Abasi, and St. Luke's Hospital, Anua on the 17th and 18th of August 2022 respectively to assess the quality-of-service delivery and documentation. The healthcare workers in the visited facilities were commended for their demonstrated ownership of the HIV response and innovations in finding and retaining recipients of care (RoC) in treatment.

The Akwa Ibom State team also received a PEPFAR interagency team comprising USAID and Center for Disease Control (CDC) on a COVID-19 vaccination TDY between 7th – 9th September 2022. The team visited the University of Uyo Teaching Hospital (UUTH), Uyo Primary Health Center, and some mobile vaccination teams.



USAID team accessing PHC Ikot Abasi laboratory during the Supportive supervisory visits to the State

The AKS team was commended for vaccinating over 65% of eligible Recipients of Care and was encouraged to further strengthen collaboration with community stakeholders to address vaccine hesitancy. Ikot-Abasi Primary Health Center and the HIV Situation Room at the State Ministry of Health were also visited by a USAID team between 12th and 16th September 2022 with a view to reviewing data management processes, and ensuring effective data monitoring and use of tools.

USAID out-brief meeting at CCCRN office on 16/09/2022



Participation in USAID-led TB/HIV Data Review Meeting in Edo State:

The Akwa Ibom State team also participated in the USAID-led TB/HIV data review meeting for all USAID-funded implementing partners (IP) from September 22nd to 23rd 2022, in Edo State. The ACE 5 team along with other IPs reviewed difficult areas and examined factors inhibiting optimal performance in TB-HIV. Some of the factors include the non-reporting of TB/HIV data, incomplete reporting of achievements, and suboptimal use of registers and forms. Also emphasized as part of the recommendations, was the need to strengthen collaboration with state TB/HIV stakeholders, sustain and improve LGA-level TB/HIV review meetings, and routinely build capacity for Tuberculosis and Leprosy LGA Supervisors (TBLS) and M&E Officers.



A cross-section of participants in the USAID led TB/HIV data review meeting in Edo State

USAID Implementing partner's collaboration activities

The Akwa Ibom State team facilitated two ② meetings of USG implementing partners in the state within the period. The meeting was aimed at improving collaboration among partners and facilitating optimum utilization of USG investments within the state. The meetings also provided a platform to collectively review implementation milestones, highlight potential areas to strengthen collaboration, share best practices on remarkable achievements under each project's mandate, and leverage resources to collectively address gaps and avoid duplicity of efforts. A key outcome from these meetings was the formation of IP-level technical working groups (TWGs) on ART, TB, PMTCT, pediatric and Adolescent care, Mental Health, Strategic Information, Logistics, Communication and Laboratory Services. These TWGs held meetings to define operational structures, review issues, streamline collaborations, and coordinate policy support for implementation in the state.

Donation of Rapid Test Kits (RTKs) by the SMoH & participation in State Technical Working Group (TWG) meetings

The Akwa Ibom State team paid an advocacy visit to the Permanent Secretary- SMoH, Dr. Patrick Essiet, on improving domestic resource for HIV/AIDS program implementation in the state. This resulted in the donation of 20,000 Determine® Rapid Test Kits (RTKs) for HIV testing. A total of 748 persons have been diagnosed with HIV using these test kits. The team also participated in the integrated Regional Procurement and Supply chain Management (iRPSM) TWG meeting held in Rivers State on August 18, 2022. The meeting discussed approaches to improving and sustaining good supply chain/inventory management practices for health commodity security while advocating for increased domestic funding for the HIV/AIDS response in-country. Capacity building on data use and increased participation of healthcare workers in commodity management to assure sustainability were also discussed.

Prioritizing onsite supportive supervision to standardize service delivery

The ACE-5 team conducted joint supportive supervisory visits with PHC Directors and ART Coordinators to 27 Enhanced Site Management (ESM) sites to monitor and strengthen service delivery with emphasis on data-driven decisions. Areas of focus during this visit include COVID-19 vaccination, TB/HIV, PMTCT and viral load cascades, performance/indicator dashboards, as well as sustainability and ownership of the HIV response. Similarly, officials from the Akwa Ibom State Ministry of Health were supported to embark on supervisory visits to health facilities to conduct Continuous Quality Improvement (CQI) assessments and review COVID-19 implementation with the aim of replicating best practices in other health facilities within the state. The ACE-5 team also embarked on a peer learning exercise to close standardize service delivery across LGAs, especially in pediatrics and adolescent service delivery.



AKS ACE 5 staff providing support to a TBA in Onna LGA during the peer-to-peer SSV

Capacity Building and Trainings

The state team conducted a one-day training on Logistics Management Information Systems (LMIS) for all GON Pharmacy focal persons from ACE-5 supported facilities on September 29, 2022. 132 (M:50; F:82) participants were trained on efficient drug and commodities management and reporting processes. Practical sessions on documentation on the Combined Report and Requisition Form (CRRF) and the preparation and validation of the Patient per Regimen (PPR) report on the National Health Logistics Management Information System (NHLMIS) was done. Within the same period, the AKS team in collaboration with KNCV facilitated training on the use of the GeneXpert point-of-care machine to improve turnaround time for EID results. The 3-days training which was held from September 28-30, 2022, had participants from the SMOH, Hospital Management Board (HMB), National Tuberculosis and Leprosy Control Program (NTLCP), National AIDS/STD Control Program (NASCP), and six © health facilities with GeneXpert machines (University of Uyo Teaching Hospital, St. Luke's Hospital, Anua, Qua-Iboe Church Leprosy Hospital-Etinan, GH Oron, Immanuel General Hospital, Eket and Ikot-Okoro General Hospital). The AKS ACE-5 team also conducted an orientation for Monitoring and Evaluation (M&E) Technical Assistants to bring them up to speed with the project's M&E strategies and build their capacity to undertake high-frequency reporting.



LMIS training for GoN pharmacy staff held in Eket.



Training on the use of GeneXpert for EID assay

Stakeholders' engagements and advocacies to strengthen project implementation

The AKS ACE-5 team facilitated several advocacy visits to various stakeholders to introduce the project, highlight technical direction, solicit support, and obtain relevant buy-in for stronger collaboration and sustainable implementation. Stakeholders visited included the Hon. Commissioner for Health, Prof A.V. Umoh, Permanent Secretary, SMOH, Dr. Patrick Essiet and directors in the Ministry of Health the Program Manager, Akwa Ibom State Agency for the Control of AIDS, Dr. A. Igbemi, Special Adviser to the Governor on Media, Mr. Aniekeme Finbarr, and the State AIDS and STI Control Program Coordinator, Dr. Ime Usanga. Also visited were the leadership of the 2 implementing agencies of the ACE 5 project namely the CMD of the University of Uyo Teaching Hospital, Prof. Bassey and the Administrator of St. Luke's Hospital, Uyo. Rev. Fr. Njoku. Apart from achieving an improved understanding of the project by stakeholders, the visits resulted in the speedy execution of the Memoranda of Understanding (MOU) between ECEWS and the 3 ACE-5 implementing agencies, viz, the Akwa Ibom State Government, University of Uyo Teaching Hospital, and St. Luke's Hospital, Anua.

The team also met with the leadership of the Akwa Ibom Network of People Living with HIV and AIDS in Nigeria (AKNET) and the Association of Women Living with HIV/AIDS in Nigeria (ASWHAN) to familiarize with them and introduce the project. The AKS ACE 5 team also participated in the National Agency for Control of AIDS (NACA)-facilitated Program Implementation Monitoring (PMI) where Akwa Ibom State was commended for exemplary work.



AKS ACE 5 State Director, Dr. Toyo with AKSACA PM Dr Igbemi during an advocacy visit to the agency

Similarly, the AKS ACE 5 team engaged with medical superintendents, PHC directors, and ART coordinators of supported facilities to provide clarity on expectations for the new project. The various Community ART teams and project personnel also intensified engagement with religious and community gatekeepers across the 21 LGAs within the reporting period to improve the linkage rate and ART restart for recipients who had experienced an interruption in treatment (IIT).



Meeting with with AKS ACE 5 supported facilities' leadership in, Uyo

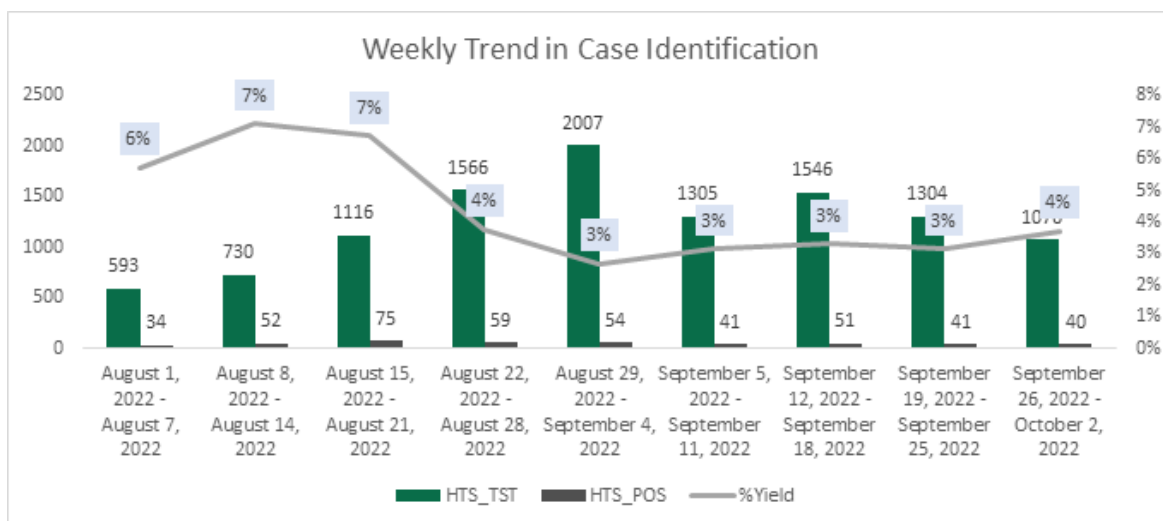
KEY RESULT AREA 2:

Increased uptake and Retention of HIV/AIDS/TB services – Cross River

Increased HIV Case finding and linkage: HIV Testing Services:

In the quarter under review, there was a sustained trajectory towards increasing access to HIV testing services across all subpopulations and gender. A total of 11,135 persons took up HIV testing services, 46% males

(5,122) and 54% females (6,013). The state's yield stands at about 4%, which is 2% higher than the current prevalence rate. The team utilized strategies such as optimization of testing services across service delivery points, targeted facility and community testing services, collaboration with other structures such as PMVs and unsupported facilities, risk stratification tool use amongst others. The team also targeted interventions to the male subpopulation. Newly identified positives had CD4/recency tests and those with CD4 <200 cells/mm³



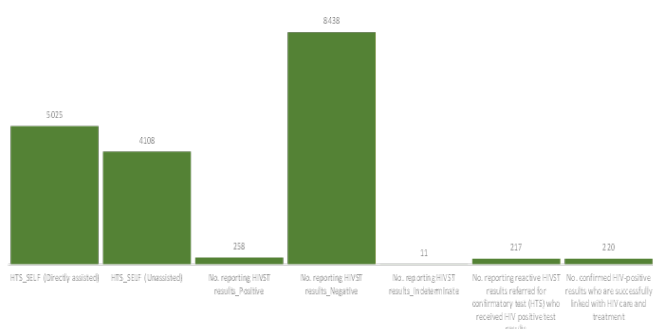
were screened for advanced HIV for tuberculosis and cryptococcal antigen using the TB LFLAM kits as well as GeneXpert.

Index Testing Services:

Within the period under review, the state data showed a 14% contribution to the testing numbers (1549 of 11,135), 36% less than the minimum requirement. There was 100% (512 against 1037) improvement in the number of index partners tested in September compared to August 2022. This modality contributed 16% (70 of 448) to case finding. Linkage rate stood at 100%. The yield from this modality is 5% which is 1% greater than the overall state yield. This laid credence to the fact that index testing has the best yield compared to other testing modalities. A breakdown of the cascade shows an acceptance rate of 79% (627 of 795) and elicitation rate of 1:2 (1037 elicited from 627). Plans for the upcoming FY is to improve offer rate especially amongst newly identified clients, acceptance rate and elicitation ration. The team is looking at building on this to accelerate the gains from this testing stream in the coming months with strategies such as pretest elicitation/ enumeration, voucher system and anonymous elicitation box.

HIV Self Testing Services:

HIVST service is a key strategy deployed by the team to drive uptake of HTS services. There was a concerted focus on targeting males and adolescents due to the NAAIS survey results for the state. Activities for kit distribution centered around community and facility structures such as community pharmacies, CAM teams, AYP peer-to-peer distribution and special events like the World Pharmacist Day.



Integrating HIVST distribution into World Pharmacists Day Celebration

There was strong collaboration with private sector and well-meaning individuals to subsidize the cost of kits from the private sector distribution thereby making it more affordable. By the end of the quarter 9,133 kits had been distributed with 95% (8707) reported outcome. There was a 3.0% notification of a reactive result with 84% linkage to confirmatory services and 100% linkage to care for all confirmed cases. This testing stream contributed 49% of the State's overall case finding targets. The state team could have done much more with this service but for intermittent stock issues as well as the kit restricted to only members of the general population.

Paediatric/Adolescent HIV/AIDS Care and Treatment:

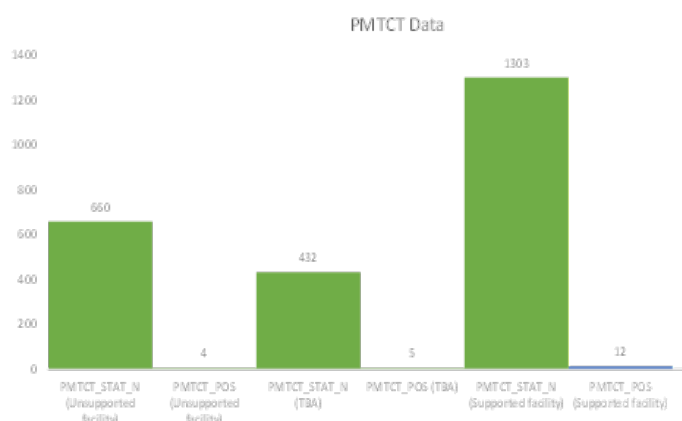
ECEWS ACE 5 team continued to ensure regimen optimization for all paediatric clients via strategies to avoid missed opportunities including routine weighing of all paediatric clients and dosage adjustment as appropriate. Within the reporting month, the state achieved a 100% regimen and dosage optimization. Individualized hand-holding services was also provided for all unstable and unsuppressed paediatric clients as an approach to have them stable.

In the same vein, the state team ensured that all HEIs identified and eligible for EID were sampled. 44 EID samples were collected, 15 results received and 2 positive results all of whom were tracked and linked to care. Also, 2 paediatric support group meetings held at General Hospital Calabar and Calabar Women and Children Hospital through the Operation Triple Zero strategy. This strategy has helped sustaining the gains for this subpopulation towards attainment of epidemic control with a 1% improvement in the number of paediatrics clients virally suppressed (from 92% to 93%).

Access and uptake of PMTCT

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

The state team worked in close collaboration with the SPHCDA and leveraged on the work done by the Epic project and continued the mapping of community structures. Currently, 150 TBAs and 120 unsupported facilities have been mapped. ACE 5 team worked closely with the structures to ensure that all pregnant women have access to HIV Testing Services and ART services if positive. Data as at end of the quarter showed 46% contribution by cPMTCT (unsupported facilities 28% and TBAs 18%) while optimization of PMTCT services across supported facilities contributed 52%. The yield in terms of case finding shows TBA interventions with the highest of 1.2%, unsupported facilities 0.6% and supported facilities 0.9%. The state team ensured regimen optimization for all pregnant mothers and close monitoring to identify and address possible drug therapy issues. In addition, with the recent focus on the paediatric and pregnant women sub-populations, the CAM team channeled more of their resources to pediatric and PMTCT case finding. Genealogy testing and community PMTCT approaches were utilized in finding these sub-population of interest who are not yet in care.



Optimizing testing in a TBA in Bakassi by CAM team

Access and uptake of TB/HIV Care

TB/HIV Services: With a revision of the eligibility criteria for initiation of clients on Isoniazid, the team within the quarter prioritized identification and initiation of newly identified clients on prophylaxis. 76% (344 of 454) of the newly identified clients were commenced on prophylaxis with a 24% missed opportunity. The team will closely monitor this category of persons in the coming FY through the use of portfolio manager, LGA management and various trackers being adopted by the team to improve on this achievement. The team optimized the use of pharmacy entry and exit gatekeeping to ensure all eligible old clients visiting the facility were started on Isoniazid prophylaxis. The team deployed the use of Medication Adherence Assessment and ADR Monitoring tool for clients on MMD 3 and 6 to monitor all clients on TPT on a monthly basis to ensure that they were adherent throughout the period they are on TPT. The team also ensured commodity security and integrity to ensure access

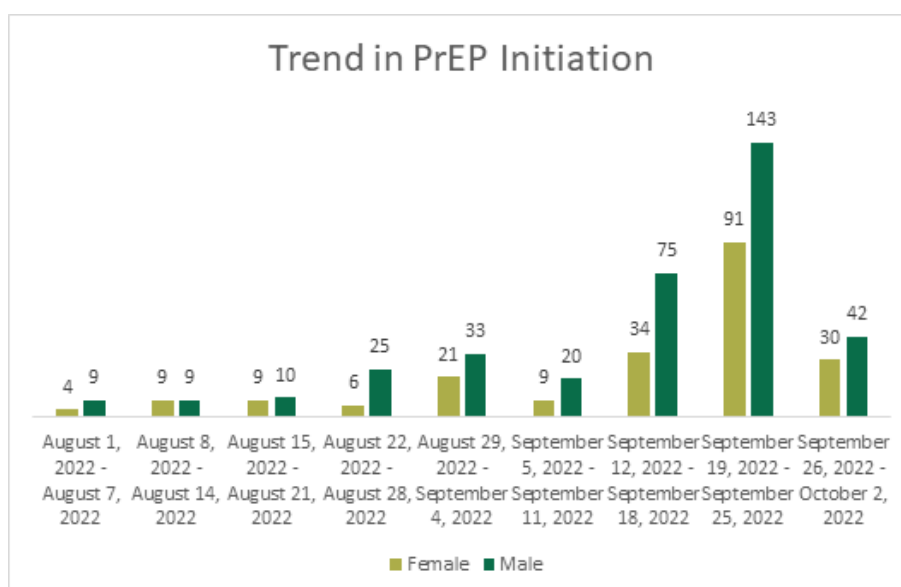
In the quarter under review, data reviewed so far shows that 13469 clients were screened for tuberculosis (M=4340, F=9129). Of the number screened, 44 (0.33%; M=21, F=23) were presumptive for tuberculosis with DDD contributing 4 (CARC=1, DARF=2, CARG=1) of this number.

In August and September, 396 clients were started on TPT (M=125, F=271) while 429 completed TPT (M=126, F=303)

HIV care and Treatment collaboration with the private sector:

Pre-Exposure Prophylaxis:

There was a strengthened collaboration with the private sector to improve the access as well as quality of care provided to PLWHIV. There was engagement with the community pharmacist to integrate PrEP services into their routine services amidst other services. A review of the PrEP achievement showed more males accessing this service and a gradual rise in the number of persons started on PrEP. This amongst other prevention strategies is key in reducing the incidence of HIV amongst the male population as stated by the NAAIS survey.

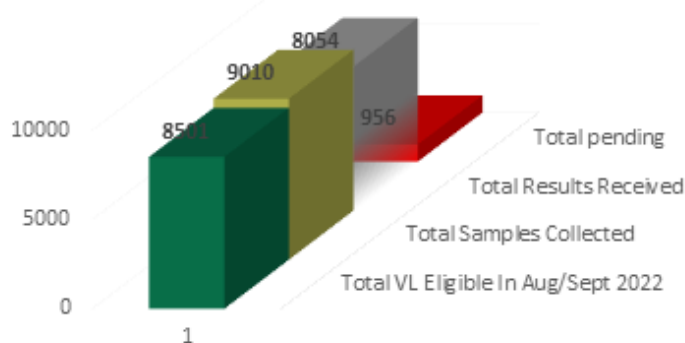


VIRAL LOAD

During the period under review, the team intensified efforts towards viral load sample collection optimization across supported facilities in the state, creating demand, driving sample collection beyond work hour at facilities, supporting community viral load services, and facilitating sample storage and shipment at the mega sample hubs across the state, the aim was to achieve 100% sample collection rate for the quarter. The graph below represents the states Q4 achievement for VL as at the end of September 2022, with the viral load coverage improving by 20.6% (75.4% to 96.00%). A total of 8501 clients were eligible for VL collection in the

months of August/September 2022, however a total of 9010 samples were collected as they included clients who were eligible in July 2022, but their samples were not picked up. The team received 8054 results within the reporting period. Of the 8,054 results received, the team recorded 98.5% suppression rate with 116 unsuppressed results received and 7,938 results returning as <1000copies/ml. The team closed the month of September 2022 with a viral load coverage of 96% and a suppression of 98%

AUGUST-SEPTEMBER VL COLLECTION/RESULT RETURN ANALYSIS



KEY RESULT AREA 2:

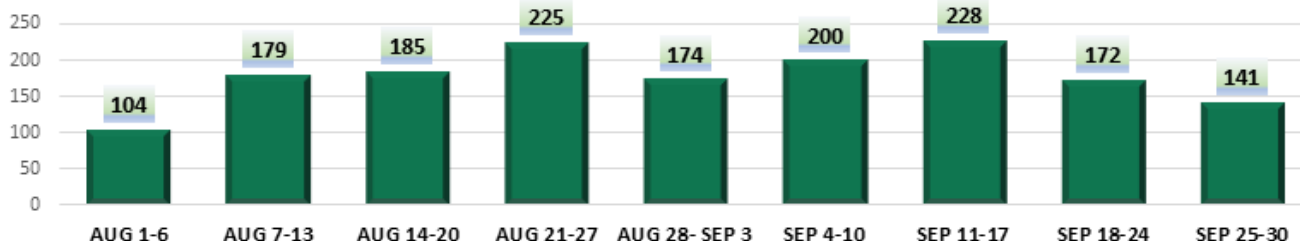
Increased Uptake and Retention of HIV/AIDS/TB services- Awka Ibom.

Scaling up ART services:

The AKS ACE-5 team implemented various strategies to improve HIV case finding in this quarter, including utilizing LGA-specific micro plans to identify hotspots for HIV testing, index testing and community PMTCT. These efforts, in addition to the routine strategies, led to the provision of HIV testing services to 68,032 (M: 24,558,

F:43,474) persons with 1,608 (M:523; F:1,085) diagnosed with HIV. Of the PLHIV identified, 1,600 (M:520, F:1,080) were linked to antiretroviral treatment (ART), resulting in a 99.5% linkage rate. Eight ☺ of the persons were also diagnosed with tuberculosis (TB) and have commenced TB treatment.

HTS POS



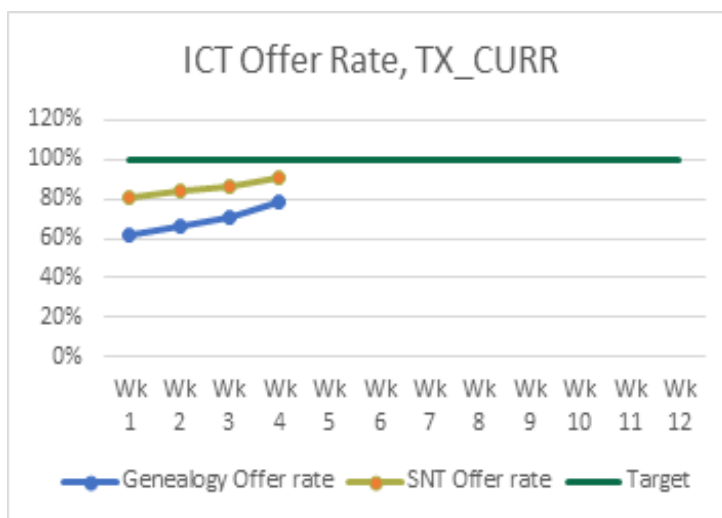
AKS ACE-5 FY 22 Q4 HTS_POS

Prioritizing support for efficient index case services

The AKS ACE-5 team rolled out an ICT Quality Improvement project in September 2022, with the aim of improving index testing for RoCs. Designed to run for 12 weeks, a root cause analysis was conducted for each health facility and healthcare workers were supported to develop change ideas to close the identified gaps. Within three ☺ weeks, the genealogy offer rate improved by 16% from 62% to 78%, while partner testing improved by 10% from 81% to 91%.

Genealogy Testing Baseline data 26/8/2022							
LGA	TX_CURR	Offer Rate (%)	Wk 1 (Sept 5)	Wk 2 (Sept 1)	Wk 3 (Sept 1)	Wk 4 (Sept 2)	Improvement Factor
Eastern Obolo	5360	86%	86%	85%	85%	89%	3%
Eket	10032	83%	83%	83%	83%	94%	11%
Esit Eket	6505	73%	73%	74%	75%	77%	4%
Etinan	5349	18%	19%	30%	37%	54%	36%
Ibena	11171	73%	74%	74%	74%	98%	25%
Ibesikpo Asutan	6558	29%	29%	29%	32%	35%	6%
Ikot Abasi	7511	73%	73%	73%	73%	81%	8%
Mbo	14700	75%	77%	78%	85%	86%	12%
Mkpat-Enin	5277	95%	95%	95%	95%	98%	2%
Nsit Atai	3116	28%	38%	39%	50%	56%	28%
Nsit-Ibom	3593	30%	30%	31%	33%	45%	15%
Nsit-Ubium	3923	46%	46%	58%	69%	72%	26%
Okobo	10887	57%	57%	59%	61%	64%	7%
Onna	5877	89%	89%	89%	89%	101%	11%
Oron	7371	95%	95%	101%	101%	101%	6%
Oruk Anam	10164	89%	89%	89%	89%	98%	9%
Udung-Uko	4940	40%	41%	42%	59%	72%	31%
Ukanafun	3759	46%	46%	47%	54%	67%	21%
Uruan	9134	26%	28%	40%	69%	71%	45%
Urue-Offong/Oruko	4494	69%	69%	69%	73%	80%	12%
Uyo	14276	34%	39%	43%	54%	58%	24%

Weekly monitoring of ICT genealogy offer rate in September 2022



FY22 Q4 ICT offer rate trend analysis

The index testing strategies utilized included line-listing of elicited partners, use of voucher incentives, use of elicitation boxes, and service provision for all recent infections, and culminated in 13,075 (M:4,849; F:8,226) persons being offered ICT with 10,957 (M:4,198; F:6,759) accepting the services (84% acceptance rate). Consequently, from the 22,689 (M:12,000; F:10,689) persons elicited, 20,801 (M:11,051; F:9,750) were tested for HIV (92% testing rate). 891 persons (M:354; F:537) were diagnosed with HIV through index testing, contributing 55% of HIV cases identified within the period.

HIV Self Testing (HIVST)

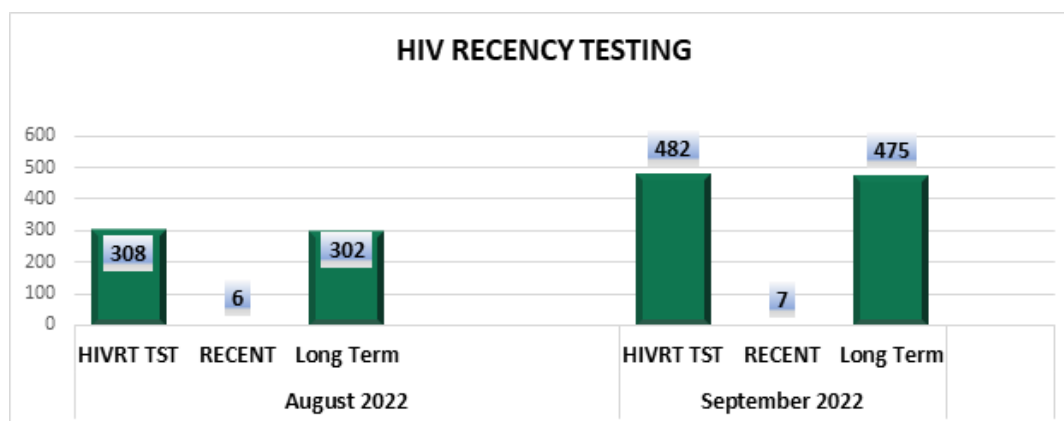
The AKS ACE-5 team streamlined the distribution of HIVST kits to the underserved population including partners of positive pregnant women, men from the general population, and adolescents and young persons living with HIV (AYPLHIV) to further improve HIV case finding in the quarter under review. A total of 4,825 (M:2,842, F:1,983) HIVST kits were distributed across activated points of care and 4,643 (M:2,742, F:1,901) persons reported their test results (96%) to their care provider. Of this number, 79 (M:31; F:48) positives were identified, retested using the national testing algorithm, and linked to treatment.

Optimization of PMTCT cascade

To reach more positive pregnant women, the AKS ACE-5 team activated 21 unsupported sites and supported them with consumables to provide HIV testing services in their antenatal clinics. Additionally, PMTCT linkage facilitators were deployed to hub sites to strengthen referral system for newly identified positive women from unsupported sites. Furthermore, 38 TBAs were activated to reach more positive pregnant women with PMTCT services in rural and remote settings thus bringing the number of active TBAs on the project to 721. Through these efforts, 10,108 pregnant women were tested and 112 (1.1%) positive pregnant women were identified.

Recency testing

The team continued active testing for recent HIV infection with the re-supply of recent infection test kits. Consequently, 780 (M:221; F:559) identified positives were tested for recent infection of which 767 (M:218, F:549) were identified as long term and 13 (M:3, F:10) were recent infections.



Advanced HIV Disease (AHD) implementation

Although activities were limited by the low stock of Visitec, LF-LAM, and CrAg test kits, the AKS ACE-5 team utilized the CD4 machines to sustain AHD activities. Consequently, 1,519 (M:499; F:1,020) positive clients were identified and staged from which 58 had a clinical staging of 3 while 7 were in stage 4. Of the total positives identified, 1,024 had CD4 test of which 42 had CD4<200copies/ml. However, further, tests could not be performed due to the depleted stock of TB-LF LAM and CrAg.

Strategies to find and engage men

Through the “Be A King Initiative” (BAKI), the AKS ACE-5 team conducted activities to improve male involvement in the uptake of HIV services. The team utilized various avenues including Games-2-Share, male-friendly clinics, and meeting-the-men (MTM) fora to screen 2,367 men from where 1,976 were tested and 77 positive males identified and enrolled in care. 241 male recipients of care were refilled, and 47 viral load samples were collected during the MTM fora. Additionally, 2,698 males were commenced on PrEP, and over 5,000 male condoms distributed.

Improving Pediatric and Adolescent Care and Treatment services

To strengthen pediatric and adolescent care and treatment on the ACE 5 project, the AKS ACE 5 team in collaboration with the Akwa Ibom State Ministry of Health commenced the Accelerating Pediatric and PMTCT Program (AP3), an initiative to address the treatment gap among children living with HIV (CLHIV) and eliminate mother-to-child transmission of HIV (MTCT). To operationalize the concept, 21 AP3 teams were constituted and with the support of the State PMTCT focal person Mrs. Emem Xavier and the State Pediatric Clinical Mentor, Dr. Ofonime Dixon a 2-day orientation was conducted from September 19 - 22, 2022 for members of the team. The training had 400 (M:129; F:271) participants in attendance including: adolescents



A cross section of mentor mothers at the AP3 training

peer supporters, mentor mothers, and select persons from mainstream CAM teams. Also, age-based testing strategies resulted in the identification of 189 CLHIV with 180 (95%) linked to treatment while the remaining 9 CLHIV who are TB co-infected, are being monitored for enrolment on completion of TB treatment. Currently, 4,193 Children Living with HIV (<15 years) are receiving treatment across ACE-5 supported facilities in the state with viral load coverage and suppression at 87% and 98% respectively. 339 adolescents and young persons living with HIV commenced treatment within the period, bringing the total of AYPLHIV receiving treatment in AKS ACE-5 supported facilities to 13,075 with 88% enrolled in the Operation Triple Zero (peer support) program. Viral load coverage and suppression for this sub-population were 95% and 99% respectively at the end of the quarter. To optimize viral suppression in this sub-population, 19 (M:13, F:6) paediatric RoC with high VL were provided individualized, age-specific enhanced adherence counselling (EAC) services within the period. Five © post-EAC VL results received from the 7 (M:6, F:1) who have completed the 3 sessions of EAC are all suppressed.

Implementing the Pre-Exposure Prophylaxis (PrEP) program

The AKS ACE-5 team sustained access to PrEP services for high-risk HIV RoC, pregnant women, and adolescents by leveraging on communal celebrations and football matches, with the aim of “reaching the unreached”. Consequently, 4,171 (M: 2,465, F:1,706) sero-different partners were counselled and offered PrEP and all accepted resulting in 4,171 (M:2,465; F:1,706) new RoC and 466 (M:296; F:170) persons refilled in the quarter.

Tuberculosis (TB) Preventive therapy (TPT) and INH

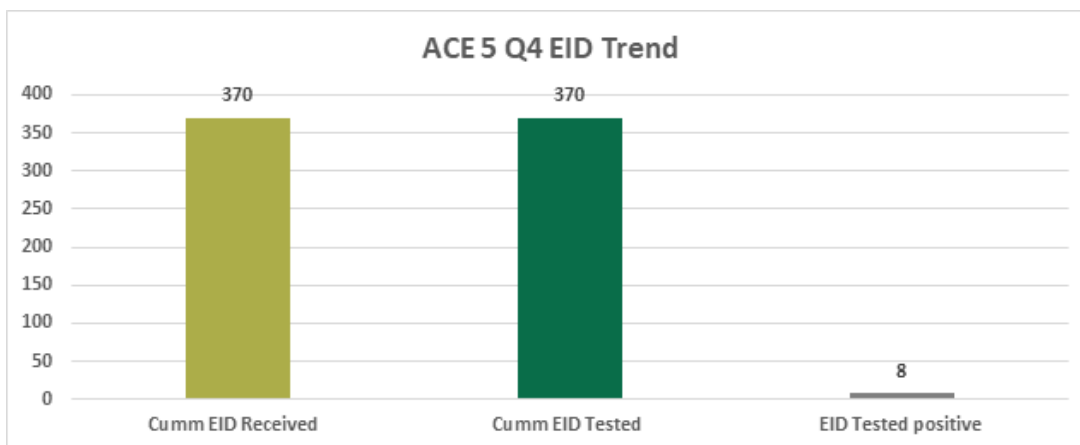
In the reporting period, the AKS ACE-5 team continued the implementation of approaches to improve TB case findings and ensure zero missed opportunities across supported facilities. 65,914 (M:25,622; F:40,292) recipients of care were screened for TB and 1,240 (M:435; F:805) presumptive TB cases were identified and 1,103 (M:391; F:712) sputum samples collected and sent to the DOTS Unit for further evaluation of which 79 (M:38; F:41) PLHIV were diagnosed with TB and started on treatment. 1,045 (M:351, F:694) new PLHIV who screened negative for TB were accessed for TPT eligibility and all were initiated on TPT with 1,035 completing INH, thus, sustaining the 98% INH completion rate. From 928 RoC whose samples were sent for GeneXpert analysis, 64 were positive for TB and all were started on TB treatment. Further to this, 337 (M:189; F:148) new and relapsed TB cases were identified and started on TB medication. Contact tracing within the period resulted in 247 (M:110; F:137) positive contacts being identified

Meeting of Drug & Therapeutic Committees (DTC) and Enhanced Adherence Counselling Services

Promotion of rational drug use and quality of ART services through DTC and pharmacy review meetings is a veritable avenue for ensuring improved quality of care among HIV positive beneficiaries of care. Fifty-nine (95) meetings were held this quarter to review treatment outcomes across supported sites. The meetings highlighted pharmacovigilance, EAC sessions, review of pertinent clinical indices, strengthening of clinical best practices and counselling for beneficiaries of care across facilities. During these meetings, 57 (M: 17, F: 40) cases of ARV-related adverse drug reactions and 69 medication errors were reported in communities and facilities and adequate interventions were provided. No recipient of care was switched to either second- or third-line regimen. To ensure at least 95% of recipients of care on ART achieve and maintain suppressed viral load, the AKS ACE-5 team prioritized the provision of enhanced adherence counselling (EAC) services for those with high viral load. From the 383 (M:137, F:246) with unsuppressed viral load, a cohort of 356 (M:137; F:229) were started on EAC within the quarter and 109 (M:59; F:50) RoC completed three EAC sessions within the same period.

Viral load Coverage, Testing and Laboratory Operations

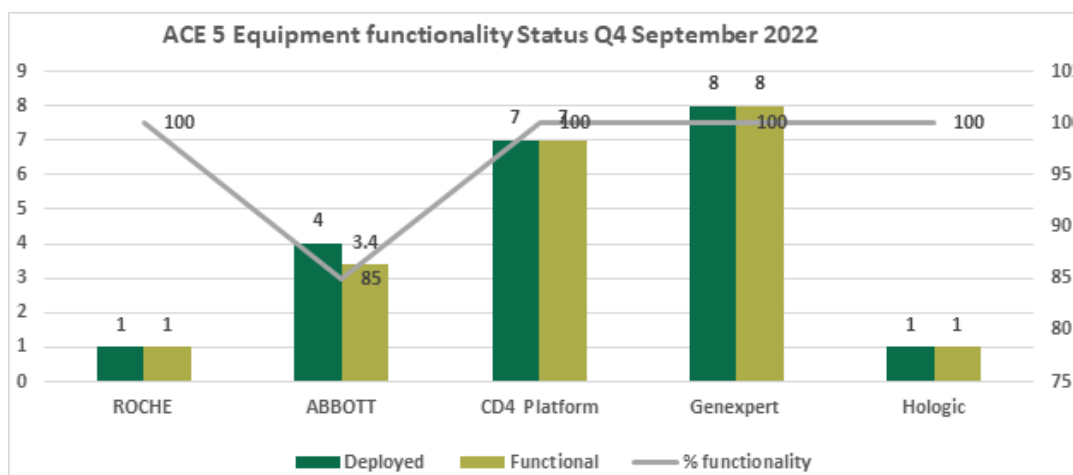
The team sustained Remote Sample Logging (RSL) to reduce turnaround time for receipt of VL/EID results as 99.7% of samples received in the quarter were remotely logged in. From the 42,681 recipients of care eligible for viral load sample collection in the quarter, 42,631 samples were collected, and 42,241 results were received with 41,988 clients having <1,000copies of the virus/ml. Thus, viral load coverage and suppression rate for the state were at 97% and 99.4% respectively at the end of the quarter. While 370 EID samples were received in this quarter, 370 samples were tested and all results of which 8 were positive were dispatched.



AKS ACE-5 EID cascade for FY22 Q4

Equipment functionality at PCR Lab

The team continued to monitor equipment functionality across supported facilities with prompt reporting of faults for the attention and necessary action of equipment engineers. In the quarter, average equipment functionality status stood at 100% for the Hologic, BD FACS Presto CD4, and GeneXpert machines, while the Abbott and Roche PCR machines had 85% and 100% respectively.



AKS ACE 5 Q4 equipment functionality status.

Strategic Information

Data quality assessment and continuous quality improvement (CQI) activities

To ensure a smooth transition from the EpiC project to the ACE 5 project, the Data.Fi team conducted a data validation exercise across 22 high volume sites from August 1st to 29th 2022. All sites had high data quality with scores ranging from 99.8% to 100%. DQA corrective action plans were applied to sites with less than 100% while remediation plans were developed to address the gaps. The AKS ACE-5 team also supported the

NACA-led DQA at three facilities namely UUTH, Uyo Base PHC, and St Athanasius Hospital and is implementing remediation plans to address minimal gaps observed in the filing of monthly summary forms as well as transcription errors. To improve quality of service across supported sites, 16 ESM sites successfully conducted facility CQI meetings in the quarter with a view to strengthening collaboration with stakeholders across supported facilities while highlighting the core areas of the ACE 5 project and implementing strategies to achieve set targets.

KEY RESULT AREA 3:

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

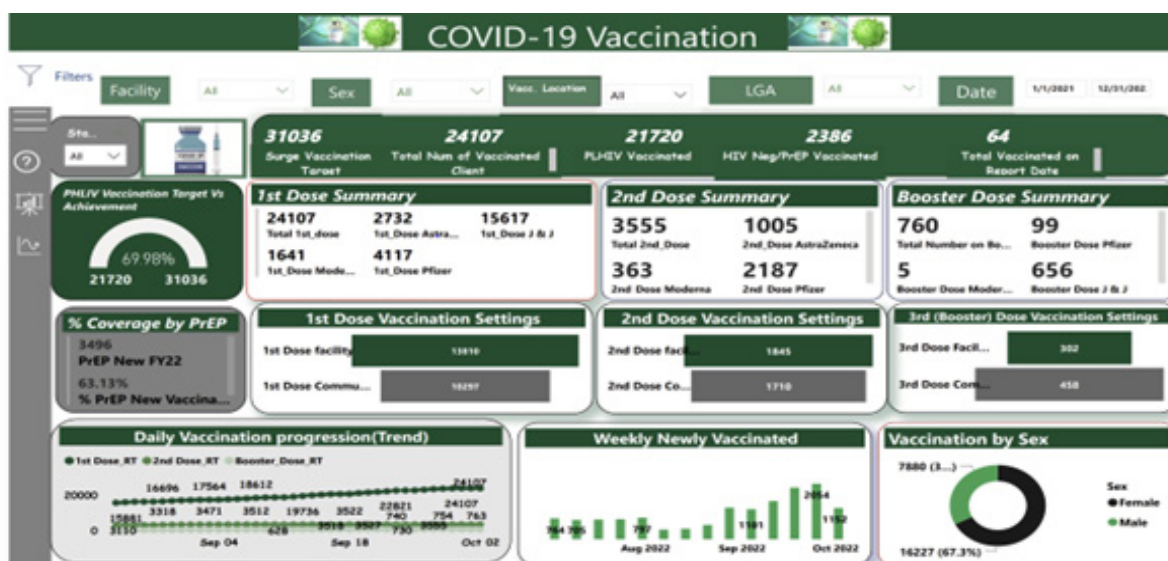
Decentralized Drug Delivery (DDD) and Differentiated Service Delivery (DSD) Model of care

The AKS ACE 5 team continued to implement DDD/DSD strategies to decongest high-volume hub sites, reduce the cost of transportation to recipients of care accessing refill services and increase treatment satisfaction. In the reporting period, 35 (M:11; F:24) PLHIV were devolved to Community Pharmacist ARV Refill Program (CPARP); 2,288 (M:905; F:1,383) to Community ART Refill Clubs (CARC); 419 (M:196, F:223) to Community ART Refill Groups (CARG); and 941 (M:508, F:433) to Decentralized ART Refill Facilities (DARF). Also, five [Ⓢ] CARC were formed to bring the number of active clubs in the state at the end of September to 2,123 with 7,727 (M:3,214; F: 4,513) beneficiaries. Out of the 19,494 (M:8,155; F:11,339) CARC recipients of care scheduled for appointments in the quarter, 19,285 (M:8,067; F:11,218) were refilled resulting in a 99% refill rate. While 53,783 recipients of care received ART refills via CARC, 959 (M:343; F:616) PLHIV accessed their refills at Community Pharmacies (CP) and 4,799 (M: 2,074, F:2,725) accessed refills at DARF sites out of the 4,810 (M:2,076, F:2,734) scheduled for ARV refill there. Also, a total of 9,513 (M:4,181; F:5,332) recipients of care were provided routine post dispensing monitoring, to ensure adherence to medication, absence of ADR, and appropriate interventions provided where ADR was identified. All DDD models attained between 96-99% refill rate for the quarter as the team prioritized the use of the 90-day adherence calendar for new beneficiaries.



COVID-19 Vaccination Services (Cross River):

Covid vaccination is a key service given to all PLWHIV that are above 18 years of age. The project continued to support 15 mobile and 17 fixed sites that were transitioned to the ACE 5 project by the Epic Project. The state team is also collaborating closely with the State Primary Health Care Development Agency to make vaccination available to clients. Within the quarter there was a strong collaboration with the CRINEPWAN members to drive uptake of COVID vaccination by PLWHIV across supported LGAs by dispelling myths around vaccination. The SPHCDA continued to actively support ACE 5 team during her implementation in the quarter through providing current guidance on vaccination as well as routine supportive supervisory visits to ACE



supported sites to provide technical assistance on vaccination. At the end of the quarter the state's achievement moved from 48% (14,783) in August to 70% (21,720) in September. Vaccination was not limited to PLWHIV, as the number of those vaccinated from the general population increased from 2,018 to 2,387.

American Rescue Plan Act (ARPA) COVID-19 Implementation – Akwa Ibom

The American Rescue Plan Act (ARPA) implementation continued to support the Government's goal of vaccinating 70% of eligible persons in Akwa Ibom which is one of the eleven COVID-19 priority states. The team worked to increase access to vaccinations for eligible individuals through support for mobile state, & local government task force teams. In the quarter, COVID-19 mobile teams adopted the creek and camping model strategy to improve COVID-19 vaccine uptake among recipients of care residing in creeks and hinterlands. These efforts culminated in the vaccination of 15,916 recipients of care within the quarter. Across the 21 supported LGAs, 75,513 eligible PLHIV have been fully vaccinated with 2,097 receiving booster doses. Furthermore, 4,801 non-PLHIV have been vaccinated under the ARPA project as the team sets to scale COVID-19 vaccination to negative partners of recipients of care. At present, 103,510 out of the 154,658 recipients in care have been vaccinated, indicating a 67% vaccination rate for the state as the team continues its surge to achieve the SCALES target of 70%.

Implementation challenges.

1. Intermittent low stock/stock out of key consumables such as AHD and HIVST
2. Low stock of COVID vaccines, cards and seals especially in the central cluster office

M& E Plan Update

M&E Orientation:

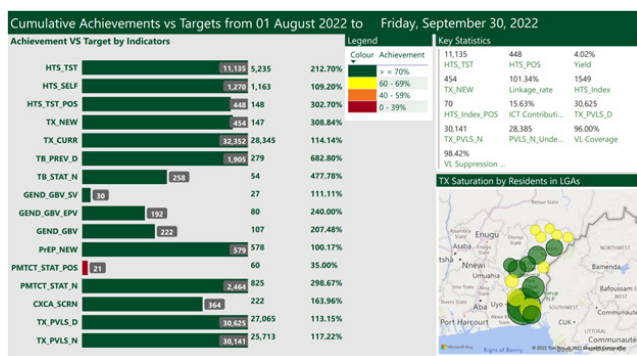
To ensure availability of quality data for prompt and evidence-based decision making, the Cross River State team conducted a 3-day startup/onboarding orientation for team members following project wide general orientation. This orientation held from 16th to 18th August 2022 to provide strategic direction and guidance for optimal performance and achievement of goal and objectives of ECEWS ACE-5 project. Team members were taken through: ACE-5 Strategic Information mandate and technical direction; Value system-which culminated in developing a core value to guide implementation of our mandate amongst other topics.



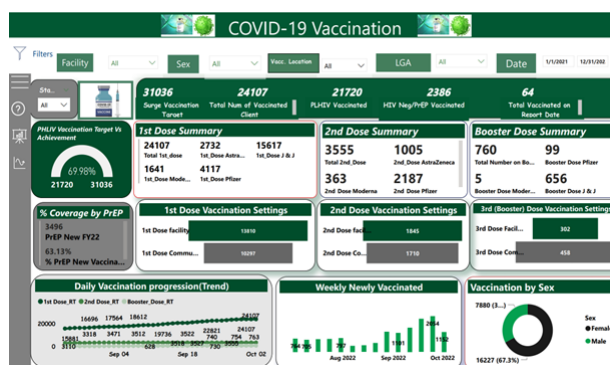
Participants at the M&E orientation training

Setting up of Interactive PowerBi Dashboard

During the period under review, ECEWS team set up CRS interactive powerBi dashboard for daily review of progress vis a vis target across HIV/TB and COVID-19 key performance indicators and for accountability. This dashboard provides real-time data from 53 supported facilities which made it possible to interrogate state daily performance, re-strategize and correct implementation through the voice of data to meet target.



Summary Page of PowerBi Dashboard



Summary COVID-19 Dashboard

Data.Fi Led DQA for EPIC-ACE Transition:

In a bid to ensure baseline TX_Curr is validated and transitioned to ACE-5 project by EPIC project, the SI team participated in DataFi led DQA across 10 ESM sites contributing to 85% of the TX_Curr. The DQA exercise started on 29th August and ran through to 9th September 2022. As shown in the table below, the concurrence rate ranged between 99.7% to 100%, bringing the average concurrence to 99.94%.

LAMIS/SOFTWARE DEPLOYMENT

- Ensured LAMIS functionality across all 53 supported sites
- Updated LAMIS modules from v1.12.3 to v1.13.1
- Fast-tracked the generation of NDR xml from ACE 5 supported sites
- Uploaded NDR xml to NDR server twice weekly
- Supported facilities on data upload and synchronization to server.
- On-site supervision to facilities to resolve emerging challenges with LAMIS.
- Troubleshooted/resolved issue with fingerprint biometric scanner across affected facilities

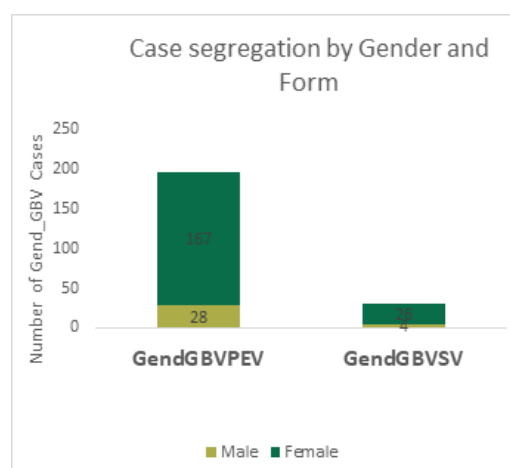
Facilities accessed	% Concurrence
Okundi Comprehensive Health Centre	100.00
Ugep General Hospital	100.00
Akpabuyo St Joseph Hospital	100.00
Ikang Primary Health Centre	100.00
Mma Efa Health Centre	100.00
Dr Lawrence Henshaw Memorial Hospital	99.88
Holy Family Catholic Hospital	99.97
Calabar General Hospital	99.98
University of Calabar Teaching Hospital	99.87
Ikot Effiong Otop Comprehensive Health Centre (UCTH Annex)	99.7
	99.94

INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

Gender Equality and Female Empowerment

Gender Base Violence Services:

In quarter 4, FY22, the state intensified delivery of prevention, identification and management of Gender-based violence services. The state also placed emphasis on quality improvement across GBV indicators and deployed strategies such as Community Pharmacy-level GBV case identification, Collaboration with IPs and CSOs, and reinforcing screening across all cascade. This resulted in the acing of the Gend_GBv targets at a total number of 225 (195 PEV and 30 SV) with the female gender contributing to over 85% of the total cases identified (Figure 1) However, the male gender also contributed to 15.4% of sexual cases recorded in the reporting period, even though they contributed to 14.2% of all case-



forms identified, and gives a pointer to the need to continue to spread prevention messages among all population, (with emphasis to women and girls, while encouraging more men to come forward. The survivors were provided LIVES (Listen, Inquiry, Validate, Enhance Safety and Support) services while sexual violence survivors reporting within 72 hours were commenced on HIV Post-Exposure Prophylaxis (PEP).

Sustainability Mechanisms

Advocacy visits to the Director of Pharmaceutical Services (DPS) and Chairman, Pharmaceutical Society of Nigeria:

ECEWS team visited the DPS to update him on the ACE 5 project and also strengthen collaboration with the pharmacy directorate. Discussions focused on getting the Government to be at the forefront of implementation in the state through strengthening the DDD committee. Other discussions centered on very poor HR in pharmacists in the facilities. The DPS communicated Government plan to use the preceptorship model, where a community pharmacist will be engaged by the state government to backstop and supervise a cluster of facilities in the state



Meeting with DPS CRS and Chairman PSN to discuss strategies to strengthen GON involvement in implementation

Regional PSM TWG Meeting:

ECEWS ACE 5 team continued to collaborate with key stakeholders to strengthen health systems. The team participated in a strategic meeting (PSM-TWG) in Rivers state to forge the next steps to optimize resiliency and sustainability in the system within the supply chain sector.



Cross-section of participants at the PSM-TWG meeting in Port Harcourt

Cross-Cutting Innovations (Akwa Ibom)

Gender-Based Violence (GBV)

Focused on mainstreaming GBV services into ACE-5 implementation in line with PEPFAR direction, the AKS ACE-5 team scaled up GBV prevention and intervention services to all PLHIV and PrEP recipients to help victims of Intimate Partner Violence (IPV) among these groups access help. In the quarter, the AKS ACE-5 team conducted a needs assessment for gender integration/GBV interventions across facilities, using excerpts from the Site Improvement through Monitoring Systems (SIMS) tool. The SIMS tool is expected to guide quality service provision to beneficiaries and effectively monitor the tools' stock. For FY22 Q4, 451 (M:126, F:325) beneficiaries of care reported physical and emotional violence, and 63 (M:2, F:61) beneficiaries of care reported sexual violence and were provided with post GBV care services.

Environmental Compliance

ACE5 continues to ensure environmental compliance. This is achieved through ensuring proper sanitation and top-notch waste segregation and management. Also, the project operates a near - paperless system as most of the work is done online with little or no paper trail. This preserves the ecosystem by ensuring reduced deforestation and reduced waste.

Youth Development

Policy and Governance Support

State Management Team (SMT) Meeting:

ECEWS ACE 5 team in close collaboration with the GoN team activated hitherto moribund State Management Team meeting. The objective of this meeting is to increase ownership by Government by providing Government a first-hand interface with implementing partners, identifying areas of collaboration between partners and helping to address challenges faced during implementation. This is key for state ownership of the HIV program. The meeting which held at Jorany Hotel on 19th August 2022 had participants drawn from Ministry of Health, SACA, SASCP, CISHAN, NEPHWAN, TWGs and IPs implementing various HIV projects in the state. The meeting was presided by the State Director of Public Health on behalf of the permanent secretary. Presentations were made by state SACA, SASCP and all IPs, each showcasing achievement, strategies that are working and challenges. Key challenges were shortage of test kits in the state, non-release of funds for SACA and SASCP to implement the HIV Response Plan and ageing state health workforce. Discussions focused on these challenges and culminated in the constitution of two committees; Advocacy committee to engage with state government on fund release to SACA and SASCP and Private sector committee for resource mobilization, especially to help address test kit shortage and other needed support.



Participants at the SMT Meeting

Local Capacity Development

Training of Facility Lab Focal Persons for the Activation of Three Gene Xpert sites for EID services:

ECEWS ACE-5 facilitated a training for the activation of EID samples using the GeneXpert equipment. This training held to build the capacity of the GON stakeholders in the state on the analysis of DBS for HEIs using the GeneXpert equipment, which is to serve as a POCT for the analysis of EID samples, an effort aimed at reducing the long turnaround time of such samples currently being experienced in the state. The training held at Gold Palm Hotel, Ikom with 15 participants from the selected GeneXpert sites to be activated and had the representative of the Director of Medical Lab Services and other GON staff from 3 selected facilities (General Hospital Calabar, Holy Family Catholic Hospital Ikom and Dr. Lawrence Henshaw Memorial Hospital Calabar) and Laboratory Technical Assistants supporting these facilities in attendance. The facilitators comprise of the ACE 5 CRS laboratory team, representatives from National Aids and STI Control Program (NASCAP) as well as CEPHIED-KNCV. The 3 days training which was held from 26th-28th September 2022 involved practical hands-on training of participants on the analysis of EID samples using the GeneXpert machine at Holy Family Catholic Hospital Ikom. The training also covered relevant areas such as maintenance of the GeneXpert POC machine, Laboratory Quality management systems as well as safety and proper waste management and disposal. The use of LIMS lite in EID/VL analysis using the GeneXpert POC was also discussed. At the end of the training, all participants were provided GeneXpert cartridges to use as start-up, for the analysis of DBS samples for EID analysis in their facilities.



Participants during the practical session at Holy Family Catholic Hospital Ikom

Training of Community Pharmacists on Community ART Refill Program:

ACE 5 team conducted a 5-day training for scale up of Community Pharmacy ART Refill Program (CPARP), Community TB Case Funding (CTBC), PrEP and HIVST Distribution. 33 Community Pharmacies already providing CPARP services were trained to roll out PrEP and CTBC services in CPs in ACE 5 while two Community Pharmacies in Calabar cluster were trained for activation of CPARP services as part of efforts to scale up HIV/AIDS prevention and treatment services in the state. The 2 new CPs were activated after the training and devolvement is ongoing



Cross section of training participants

PublicPrivate Partnership (PPP) and Global Development Alliance (GDA) Impacts

Engagement with Private Sector:

ECEWS ACE 5 team began engagement with willing and affluent individuals in the community to channel resources towards supporting the HIV program through the procurement of HIVST kits. The test kits were expected to be distributed at no cost to the target population. The team further engaged with community pharmacists in the state to donate drugs like anti-hypertensives, heamatinics, antimalarials, anthelmintics, etc. to support community teams in providing all-inclusive health care in the community. These series of advocacy within the quarter led to a free donation of 5 cartons of HIVST by DKT a multinational company involved in the wholesale distribution of kits.

Conflict Mitigation

In project implementation, conflicts are expected. ECEWS ensures effective collaboration with internal and external stakeholders. ECEWS prioritizes conflict resolution by ensuring every personnel understands his/her job description, understand the project and organizational policies and procedures, adherence and efficient use of reporting chains, communication, trainings for all staff/ad-hoc staff, effective management of any conflicts, and prompt escalation of issues to higher authorities when necessary.

Science, Technology, and Innovation Impacts

During the period under review, an Innovation challenge was also commenced to initiate new and more effective strategies to help achieve the FY's targets at state level. Success Stories, research and development were encouraged to spur enhanced performance, and enable the project to tell her story. A state research and innovation team have been constituted to drive science, technology and innovation.

Operation and Implementation Research (Akwa Ibom)

To ensure timely and complete documentation of ACE-5 best practices in Akwa Ibom State, the AKS ACE-5 team set up a 6-man research team. The team has been trained on abstract and manuscript writing and is reviewing submissions including the recent abstract on Pediatric case-finding to the Conference on Retroviruses and Opportunistic Infections (CROI).



ECEWS Management handing over the State Government MoU to the Permanent Secretary, Ministry of Health

STAKEHOLDER PARTICIPATION AND INVOLVEMENT

NACA/NASCP Program Implementation Monitoring (PIM) to Cross River State:

A team comprising NACA, NASCP were in Cross River State in the week of 19th to 23rd September 2022 for a Program Implementation Monitoring to conduct an assessment of HIV service delivery at the facilities– Comprehensive sites, Civil Society Organizations (CSO), SACA/SASCP and Implementing Partners. The federal team, in conjunction with SACA, SASCP and CRSMoH visited some ACE 5 supported facilities (GH Calabar and GH Akamkpa), ECEWS office, CSOs and Heartland Alliance. A program monitoring checklist was deployed across all entities visited and debrief held on the 23rd of September to intimate state and IAs on their findings. The report of their findings is informing project implementation across ACE 5 facilities. ECEWS ACE 5 on request from the state, provided logistics support for the team movement. This was quite appreciated by the visiting team.

ECEWS within the period engaged with the Network of People living with HIV (NEPWHAN) through meetings, and deployment as part of the project's implementation. Advocacy visits and meetings were held with local government authorities and community gatekeepers to brief them on the project, secure their buy in and support.

ECEWS also held briefings with Heads of supported facilities, where they were provided updates on the interventions within their facilities and accomplishments. Issues were address during these meetings which enhanced services delivery.



The team at ECEWS Calabar office



Team deploying the PIM checklist at ECEWS office

Participation in Nigeria 2023 Population and Housing Census State Stakeholders Summit:

The PM unit represented ECEWS in the 2023 population and Housing Census summit which held in Calabar to sensitize stakeholders on the government preparedness for 2023 upcoming census. The National Population Commission (NPC) convened the summit and utilized the platform to orientate stakeholders on the 2023 population and housing census strategy and implementation plan which addresses all population and census concerns with an overarching goal to conduct a credible, acceptable and transformational census come April, 2023.



Cross Section of participants at the NPC Stakeholder's Meeting in Calabar

MANAGEMENT AND ADMINISTRATIVE ISSUES

Challenges

- Stock-out of GeneXpert EID cartridges, HIVST kits, Abbott reagents, and AHD commodities
- EMID downtime at facilities hampering real-time reporting
- Vaccine hesitancy still a challenge even as the team is utilizing various approaches to mitigate its impact

LESSON LEARNED

- ECEWS recorded huge success in transition from EpiC project to ACE 5 project. This is the result of effective planning and proactive use of the gains and structure of the preceding projects. There was zero interruption of service delivery and this has been widely commended by stakeholders.
- Continuous stakeholders engagement enhances access, acceptances and support for programs.

PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

- Develop strategies and interventions to improve the quality and responsiveness of HIV prevention programming and service delivery
- Increase contributions from Index Testing to both testing and case finding
- Implement active tracking of clients eligible for VL in line with the line list and facilitate sample collection and shipment with the overall goal of achieving more than 95% VL coverage.
- Strengthen and catalyze daily situation room meetings for evidence-based project performance reviews, targeted feedback/mentoring
- Support the DDD committee to hold a quarterly review meeting

- Intensify provision of ICT services in all DDD structure.
- Drive implementation of AP3 strategies to improve access and case finding for priority populations such as pediatrics and PW.
- Set quality assurance mechanisms across supported facilities starting with the ESM sites
- Routine monthly review of expenditure analysis by the unit to improve on burn rate
- Commence peer mentorship program in collaboration with GoN team Indicate opportunity/need for media and/or USAID/RDMA or bilateral Mission involvement, particularly for USAID project monitoring site visits.) Upcoming project events or any need for USAID troubleshooting.
- Conduct advocacy visit to the National Youth Service Corps State Coordinator and Director of Pharmaceutical Services to facilitate preferential posting of health professionals to project supported sites for improved HRH availability.
- Conduct Joint supportive supervisory visits with SACA, SASCP
- Conduct SMT meeting
- Conduct USAID IP meeting
- Conduct routine program support visits to sites
- Conduct Sensitization visit to State House of Assembly
- World AIDS Day Commemoration
- Commemorate 16 Days Activism against Gender-Based Violence (GBV)
- Follow up to ensure stock re-supplies for commodities and reagents
- Advocacy to GON for increased supply of vaccines
- Restoration of EMID to facilitate real time reporting
- Expand community sensitization and increase advocacy to stakeholders.
- Replace faulty CUG lines and ensure all CUGs are functioning for case management.
- Build capacity of ad hoc staff and HCWs on Inter-personal communication to improve COVID 19 vaccine uptake

WHAT DOES USAID NOT KNOW THAT IT NEEDS TO?

Identify any holes and gaps in our knowledge and how to address them.

HOW IMPLEMENTING PARTNER HAS ADDRESSED A/COR COMMENTS FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT

Special award conditions from the Non- US Partners Pre-Award Survey (NUPAS) were implemented to include the updating of the organization's organogram to clearly delineate roles and reporting lines, harmonization of the provisions of the Board Manual and the Article of Association on quorum for Board meetings, the updated of the Accounting Manual to include a section on variance analysis, include a section on cost principles, updating of the Procurement Policy to clearly define the procedures for procurement across the various categories, set procurement thresholds, procedures for determining price reasonableness, and vendors' prequalification process. Others included updating of the Conflict of-Interest form to reflect the consequences of non-compliance to the conflict of interest provisions, updating of the Sub Grant Manual to include grant eligibility and procedure for sub-grant selection, and the review of the Consortium Management Plans. A sage enterprise accounting soft had been procured and in the process of deployment to address issues relating accounts consolidation, integrated charts of account, cash flow budgeting and payroll incorporation.

